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| Agenda Item | 5         |
| Report No   | HCW/16/20 |

## HIGHLAND COUNCIL

**Committee:** Health, Social Care and Wellbeing

**Date:** 12 November 2020

**Report Title:** Mental Health and Wellbeing Support Services for Children, Young People and their Families impacted by Covid

**Report By:** Interim Executive Chief Officer – Health and Social Care

### 1. Purpose/Executive Summary

- 1.1 This paper provides an update in relation to funding which has been made available by the Scottish Government in terms of 2 grants which have been awarded. The terms of that funding is being considered but provisionally awards made are as follows:-
- £178,000.00 payable in November for planning and preparation costs relating to the development of community mental health and wellbeing services for 5 -24 year olds, their families and carers
  - £534,000.00 payable over the year 20/21 and can be carried forward into financial year 21/22 in response to the increasing children and young people's mental health and emotional wellbeing issues arising as a result of the Covid -19 pandemic
- 1.2 Supporting the mental health and emotional wellbeing of children and young people and others in our communities is a high priority in Highland. There are clear benefits to the individual and to wider society to preventing problems from arising and intervening early are significant. It is therefore important to take advantage of these funding opportunities to invest in the emotional wellbeing of our society including in particular children, young people and their families and carers through preventative approaches built into their culture, curriculum and ethos. That is particularly important at the current time when the impact of the Covid-19 pandemic has an impact on the mental health and wellbeing of our communities. Members will be aware of the issues that there have been in Caithness in particular in recent times in terms of a number of traumatic events associated with mental health and well-being issues. These traumatic issues have had and continue to have profound impact on local communities and as such support is urgently required.
- 1.3 The purpose of this paper is three fold: to set out in broad terms what action should be taken with a view to establishing a framework to delivering mental health and wellbeing supports across Highland ;to identify immediate actions that will be taken to address immediate needs in Caithness and to use the work in Caithness as a pathfinder to develop our response to mental, emotional health and well-being needs emerging in communities across the Highlands as an impact of COVID.

## 2. Recommendations

### 2.1 The Committee is asked to:

- i. **Note** the contents of this report and the grants awarded;
- ii. **Approve** the approach set out in terms of convening a Mental Health Workshop to inform a whole systems approach and working with all services across the Council and with our Third Sector and community planning partners to achieve that;
- iii. Pending the approach set out above being agreed in terms of a pan Highland approach, **approve** some initial investment in Caithness by way of a pathfinder project to inform a pan Highland approach;
- iv. Agree to hold a Mental Health and Wellbeing summit in February 2021 as set out in paragraph 6.2
- v. Agree that immediate actions will be taken in Caithness as set out in paragraph 6.3.

## 3. Implications

- 3.1 Resource – A grant award letter of £534, 000 (Appendix 1) has been awarded to The Highland Council by the Scottish Government in response to children and young people’s mental health and wellbeing issues arising as a result of the pandemic. Initial investment will be targeted as a response to the traumatic events in Caithness to inform the expansion to a pan-Highland approach. Another grant award of £178, 000 has also been awarded to The Highland Council by the Scottish Government. The main objectives of this grant relates to the expected delivery of community based services and as such it is intended that there should be work with Children’s Services partnerships and Community Planning partnerships with a view to taking a whole systems approach to supporting children, young people and their families.
- 3.3 Community (Equality, Poverty, Rural and Island) – Many of our families and their children are facing significant trauma as a result of the pandemic; immediate action is required to support communities in these unprecedented times.
- 3.5 Risk – Many young people and their families have already been impacted by COVID. The Council in partnership with many community and third sector organisations and with statutory partners within the CPP group must bring organisations and volunteers together to address new and emergent issues as well as completing an urgent review of what is already in place for mental health and wellbeing, with the aim of identifying and addressing gaps in provision within a whole system approach that clearly sets out expectations and requirements for service provision and outcomes.
- 3.6 Legal, Gaelic, Climate Change/Carbon Clever – None

## 4. Background

- 4.1 Resources have been provided by the Scottish Government to the Highland Council in terms of 2 sets of funding aimed at supporting mental health and wellbeing in our communities.
- 4.2 In terms of funding provided for children, young people and their families a sum of £534,000.00 will be provided to provide a local response for 5 -24 year olds, their families

and carers who are experiencing mental health and emotional wellbeing issues as a result of the pandemic. In terms of that funding Scottish Government are encouraging Highland Council to make use of the Community Mental Health and Wellbeing Supports and Services Framework which is appended to this report as Appendix 2. It is clear however that there is flexibility to this approach and authorities are encouraged to make local decisions where necessary to support positive outcomes. That funding is limited to those aged 5 – 24 (26 if care experienced) and their families and carers.

- 4.3 Funding has also been made available by way of a grant from Scottish Government for Community Mental Health and Wellbeing Supports and Services in the sum of £178,000 which is limited to a similar category namely those aged 5 – 24 (26 if care experienced) and their families and carers. The main objectives of the Grant relates to the expected delivery of community based services and as such it is intended that there should be work with Children's Services partnerships and Community Planning partnerships with a view to taking a whole systems approach to supporting children, young people and their families.
- 4.4 Both tranches of funding will require to take into account the framework reference at para 4.2 above. The Mental Health and Wellbeing Supports and Services Framework and the previous work undertaken by the National Mental Health Taskforce, recommends a whole system model, involving both 'early support for mental health needs' and 'additional support from community services'. Both sets of funding will in due course require to consider both these elements being early intervention and community involvement. It is recognised and accepted that there is a significant interface with work being done within Highland's schools in terms of the counselling funding made available and it is intended that there ought be significant engagement with staff in Education and Learning as well as within Communities and Place with a view to achieving the whole systems approach to mental health across our communities which is required.

## **5. A Whole System Approach**

- 5.1 Out-with the additional support for COVID recovery, the Scottish Government are investing financially in support for children and young people's mental health services at all levels. Support has already been provided for Tier 3 and Tier 4 CAMHS over several years, but concerns remain regarding the ability of services to respond quickly and effectively to the presenting needs of children and young people in the community.
- 5.2 The additional budgets provided to local authorities for mental health community support and for the provision of counselling in Scottish schools has further reinforced the policy framework in Scotland on high quality universal services focused on prevention and early intervention and working through integrated services to provide the right help to the right child at the right time.
- 5.3 As we consider changes in structure and provision made possible by this additional funding, it is important to ensure that this is integrated into existing supports and has a focus on promotion and prevention, as well as early intervention, in line with best practice and clear recommendations from specialist bodies and the Scottish Government.
- 5.4 For a community based, flexible support to work, practitioners and community planning partners at all levels need to sign up for a whole systems approach to meeting needs and provide a focus on the promotion of positive wellbeing and the prevention of poor mental health. This does require a level of skill and confidence and so training and ongoing support is required to be available across the workforce. All staff should have access to relevant professional learning and development opportunities as appropriate

and also, importantly, access to supports for their own wellbeing within their schools and the wider local authority services. It is intended that these issues and the training required should form part of the anticipated workshop.

