

Children and Young People's Mental Health and Wellbeing Joint Delivery Board

Further Information on Task and Finish Groups' Work

Introduction:

This report supports the final report of the work of the Joint Delivery Board.

The content below outlines the of the work undertaken by each of the Task and Finish groups that has contributed to the final recommendations of the Board.

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Deliverable One: Continue to enhance community- based support for emotional wellbeing/mental distress through ongoing investment and support for local partnerships.

Deliverable one was progressed by a Task and Finish Group who focused on three areas of work to support services aligned to the Community Mental Health and Wellbeing Supports and Services Framework, and supported by associated funding. This included:

- Promotion of good and emerging practice
- Supporting evaluation design
- Reviewing the Implementation of the Community Mental Health and Wellbeing Supports and Services Framework.

Actions and Learning

A number of activities were undertaken to support these workstreams.

Promotion of good and emerging practice

The group produced a Good and Emerging Practice Document with and for local delivery leads of services aligned to the Framework. Examples of good and emerging practice provided by local authorities included, amongst others, models based on ‘no wrong door’ principles, developing ‘golden threads’ across service provision that ensured appropriate support across different age ranges and levels of need, and approaches to co-ordinating ‘enhanced informal support’.

Fundamental to sharing practice, as well as highlighting what works or is being tested, was understanding challenges that have been faced and, where appropriate how these have been overcome. The creation of the Good and Emerging Practice Document highlighted some of the challenges in relation to the set up and delivery of these services. These included:

Procurement and recruitment: local authorities reflected challenges with both procurement and recruitment that related to delivery timescales and the short-term nature of the funding. Since the inception of the funding, it has been on an annual basis and time between confirmation of funding and expected service delivery has been short, making procurement challenging. Recruitment into the posts once services have been secured is also often difficult due to their short-term nature and it is challenging to retain skilled staff, who do not have reassurances around contract renewal.

General Data Protection Regulation (GDPR): GDPR requirements often need to be met for new services including data protection impact assessments and data sharing agreements. This process can be lengthy.

Co-design and co-production: this process also takes time and many areas had initial challenges around engagement in the timescales, particularly against the backdrop of Covid-19 when services were originally being set up, at which point children and young people who are seldom heard became even harder to engage.

Communication and marketing: the implementation of any new service requires a significant commitment to communication and marketing, and this places a particular draw on officer time. Some of this challenge relates to wider culture change required, ensuring children, young people, families, and professional stakeholders have confidence in community based as opposed to clinical provision. Communication with key stakeholders is key to this with consistent messaging needed to embed key principles and develop positive working relationships and accessibility.

Deprivation: some local authorities note higher levels of need/ higher demand across areas with higher levels of deprivation.

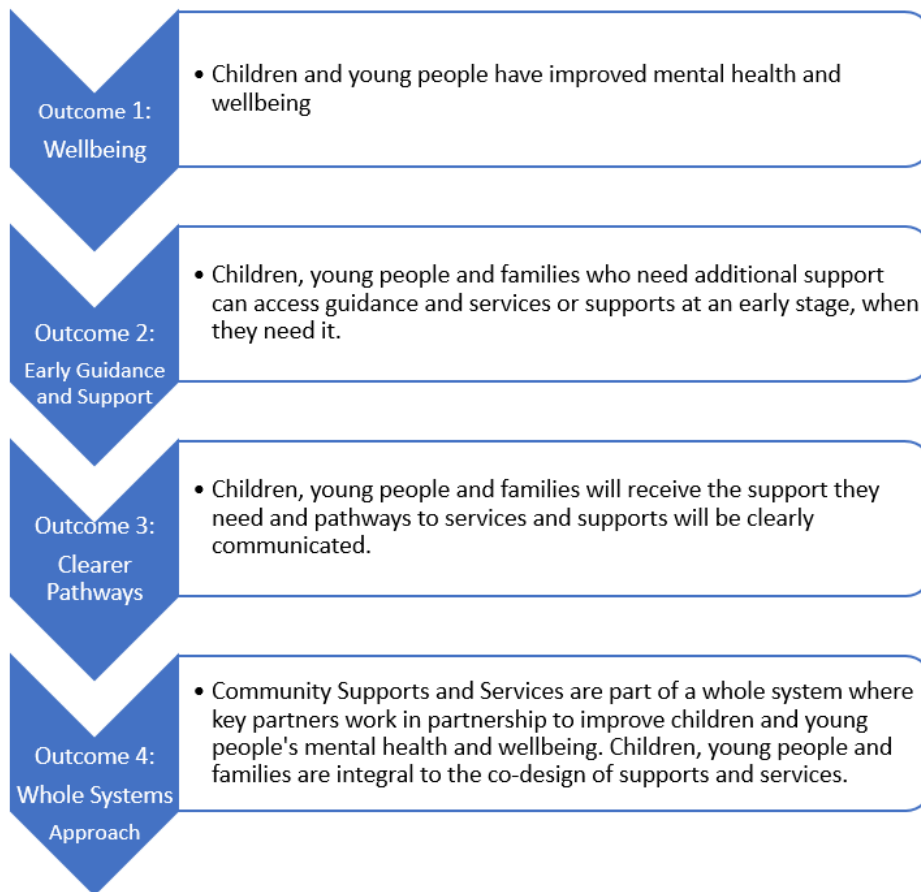
In addition to the production of the Good and Emerging Practice Document the Task and Finish group also discussed emerging themes that identified across local authority plans and reports. These included:

- Links to suicide prevention/self-harm, and useful local and national links/opportunities for practice sharing.
- Ensuring clear escalation pathways to CAMHS.
- Ongoing training and associated investment.
- Stage-specific evidence-based interventions as part of good practice sharing.
- Guidance on digital interventions.
- Links to neurodevelopmental services.
- Independent evaluation.
- Evidence-based practice.
- Emotionally based absence from education.
- The Promise.
- Physical mental health and wellbeing links.

The good practice, challenges and themes identified through reviewing plans and creating a good practice document informed, and continue to inform, practice sharing events and discussions with those leading on service. For example, a successful in-person Best Practice & Learning' event, attended by all local authorities and NHS Education Scotland (NES) was held in June 2022. Local leads also continue to meet on a regular basis to discuss practice and learning.

Supporting evaluation design

An early observation of the Task and Finish group was that the Framework itself made limited reference to the outcomes. The group identified four outcomes informed by the Framework aims and objectives and the earlier Taskforce report. These are provided below:



The Task and Finish group utilised these outcomes to advise the Scottish Government on an approach to commissioning an independent evaluation on the services aligned to the framework. This evaluation of services was then undertaken by the Scottish Youth Parliament.

Review the implementation of the Community Mental Health and Wellbeing Supports and Services Framework

The group considered six-monthly reporting data provided by local authorities in relation to services aligned to the framework. At the time of consideration two data sets were available covering July to December 2021 and January to June 2022. Published data from the six-monthly reports can be found here - [Access to counsellors in secondary schools and children and young people's community mental health services – summary reports - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/2022-06-22/summary-reports-2021-22/summary-reports-2021-22.pdf).

July '21 to December '21

- 17,786 children and young people accessed the supports and services, with 792 family members and carers also using them.
- 53% of service users were female, 43% male and 4% other.
- 59% of the children and young people using the services were of secondary school age, 33% of primary school age or under, and 8% of post-school age.

- The most common routes into the services were referral by self, parent, or carer (5,426) and referral by school staff (3,692).
- Children and young people most frequently presented to the services with the following problems: anxiety (1,920); emotional/behavioural difficulties (1,603); depression/low mood (1,138); and trauma (954).
- 1,692 of 4,103 people said that they had an improved outcome after using an emotional distress service, and 2,459 of 10,646 said that they had an improved outcome after using a positive mental health and wellbeing service.

January '22 to June '22.

- 33,420 children and young people accessed the supports and services, with 4,922 family members and carers also using them.
- 52% of service users were female, 43% male and 5% other.
- 56% of the children and young people using the services were of secondary school age, 38% of primary school age or under, and 6% of post-school age.
- The most common routes into the services were referral by school staff (6,922) and by self, parent or carer (5,507). Only 130 referrals to CAMHS were made by the services, with most onwards referrals being to other groups (2,002) such as third sector organisations.
- Children and young people most frequently presented to the services for the following reasons: anxiety (5,026); family relationships/home issues (4,020); and support for parents (3,440).
- 2,712 of 10,082 people said that they had an improved outcome after using an emotional distress service, and 7,030 of 24,861 said that they had an improved outcome after using a positive mental wellbeing service.