## **6. Immediate Action**

- 6.1 To develop a whole system approach the intention would be to be part of that work being carried out by officers in Education and Learning in terms of the development of a framework and strategic plan to support a long term vision for the support of mental health in our communities.
- 6.2 A workshop will be held with our partners in NHS Highland, the Police and the third sector to agree outcomes in terms of supporting a whole system approach to supporting mental health across our communities. Officers from Housing and Education will also be involved and this will take place in early December. The key to this workshop will be to build upon what is already in place, assess gaps and create a strategic plan for improvement that will then be the core focus of a 'mental health and well-being summit' in February to bring together all interested parties to achieve a commitment to driving at a pace a task force approach to improving our response, and whole systems approach to mental health and well-being across all our Highland communities.
- 6.3 In Caithness there have been a series of traumatic events and issues emerging involving young people during the pandemic. These events and issues are having a significant impact upon the mental health and well-being of our children and young people, their families and carers and also staff across a number of organisations, the community of volunteers and the public in general. The Members of the Caithness Area Committee have together committed to a focus on improving mental health and well-being and have invested time in considering the successful approach that was adopted in the 'Icelandic model' to taking a whole community approach to tackling widespread drug and alcohol issues. Meetings have taken place locally with key partners to identify immediate actions. It has been agreed that a facilitated local session with all partners will take place in November with the aim of looking at how 'out of hours service' provision could be developed to create a 24hour 7 day a week crises response to different levels of need eg from acute mental health response to a 'listening ear' response to support the de-escalation of mental health matters. This session will also look at how a 'whole systems approach' could be developed within Caithness ensuring that improvements are made across the tiered levels of mental and emotional health service provision whilst addressing very specific issues that have been identified within key ages of children and young people and within particular localities within Caithness. This session will also include looking at how poverty is impacting upon the lives of young people during the ongoing pandemic. The clear goal of this session in November is to then report back to a special meeting of the Caithness Area Committee by December 4<sup>th</sup> with an immediate plan of action resourced appropriately.

Designation: Interim Executive Chief Officer – Health and Social Care

Date: 4 November 2020

Authors: Fiona Malcolm, Interim Executive Chief Officer – Health and Social Care; Donna Manson , Chief Executive

Background Papers:

Mental Health & Social Care Directorate  
Deputy Director, Hugh McAloon



T: 0300 244 1221  
E: [Hugh.McAloon@gov.scot](mailto:Hugh.McAloon@gov.scot)

Edward Foster  
Highland Council

By Email – [Edward.Foster@highland.gov.uk](mailto:Edward.Foster@highland.gov.uk)

23<sup>rd</sup> October 2020

Dear Colleague,

**OFFER OF GRANT FOR MENTAL HEALTH AND EMOTIONAL WELLBEING SERVICES FOR CHILDREN YOUNG PEOPLE AND THEIR FAMILIES IMPACTED BY THE COVID – 19 PANDEMIC**

The Scottish Ministers in exercise of their powers under section 1A of the National Health Service (Scotland) Act 1978 hereby offer to give to **Highland Council** (“the Grantee”) a grant of **£534,000.00** STERLING, payable in financial year 2020/21 to be used in response to children and young people’s mental health and emotional wellbeing issues arising as a result of the pandemic, which is more particularly described in Part 1 of **SCHEDULE 1** Programme and subject to the following terms and conditions:

**1. Definitions and Interpretation**

- 1.1 In these Conditions, the words and expressions set out in **SCHEDULE 3** shall have the meanings ascribed to them in that Schedule.
- 1.2 In these Conditions unless the context otherwise requires, words denoting the singular shall include the plural and vice versa and words denoting any gender shall include all genders.
- 1.3 The headings in these Conditions are for convenience only and shall not be read as forming part of the Conditions or taken into account in their interpretation.
- 1.4 Except as otherwise provided in these Conditions, any reference to a clause, paragraph, subparagraph or schedule shall be a reference to a clause, paragraph, subparagraph or schedule of these Conditions. The schedules are intended to be contractual in nature. They form part of the Agreement and should be construed accordingly.
- 1.5 This Agreement shall not be varied except by an instrument in writing signed by both parties.

**2. Purposes of the Grant**

- 2.1 The Grant is made to enable the Grantee to respond to and support children and young people’s mental health and emotional wellbeing issues arising as a result of the Covid-19 pandemic .

- 2.2 The Grant shall only be used for the purposes of the Programme and for no other purpose whatsoever.
- 2.3 No part of the Grant shall be used to fund any activity or material which is party political in intention, use, or presentation or appears to be designed to affect support for a political party.
- 2.4 The main objectives/expected outcomes of the Grant are:
- The funding is to be utilised to support the mental health and emotional wellbeing of children, young people and their families where issues have arisen as a result of the pandemic.
  - Services should be delivered according to local need.
  - Services should be for those aged 5 to 24 (26 if care experienced), their families and carers.
- 2.5 The targets against which progress in achieving objectives/expected outcomes shall be monitored are:
- Total grant spend will be reported on and returned to Scottish Government Ministers at the end of each financial year. The Grant is for use primarily to fund this provision in 2020/21. However, any underspend can be used in 2021/22 in line with section 2.4.
- 2.6 The eligible costs for which the Grant can be claimed are:
- Activities that have been undertaken since the start of the pandemic or will be undertaken that contribute to the aims of the programme as set out in section 2.4.
- 2.7 The eligible costs exclude:
- Any Value Added Tax (VAT) reclaimable by the Grantee
  - Any supports and services fully covered by existing Government funding.

### **3. Payment of Grant**

- 3.1 The Grant shall be paid by the Scottish Ministers to the Grantee in accordance with the terms of **SCHEDULE 1** attached.
- 3.2 The Grantee shall within 6 weeks following the end the financial year in respect of which the Grant has been paid submit to the Scottish Ministers a statement of compliance with the Conditions of the Grant. using the form of words provided in SCHEDULE 2. The statement shall be signed by the Grantee's Chief Executive.
- 3.3 The Scottish Ministers shall not be bound to pay to the Grantee, and the Grantee shall have no claim against the Scottish Ministers in respect of, any instalment of the Grant which has not been claimed by the Grantee by 31 March of the applicable financial year as set out in **SCHEDULE 1**, unless otherwise agreed in writing by the Scottish Ministers.

#### **4. Inspection and Information**

- 4.1 The Grantee shall keep the Scottish Ministers informed of the progress of the Programme in the form of a list or summary of key areas where this funding will be or has been deployed to support the aims outlined in section 2.4. This should include an overview of how intelligence, data or other evidence has or will inform grant expenditure and the intended outcomes for children and young people. This should be submitted by 15th November.
- 4.2 The Grantee shall, at the end of each financial year, submit an update to the Scottish Ministers summarising the key areas where this funding has been deployed to support the aims outlined in section 2.4. including the total spend per financial year and an overview of any outcomes which have been recorded.
- 4.3 The Grantee shall also provide any other information that the Scottish Ministers may reasonably require to satisfy themselves that the Programme is consistent with the Agreement. The Grantee shall provide the Scottish Ministers with prompt access to any information they reasonably require to ensure compliance with these Conditions.
- 4.4 The Grantee shall keep and maintain for a period of 3 years after the expenditure occurs, adequate and proper records and books of account recording all receipts and expenditure of monies paid to it by the Scottish Ministers by way of the Grant. The Grantee shall afford the Scottish Ministers, their representatives, the Auditor General for Scotland, his/her representatives and such other persons as the Scottish Ministers may reasonably specify from time to time, such access to those records and books of account as may be required by them at any reasonable time in response to a written request for such access from the person seeking it. The Grantee shall provide such reasonable assistance and explanation as the person carrying out the inspection may from time to time require.
- 4.5 In the event of the Grantee becoming aware of or suspecting any irregular or fraudulent activity that may have any impact on the Programme or on the use of the Grant, or any part of it, the Grantee shall immediately notify the Scottish Ministers of such activity and provide such other information as the Scottish Ministers may reasonably require in relation to the impact on the Project and the use of the Grant.
- 4.6 The Grantee shall immediately inform the Scottish Ministers of any change in its constitution for example, but not limited to, a change in status from one type of body corporate to another.

#### **5. Confidentiality and Data Protection**

- 5.1 The Grantee will respect the confidentiality of any commercially sensitive information that they have access to as a result of the Programme.
- 5.2 Notwithstanding the above, the Grantee may disclose any information as required by law or judicial order. All information submitted to the Scottish Ministers may need to be disclosed and/or published by the Scottish Ministers. Without prejudice to the foregoing generality, the Scottish Ministers may disclose information in compliance with the Freedom of Information (Scotland) Act 2002, any other law, or, as a consequence of judicial order, or order by any court or tribunal with the authority to order disclosure. Further, the Scottish Ministers may also disclose all information submitted to them to the Scottish or United Kingdom Parliament or any other department, office or

agency of Her Majesty's Government in Scotland, in right of the Scottish Administration or the United Kingdom, and their servants or agents. When disclosing such information to either the Scottish Parliament or the United Kingdom Parliament it is recognised and agreed by both parties that the Scottish Ministers shall if they see fit disclose such information but are unable to impose any restriction upon the information that it provides to Members of the Scottish Parliament, or Members of the United Kingdom Parliament; such disclosure shall not be treated as a breach of this agreement.

- 5.3 The Grantee shall ensure that all requirements of the Data Protection Laws are fulfilled in relation to the Programme.
- 5.4 To comply with section 31(3) of the Public Services Reform (Scotland) Act 2010, the Scottish Ministers publish an annual statement of all payments over £25,000. In addition, in line with openness and transparency, the Scottish Government publishes a monthly report of all payments over £25,000. The Grantee should note that where a payment is made in excess of £25,000 there will be disclosure (in the form of the name of the payee, the date of the payment, the subject matter and the amount of grant) in both the monthly report and the annual Public Services Reform (Scotland) Act 2010 statement.

## **6. Disposal of Assets**

The Grantee shall not, without prior written consent of the Scottish Ministers, dispose of any asset funded, in part or in whole, with Grant funds within five years of the asset being acquired or developed. During that period the Scottish Ministers shall be entitled to the proceeds of the disposal – or the relevant proportion of the proceeds based on the percentage of grant funding used in connection with the acquisition or improvement of the asset against the whole proceeds. The Scottish Ministers shall also be entitled to the relevant proportion of any proceeds resulting from any provision included as a condition of sale. Recovery by the Scottish Ministers shall not be required where the value of the asset is less than £1,000

## **7. Publicity**

The Grantee shall where reasonably practicable acknowledge in all publicity material relating to the Programme the contribution of the Scottish Ministers to its costs. The Scottish Ministers may require to approve the form of such acknowledgement prior to its first publication.

## **8. Intellectual Property Rights**

- 8.1 All Intellectual Property Rights are hereby assigned to and shall vest in the Crown or its assignees.
- 8.2 The Grantee shall ensure that nothing contained in any materials produced or submitted to the Scottish Ministers by the Grantee or anyone acting on its behalf nor the reproduction of such materials, shall constitute an infringement of any third party copyright or intellectual property right and shall indemnify the Scottish Ministers against all actions, proceedings, claims and demands made by reason of any such infringement.

## **9. Default and Recovery etc. of Grant**

- 9.1 The Scottish Ministers may re-assess, vary, make a deduction from, withhold, or require immediate repayment of the Grant or any part of it in the event that:



- 9.1.1 The Grantee commits a Default;
  - 9.1.2 The Scottish Ministers consider that any change or departure from the purposes for which the Grant was awarded warrants an alteration in the amount of the Grant;
  - 9.1.3 The Grantee fails to carry out the Programme;
  - 9.1.4 In the Scottish Ministers' opinion, the progress on the Programme is not satisfactory; or
  - 9.1.5 In the Scottish Ministers' opinion, the future of the Programme is in jeopardy.
- 9.2 If, in the Scottish Ministers' opinion, the Grant or any part of it is state aid and they consider that they are required to recover such sum in order to ensure compliance with their legal obligations Scottish Ministers may require immediate repayment of the Grant or any part of it together with interest at such rate and on such basis as may be determined from time to time in accordance with law.
- 9.3 In the event that the Grantee becomes bound to pay any sum to the Scottish Ministers in terms of clause 9.1, the Grantee shall pay the Scottish Ministers the appropriate sum within 14 days of a written demand for it being given by or on behalf of the Scottish Ministers to the Grantee. In the event that the Grantee fails to pay the sum within the 14 day period, the Scottish Ministers shall be entitled to interest on the sum at the rate of 2 per cent per annum above the Bank of England base lending rate prevailing at the time of the written demand, from the date of the written demand until payment in full of both the sum and interest. [Guidance Note](#)
- 9.4 Notwithstanding the provisions of this clause 9, in the event that the Grantee is in breach of any of the Conditions, the Scottish Ministers may, provided that the breach is capable of a remedy, postpone the exercise of their rights to recover any sum from the Grantee in terms of clause 9 for such period as they see fit, and may give written notice to the Grantee requiring it to remedy the breach within such period as may be specified in the notice. In the event of the Grantee failing to remedy the breach within the period specified, the Grantee shall be bound to pay the sum to the Scottish Ministers in accordance with the foregoing provisions.
- 9.5 Any failure, omission or delay by the Scottish Ministers in exercising any right or remedy to which they are entitled by virtue of clauses 9.1 to 9.3 shall not be construed as a waiver of such right or remedy.

## **10. Assignment**

- 10.1 The Grantee shall not be entitled to assign, sub-contract or otherwise transfer its rights or obligations under the Agreement without the prior written consent of the Scottish Ministers.

## **11. Termination**

- 11.1 The Agreement may be terminated by the Scottish Ministers giving no less than 3 months' notice in writing from the date of the notice being sent.

## **12. Corrupt Gifts and Payments of Commission**

The Grantee shall ensure that its employees shall not breach the terms of the Bribery Act 2010 in relation to this or any other grant. The Grantee shall ensure that adequate controls are in place to prevent bribery.

### **13. Continuation of Conditions**

13.1 These Conditions, except for Condition 6, shall continue to apply for a period of 5 years after the end of the financial year in which the final instalment of the Grant was paid.

13.2 Condition 6 shall continue to apply until the end of the period referred to in that Condition.

### **14. Compliance with the Law**

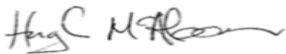
The Grantee shall ensure that in relation to the Programme, they and anyone acting on their behalf shall comply with the relevant law, for the time being in force in Scotland.

### **15. Governing Law**

This contract is governed by the Law of Scotland and the parties hereby prorogate to the exclusive jurisdiction of the Scottish Courts

If you wish to accept the offer of this Grant on the whole terms and conditions as set out in the letter and annexed Schedules, you should sign and date the Grant Acceptance below and return a copy of the offer of Grant and Schedules to Zahra Hedges at [Zahra.Hedges@gov.scot](mailto:Zahra.Hedges@gov.scot). You should retain a copy of the offer of Grant and Schedules for your own records.

Yours sincerely



Hugh McAloon  
Deputy Director

**GRANT ACCEPTANCE**

On behalf of «Grantee» I accept the foregoing offer of Grant by the Scottish Ministers dated [Click here to enter a date](#) on the whole terms and conditions as set out in the letter and annexed Schedules. I confirm that I hold the relevant signing authority.

Signed:

«Director/Company Secretary/Authorised Signatory»

Print Name:

Position in Organisation of Person Signing:

Date: [Click here to enter a date.](#)

Place of Signing:

Signed:

«Witness»

Witness Name:

Address:

Date: [Click here to enter a date.](#)

Place of Signing:

**SCHEDULE 1****PART 1: PROGRAMME**

1. The policy intention of this Grant Scheme is to enable local authorities to provide a response to children and young people's mental health and emotional wellbeing issues arising as a result of the pandemic.
2. The scheme will allow flexibility in how the funding is used to reflect local situations, while being clear about the purpose of the funding.
3. Where a Local Authority does not appear to have taken appropriate action to achieve the minimum outcomes for which the grant was awarded, the monies provided must be immediately returned, unless the Local Authority can submit evidence that it has taken appropriate corrective action and the outcome will be reached within a reasonable period.

**PART 2: PAYMENT OF GRANT**

1. The total Grant shall be payable in November 2020. The Scottish Ministers shall not be bound to pay any instalment of the Grant which has not been claimed by the Grantee by 31 March of the applicable financial year, unless otherwise agreed in writing by the Scottish Ministers. **Guidance Note**
2. The Grantee shall provide annual profile of expenditure of the Grant after the Grant has been received.

**SCHEDULE 2****STATEMENT OF COMPLIANCE WITH CONDITIONS OF GRANT****GRANT FOR MENTAL HEALTH AND EMOTIONAL WELLBEING SERVICES FOR CHILDREN YOUNG PEOPLE AND THEIR FAMILIES IMPACTED BY THE COVID – 19 PANDEMIC**

This is to confirm that the grant claimed by «name of Grantee» in relation to the above Programme during the financial year ended 31 March 2021 was properly due and was used for its intended purpose(s) in accordance with the terms and conditions of the Grant. This statement is supported by the records of «name of Grantee».

Signed:

Name in block capitals:

Position:

Date: [Click here to enter a date.](#)

**SCHEDULE 3****DEFINITIONS**

**“Agreement”** means the agreement constituted by the Scottish Ministers’ invitation to apply for a grant, the Grantee’s Application, these Conditions and the Grantee’s acceptance of these Conditions;

**“Conditions”** means these grant conditions;

**“Data Protection Laws”** means any law, statute, subordinate legislation, regulation, order, mandatory guidance or code of practice, judgment of a relevant court of law, or directives or requirements of any regulatory body including the Data Protection Act 1998, the Data Protection Act 2018 and any statutory modification or re-enactment thereof and the GDPR.

**“Default”** means:

- a) Any breach of the obligations of either party under this Agreement (including, but not limited to, any breach of any undertaking or warranty given under or in terms of this Agreement);
- b) Any failure to perform or the negligent performance of any obligation under this Agreement;
- c) Any breach of any legislation; or
- d) Any negligence or negligent or fraudulent mis-statement or misappropriation of Grant, or any other default,

In all cases by either party, its employees, agents or representatives;

**“Financial Year”** means a period from 1 April in one year until 31 March in the next;

**“Grant”** means the grant offered by the Scottish Ministers to the Grantee as specified in the Award Letter, as varied from time to time in accordance with these Conditions;

**“Grantee”** means the person, organisation or body to which the Grant will be payable as specified in these Conditions. Where two or more persons, organisations or bodies are the Grantee, references to the “Grantee” are to those persons, organisations or bodies collectively and their obligations under the Agreement are undertaken jointly and severally;

**“Intellectual Property Rights”** means all copyright, patent, trademark, design right, database right and any other right in the nature of intellectual property whether or not registered, in any materials or works in whatever form (including but not limited to any materials stored in or made available by means of an information technology system and the computer software relating thereto) which are created, produced or generated as part of the Project by or on behalf of the Grantee.

**“Project/Programme”** means the purpose for which the Grant has been awarded as described in the Offer of Grant;

**“Payment”** means each of the payments specified in Schedule 1 hereto.

## **Community Mental Health and Wellbeing Supports and Services Framework**

# **COMMUNITY MENTAL HEALTH & WELLBEING SUPPORTS AND SERVICES FRAMEWORK**

### **Content:**

- Objective
- Aims
- A Whole System Approach
- Community Mental Health and Wellbeing Support – what is it?
- Design and Delivery
- Key Components
- Family and Carer Support
- Access
- Workforce
- Risk
- Outcomes

### **Objective:**

**Every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing.**

**Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. This will be available in the form of easily accessible support close to their home, education, employment or community.**

### **Aims:**

**This framework aims to:**

- Set out a clear broad approach for the support that children and young people should be able to access for their mental health and emotional wellbeing within their community.
- Assist local children's services and community planning partnerships with the commissioning and establishment of new local community mental health and wellbeing supports or services or the development of existing supports and services, in line with this framework.
- Facilitate the enhancement or creation of services that can deliver support which is additional and innovative wherever these are best placed.

How community mental health and wellbeing supports and services are constructed will vary according to local structures and the needs identified by children, young people and their families in each local area. The political agreement regarding delivery is based on a set of principles, attached as annex.

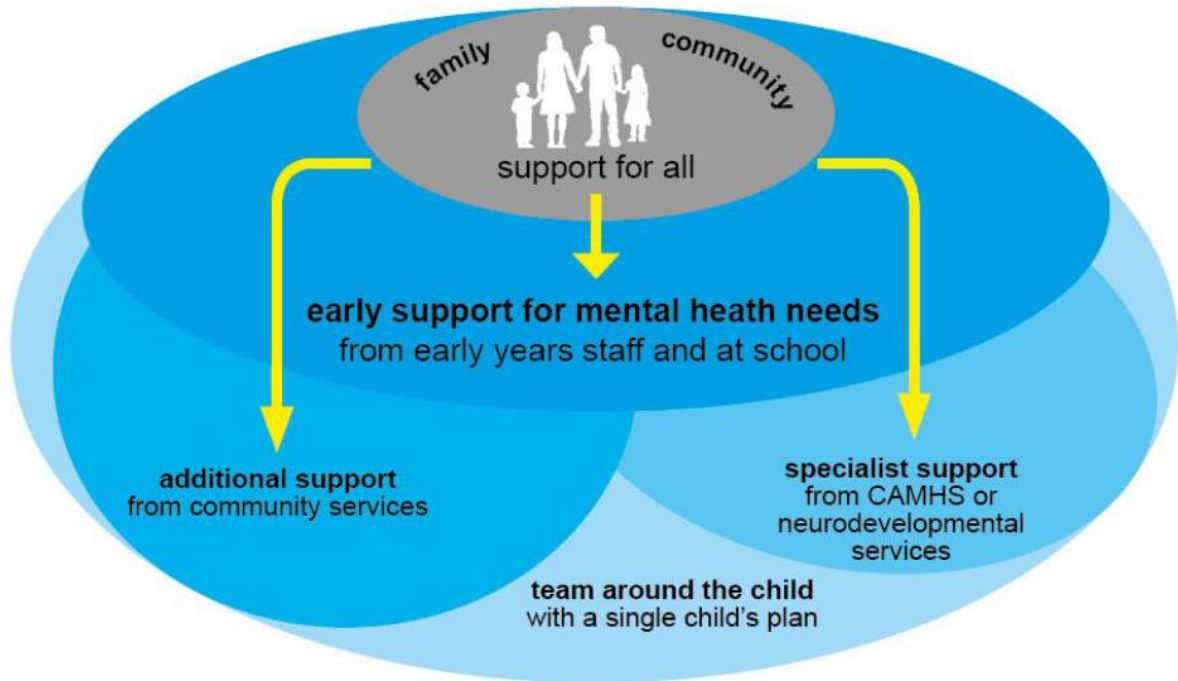
The kind of support described and addressed in this framework is additional to what can be provided through universal services, but involves prompt and early support to respond to concerns, a continuum of additional support within the community, and strong and direct links with Child and Adolescent Mental Health Services (CAMHS) to ensure a whole system approach. Accordingly, the management of risk and change must be managed across the whole system and across all services.

## Context

1. This framework specifically addresses establishing or developing community supports and services that target issues of mental and emotional distress and wellbeing rather than mental illness and other needs that may be more appropriately met through CAMHS. It supports an approach based on prevention and early intervention.
2. This framework is intended to be used to help partnerships to design and build services and supports that are in line with GIRFEC, national priorities and principles, relevant to local developments and are based on local needs assessment, responsive to the needs of local communities.
3. Children, young people and their families should receive the support they need, when they need it, underpinned by the values, principles and components of Getting it Right For Every Child (GIRFEC), and responsive to local needs and systems. This should support and improve their mental health and emotional wellbeing and be provided by people with the right knowledge, skills and experience to support them. GIRFEC is:
  - **child-focused** - it ensures the child or young person and their family is at the centre of decision-making and the support available to them;
  - **based on an understanding of the wellbeing of a child in their current situation** - it takes into consideration the wider influences on a child or young person and their developmental needs when thinking about their wellbeing so that the right support can be offered;
  - **based on tackling needs early** - it aims to ensure needs are identified as early as possible to avoid bigger concerns or problems developing;
  - **requires joined-up working** - it is about children, young people, parents, and the services they need working together in a coordinated way to meet their specific needs and improve their wellbeing.
4. The whole system model recommended by the Taskforce, involves both 'early support for mental health needs' and 'additional support from community services'. It recognises that there should be continuity in support around the child or young person. This framework is designed to enhance the development of services and supports that occupy the 'additional support' aspect of the Taskforce's vision. It is essential that additional support from community services is well integrated into the whole system with strong links with the early support provided by universal services and with specialist supports.

Diagram 1: CAMHS Services within the agreed Children and Young People's Mental Health and Wellbeing model:





5. This framework recognises that the current range of provision is variable across all local partnerships and that whilst there is much to build on, the full range of supports and services described in this framework will not be available across the age range in any area. The focus is therefore on the additionality that is required to ensure that a continuum of support and services is in place. **The framework sits alongside Scottish Government funding intended to resource that additionality and support Community Planning Partnerships or Children's Services Partnerships, in order to deliver more sustainable, effective and easily accessible community supports and services to address mental and emotional wellbeing.**

The framework sets out expectations for the kind of support that should be in place in every local area to ensure that no child or young person is left with nowhere to turn. It recognises the rights that children, young people and their families have to easily access consistent, sustained local support across Scotland, as part of our commitment to embedding Getting it right for every child (GIRFEC) which reflects the principles of the UN Convention on the Rights of the Child (UNCRC).

6. Through Children's Services Partnerships or Community Planning Partnerships, education, health including CAMHS and primary care, wider children's services, youth work and the third sector will work together taking a whole system approach to supporting children, young people and their families. Children and young people should experience a seamless pathway through supports.
7. These services and supports should initially focus on the 5-24 (26 for care experienced young people) age range. We are also committed to establishing an integrated infant mental health service to provide parent-infant relationship support for infants where there has been disruption to the parent/infant relationship.

8. Children's Services Partnerships or Community Planning Partnerships should work with children, young people and families in their communities to develop supports and services which are new or which build on existing effective support, where that exists, are appropriate and increase the opportunities to improve their mental health and emotional wellbeing, covering an age range of 5-24. It is likely that to cover the full age range and other requirements, local children's services partnerships or community planning partnerships will utilise a combination of supports and services some of which will be new and some of which will be enhanced.
9. We would anticipate that families and carers of any child or young person receiving support (from CAMHS, school, community supports or elsewhere) are also supported.
10. Local partnerships are also asked to clearly identify how community services and supports will be co-produced with children, young people and their families.

## A Whole System Approach

11. In line with (GIRFEC approach, it is vital that community mental health and wellbeing supports and services are integrated with and contribute to a whole-system approach. This should include use of the wellbeing indicators (**SHANARRI**) and the national practice model to identify, describe and evaluate needs, as a co-ordinated approach to children's planning that brings professionals across different disciplines together to deliver the right support at the right time.
12. The development and delivery of these supports and services should align with the whole-system approach to improving the mental and emotional health of children and young people set out in the 2020-23 children's services plans and other policy objectives
13. This opportunity to develop enhanced or new community mental health and wellbeing supports and services should sit alongside and complement the other local support and services provided by education, universal children's services, social work, health and care services, including primary care and other services that CYP might be involved with including employability, alcohol and drug support and youth work. Community support and CAMHS services should work together. Close relationships may also be required at times with community police and with developing new perinatal services. There should be appropriate links to out of hours and crisis services.
14. There should be clear accessible points of initial contact and access through **any** appropriate source to ensure that a child or young person is provided with the right help. Community supports and services should provide specific access for families, carers and siblings, to help build resilience and support them to support the child or young person. There should be no wrong way to access support.
15. These supports and services should recognise and respond to the factors, which contribute to poor mental health, distress and mental illness, such as poverty, homelessness, substance use etc. and have clear links to services, which can support with those.

16. Everyone involved in supporting mental health and wellbeing should be clear about the role of community supports and services.

### **Community Mental Health and Wellbeing Support – what is it?**

17. Children and families should receive support and services that are appropriate to their needs. For many children and young people, such support is likely to be community based, and should be easily and quickly accessible. A smaller number of children require a specialist response from a mental health professional.
18. Support and services should be provided to children and young people who will benefit from additional help to promote, manage and improve their mental health and wellbeing and to help them develop coping strategies and resilience. This support may be required for a variety of reasons and circumstances and should be holistic, recognising that children and young people may have a number of issues and need “whole-person” flexible support.
19. With appropriate professional oversight, community mental health and wellbeing supports and services can safely deliver help that targets a variety of issues. The following list is not exclusive but gives an indication of the kind of distress that should be addressed and the positive mental health that should be promoted:

#### Distress:

- Anxiety
- Attachment
- Bereavement support
- Depression (mild to moderate)
- Emotional and behavioural difficulties associated with neurodevelopmental disorders
- Gender identity
- Repetitive/perseverative behaviours
- Self-harm
- Self- injury
- Substance misuse
- Trauma

#### Positive Mental Health and Wellbeing:

- Body image and self esteem
- Building resilience and coping strategies (emotional regulation)
- Healthy and positive relationships
- Healthy digital interaction
- Parenting support for children and young people of all ages

20. Consideration should be given to different presentations of distress, particularly for children and young people with complex needs, neurodevelopmental conditions and where English is not a first language.
21. There should be strong links with CAMHS, when considering issues such as substance misuse, self-harm, depression and trauma with shared risk assessments and clear pathways of escalation.

22. Each local community planning or children's services partnership should identify and demonstrate clearly any particular local need or priority that should be addressed by community support. Partnerships should actively engage with under-represented and "at risk" groups, including communities who may often find themselves excluded.
23. The support available should be highly flexible, personalised and adaptive to need and the changing circumstances of the child, young person or family/carer. Support should be compassionate, empathetic and kind, and take account of the evidence from stakeholders of what works, which includes:
- Continuity in provision – wherever appropriate, getting support from people that young people know and trust, who should be enabled to be confident in addressing mental wellbeing. This may include continued contact with practitioners from CAMHS within community based services;
  - Confidential services for those who choose them, for example not within their school or immediate community;
  - Relation-based practice, which enables support to be provided and change achieved through one-to-one professional relationships;
  - Self-referral services that are as accessible as possible. Consideration should be given to age and stage appropriate language, neurodevelopmental conditions and learning disabilities. Self-referral must remain accessible by other means e.g. through an advocate;
  - Peer support networks, including support groups, peer led programmes and facilitated peer to peer support;
  - Support for advocates or supports to attend with a child or young person.
24. The range of support that might be delivered through community mental health and wellbeing services is reflected below, and this list should inform local decisions about the additionality that is required from this framework:
- Additional community based support from staff trained in listening; counselling, or other psychological interventions in appropriate settings;
  - Additional early support in school for children and young people with identified needs;
  - Targeted interventions for specific groups - e.g. LGBT+ young people, deaf communities, young parents and carers, children and young people with learning disabilities, or complex needs;
  - Ensuring that all responders are trained in addressing needs of specialists groups including LGBT+ young people.
  - Universal youth work provision for early intervention, prevention, positive relationships and facilitating peer to peer support
  - Parenting support groups, which include information on child brain development, and help parents to understand and manage difficult behaviour and distress and empower them to strengthen their relationships with their children;
  - Supportive work with family members;

- Support for children and young people that helps them to contextualise their emotions by age and stage and understand brain development; emotional regulation skills based on Dialectical behaviour therapy (DBT), Cognitive behavioural therapy (CBT) or other relevant models and, support to develop self-care.

## **Design and Delivery**

25. This framework draws on existing national work that has included or focussed on the views of children and young people and their families. This includes – Feels FM, the Rejected Referrals Report, the Youth Commission on Mental Health the Children and Young People’s Mental Health Taskforce and ongoing engagement through the Programme Board.
26. In discussing and designing your local supports and services, you should clearly set out how children, young people and families have been involved in providing views or designing support and how this input will be sought going forward to ensure that you continue to reflect local need. This should reflect the aim to support families and carers as well as children and young people and should reflect the age range from 5 to 24 (services should allow for access to support up to 26 in line with legislation for care experienced young people).
27. Design and delivery of supports and services should also be multidisciplinary and cross sector.
28. Partnerships should review their assessment and child’s plan processes alongside the expansion of provision, to ensure the right service at the right time for children with mental health needs. Where services require to co-ordination, this should involve a lead professional and should be part of a single process with other needs the child may have. Such work might include process mapping to reduce delay and achieve an effective response to requests for help, wherever a child or family might ask for it.
29. In providing support and considering where such support should take place, partnerships should also consider the physical environments in which services are delivered with particular consideration around creating safe, non-clinical environments that are accessible to all. Young people consistently ask for somewhere comfortable and pleasant where they can feel relaxed talking about their mental health and wellbeing.

## Key Components

30. Every child and young person has a right to expect certain core principles applicable to their support:

- **Easily Accessible.** Support should be easily and quickly accessible to anyone requesting assistance. This may include online support and a support or assessment phone service as well as face-to-face support. It must include self-referral options. Community mental health and wellbeing services should be highly visible within the whole system so that children, young people, families/carers and professionals are aware of the support pathways available.
- **Accessible to all.** In line with GIRFEC, community supports and services should be equitably accessible to those with additional and complex needs, there should be targeted provision for those considered “at risk” taking account of local need and there should be conscious efforts made to reduce health inequalities. This should systematically focus across all young people with protected characteristics as well as other groups of young people where there is evidence of poor mental health outcomes. Community services should be free of stigma, judgement and discrimination.
- **Strengths based.** There should be a focus on building resilience, listening and talking, not over medicalising the child or young person.
- **Relationship based.** Community support should be relationship based and where possible, should be delivered or supported by people already in a child or young person’s life. Those with a trusted relationship with the child or young person should be supported to support them. Services and supports should be sustainably resourced to allow for the development of relationships.
- **Prevention focused.** Early intervention and prevention approaches should be prioritised. Community support should provide an early response to the first concerns or signs of distress, with prompt, proportionate and informed assessment that determines the response and assesses risk.
- **Empowered.** Children, young people and their families should be at the centre, empowered to express their views regarding their needs and services, and to have these views acknowledged and recorded. Where appropriate, children, young people and families should take part in shared decision-making. All decisions made about a child or young person and family should consider the mental health impact. Children, young people and their families should be engaged in coproduction of the services and supports on a continuing basis.
- **Get the right help at the right time.** Community supports and services should work closely with CAMHS and relevant health and social care partners, children’s services and educational establishments to ensure that there are clear and streamlined pathways to support where that is more appropriately delivered by these services. Local partners should be clear and explicit about how these different services should work together. Relationships will be an important part of this.
- **Tell your story only once.** Children and young people should be able to tell their story once and should be supported through seamless transitions. There should be “no wrong door” to support. Where support is not appropriately located within the community service, professionals should facilitate transition into the most appropriate setting.

## Family and Carer Support

31. It is a clear intention of community support that help should also be available for families and carers, particularly for those in a parental role and for siblings. This should apply wherever the child or young person is receiving additional support. If the child or young person is receiving support at CAMHS or in school for example, the parents or carers (and siblings if relevant) should be able to access some community support when it is needed to support them in their role as parent or carer.
32. There is a need to provide preventative support to family members supporting their child or young person and to provide whole family support where there is already significant stress. Resilient families will be better able to provide support at home. This support should be flexible and delivered in a place and in a way that is most appropriate for the family. Attention should be given to confidentially concerns whilst ensuring that families continue to be supported.

## Access

33. Community mental health and wellbeing supports and services should be easily accessible and available to all children, young people and their families/carers.
34. Effective assessment and planning should ensure that the needs of children and families are understood, and appropriate supports and services are identified and put in place to address those needs.
35. Easily accessing supports and services will mean having this in place wherever children, young people and families are going to access it or ask for it – for example within school, within general practice, in youth work or through other community settings. A single approach may not be appropriate, particularly to cover the full age range of 5-24 (26 for care leavers). For many children, support should be integrated into aspects of their daily lives. For others, it will need to be outwith these settings.
36. In order for community mental health and wellbeing supports and services to be as accessible as possible they should consider the following:
  - Hours of operation – supports and services should be available at times that children, young people and families/carers can access them, not solely 9-5 or weekdays. The Scottish Government is also considering how to further develop access to support for people in a crisis where they or their families/carers consider that urgent support is required. We would expect community services to link with crisis support when that is more readily available.
  - Support should be available as close to 365 days a year as possible.
  - There should be clear pathways linking community supports and services with all other parts of the whole-system.
  - Self-referral is an essential element. A well-known source of support locally that is accepted, trusted and easy to access by self-referral. There should also be other non-referral entry points e.g. open access, drop in and digital.

37. To ensure fully accessible and integrated support and services, there should be specific consideration of “at risk” groups. This means children and young people who, despite being at heightened risk of experiencing poor mental health, are at risk of not receiving the right help at the right time. This includes; those who are living in a care situation, have experience of the criminal justice system, are experiencing poverty or whose distress prevents them actively seeking support. Partnerships should also consider the impact of health inequalities and barriers to support.
38. This should systematically focus across all young people with protected characteristics as well as other groups of young people where there is evidence of poor mental health outcomes.
39. There should be appropriate consideration of discrimination and stigma and how this can be addressed in the design of the service. Engaging in co-production and utilising peer-to-peer support will be central to reducing stigma.
40. Additional measures to ensure that services are accessible may include:
  - All aspects of the service follow NHS Education Scotland (NES) trauma-informed practice guidelines;
  - Facilitated transport is available;
  - Flexible locations– this may include providing support alongside other more general supports available to that age group that may be frequently or easily accessed e.g. youth or sport clubs,
  - Support is available to those who have existing relationships with the child or young person, including multi-disciplinary consultation on how best to support the child.

## **Workforce**

41. Ensuring safe and effective person centred practice aligned to GIRFEC, will require several elements to be in place in terms of workforce capacity and capability.
42. The most central of these will be a well co-ordinated system to provide quick assessment of need and access to staff with the relevant skills Workforce means both the public and third sector workforce as a considerable amount of community support is provided through third sector organisations.
43. The additional capacity required to supervise the delivery of these supports can draw on the increased investment in the CAMHS workforce. Local partnerships should consider the resource implications of ensuring support from local CAMHS teams.



44. Specific knowledge and skills targeted at mental health and wellbeing needs and outcomes is required across sectors and disciplines in line with the following **four levels of practice transcending sector disciplines and professions:**

|            |   |
|------------|---|
| Informed   | all staff working in health, social care and 3 <sup>rd</sup> sector settings  |
| Skilled    | staff who have direct and/or substantial contact infants, children, young people and their families   |
| Enhanced   | staff who have more regular and intense contact with infants, children, young people and their families, who are at risk of, or are experiencing mental health and wellbeing concerns   |
| Specialist | staff who, by virtue of their role and practice setting, provide an expert specialist role in the assessment, care, treatment and support of infants, children, young people and their families, who are at risk of, or experiencing mental health and wellbeing concerns |

45. It is expected that most workers in community supports and services would be practicing at the skilled and enhanced levels, providing relationship and listening based supports, with support from CAMHS staff for supervision, coaching and training. Health visitors, midwives, school, and family nurses should also be well integrated into the whole-system of community wellbeing support.
46. Children's services offer a wide range of supports within whole-school approaches including nurture, targeted approaches including the use of mental health first-aid training, and support from school guidance staff, school counsellors, school nurses and other workers such as youth workers and link workers. The provision of counselling through schools is delivered in line with a range of aims and principles, which include:
- Delivered in partnership between national and local government, and relevant partners, and should build upon the services already in place wherever possible.
  - Should be part of a holistic, child centred, approach to improving the mental health and wellbeing of children and young people.
  - In recognition of the need to ensure young people are safe, services should ensure a robust assessment is carried out and that young people are supported to access alternative services as appropriate.
  - Should align to, and/or enhance local services to support the mental health and wellbeing of children and young people.
47. These principles should broadly refer to the whole workforce involved in the delivery of community mental health and wellbeing supports.
48. All staff working across the four levels should themselves be supported, as well as, able to work safely. Priority should be given to staff wellbeing and ensuring that there is appropriate reflective practice or supervision structures to support staff to deliver safe, high quality, evidence-based, relational approaches while maintaining their own resilience and wellbeing. Key to supporting the workforce is having the right training and development in place.

49. CAMHS teams will support both universal and additional children and young people's services, including new and enhanced community mental health and wellbeing supports, by providing consultation, advice and training, and where appropriate, supervision of those staff providing psychological interventions. Children, young people and their families supported in CAMHS will also have access to supports provided within universal and additional services.

## **Risk**

50. The development of mental health and wellbeing supports and services within the community is likely to change the overall balance of provision, critically involving more children and families being supported in the community, and once established, fewer requiring referral to CAMHS.
51. As with all change, there is a level of risk involved with this process, and partnerships will require to manage that change and risk as confidence is built in new supports and services. This will require professional oversight, and necessary safeguards. This includes all staff being aware of the need to assess risk and of their own capacity to assess risk at a local level.
52. Each local partnership should collaborate on how risk will be managed and monitored across the range of local support and services. All agencies working with a child have a responsibility to deliver the right support at the right time without delay.
53. Important risk management aspects will include embedding community supports and services within the whole system locally, with excellent connections between community based and CAMHS services, and an explicit approach to staff training and support in place.
54. There should be clear escalation pathways both in hours and out of hours agreed with CAMHS. Usually this will be how to seek advice from a CAMHS clinician where a child or young person is not getting better or is raising increasing concern. It will also include how to support a child or young person to access urgent assessment from other professionals both in and out of hours including - GPs, mental health specialists, nurses or social work if required. This information needs to be easily accessible from anywhere 24/7.
55. It is recognised that in the majority of cases, supports and services will utilise evidence-based interventions but may use some less well-evidenced supports where these are considered to be best placed to help the child or young person. Practitioners should manage this risk as appropriate.

## **Outcomes**

56. Children's Services Partnerships or Community Planning Partnerships will be asked to monitor, evaluate and report on the provision of these supports and services on a basis to be agreed between the Scottish Government and COSLA and overseen by the Programme Board.
57. There will be evaluation, monitoring and reporting measures developed to support local partnerships. This will be designed to complement and work sensibly with any additional local monitoring. Measures will focus on some key statistics (which may be drawn in whole or part from national datasets) and outcomes based evaluation of the experience and journeys of children, young people and their families.
58. Outcome measures will be developed to reflect the views of children, young people and their families and we would anticipate that these are useful locally and inform local developments.

**January 2020**

## Annex A: VALUES AND PRINCIPLES

- i. Children, young people and their families will receive the support they need, when they need it, underpinned by the values, principles and components of GIRFEC, and responsive to local needs and systems. This should support and improve their mental health and emotional wellbeing and be provided by people with the right knowledge, skills and experience to support them;
- ii. Children's Services Partnerships or Community Planning Partnerships will work with children, young people and families in their communities to develop support and services which build on the existing effective supports and structures where appropriate and increase the opportunities to improve their mental health and emotional wellbeing, covering an age range of 5-24;
- iii. Through Children's Services Partnerships or Community Planning Partnerships, education, health including CAMHS and primary care, wider children's services and the third sector will work together taking a whole system approach to supporting children, young people and their families. Children and young people should experience a seamless pathway through supports;
- iv. These supports and services should recognise and respond to the factors which contribute to poor mental health, distress and mental illness, such as poverty, homelessness, substance use etc. and have clear links to services which can support with those;
- v. These supports and services should be in addition to what is provided through schools and CAMHS and focus on being there for children, young people and families at the earliest opportunity, with a focus on preventing distress and mental ill health worsening;
- vi. These supports and services should be visible and easily accessible with support to access where required; and everyone involved in supporting mental health and wellbeing should be clear about the role;
- vii. These supports and services will delivered by a workforce which is appropriately skilled, supported and resourced;
- viii. Children and young people themselves should lead the thinking around how this looks locally, and be key in measuring the impact of these.
- ix. Children's Services Partnerships or Community Planning Partnerships will be asked to evaluate and report on the provision of these supports and services on a basis to be agreed by the Scottish Government and COSLA and monitored by the Programme Board

## Annex B: WELLBEING INDICATORS

For more information about the wellbeing indicators referenced please following the below link.

<https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/>