The Task and Finish group recognised that some supports, and services were still in relative infancy therefore impact data is likely to take time to emerge. It was recognised that challenges will have been faced in initial data collection. However, the data collated was considered positive for a number of reasons:

- Numbers of children, young people and their families accessing services rose markedly across the reporting periods. Whilst this suggests high demand it may also indicate services are embedding
- The number of referrals and self-referrals into supports and services increased.
- Referrals on to CAMHS from these supports and services appear relatively low.
- Over the same period where we have seen increasing numbers of children within preventative services, improvements have been made in CAMHS waiting lists.

The group also noted it is not currently possible to evidence a relationship between provision of community services and CAMHS waiting lists but, whilst this would require further analysis, it is possible that low numbers of CAMHS referrals by the community services means children and young people are accessing support at an appropriately earlier stage. It is also hoped that data on increasing numbers of young people and families accessing and self-referring to the supports indicate that these

services are developing as the framework intended. The group recognised the potential for ongoing improvement in data collection.

A sub-group within the Task and Finish group also considered areas where the Framework might be expanded or strengthened such as consideration of the age range, the scope of supports and services, accessibility, gaps in supports, workforce development, outcomes and reporting.

In considering this and feedback across its workstream the Task and Finish Group noted:

- Evaluation is at an early stage and supports and services will need time to be embedded across the whole-system and to provide more robust data longer term. Though it remains early to determine trends in data, it is encouraging to see increases in numbers of children and young people accessing services and self-referral figures, alongside emerging evidence of improved outcomes for individuals.
- Whilst outcomes data is being provided and some means of identifying outcomes were identified through good practice collection exercises, it is recognised that this remains an ongoing challenge. Outcome measures must be varied in nature in order to meet the needs of the range of supports and services provided. They must also work for preventative services where measuring mental health outcomes may be challenging.
- The importance of clear outcomes and the triangulation of a range of data such as qualitative, quantitative and observational, should be given further consideration as supports and services continue to be embedded.
- Service provision for the 16+ age group within the Framework may require further development in some areas.
- A whole-system approach requires a culture change and collaboration across teams and partners within Children's Services and Community Planning Partnerships, including local authority teams such as procurement and HR teams, which takes time and commitment.
- The possibility of expanding the Framework to cover crisis support has been identified. This requires careful consideration since the current Framework has a specific focus on early intervention and prevention.
- To date education has been key in the promotion of supports and services, which is to be expected with the age range that the Framework covers.
- Funding and procurement mechanisms currently create challenges in commissioning and procurement of services and this challenge can be heightened in areas such as the Highlands and Islands and smaller local authority areas bordering larger cities.
- Workforce capacity will need to be considered in any expansion of the framework.
- Opportunities exist to promote clearer links across services within the community and between community and clinical services. The responsibility for this should not sit solely with Framework services but be considered as part of planning between all relevant partners.

Deliverable Two: Ensure crisis support is available 24/7 to children and young people.

In response to the Children and Young People's Mental Health Taskforce report and the Youth Commission on Mental Health Services, the 2019 Programme for Government announced plans to develop 24/7 telephone and text crisis support for children, young people, and their families who were experiencing mental health distress or a crisis but did not require a clinical intervention. In November 2019 the Children and Young People's Mental Health and Wellbeing Programme Board began looking at the relevant existing provision and user need for such a service. As with other work of the Programme Board this workstream was paused during the Covid-19 pandemic.

Whilst it was originally intended that Task and Finish Group two would progress work on a 24hr helpline, the expansion of the NHS24 Mental Health Hub to a 24/7 service, and allocation of funding for a variety of provisions that have the potential to impact crisis support for children and young people through Transition and Recovery Funding led to this being reconsidered.

As a result, work on the deliverable focused on:

- Evaluating the current provision of crisis services for 5–24-year-olds.
- Producing a Framework detailing the standard and type of crisis support children, young people, their families and carers should receive.
- Supporting the development of new and expanding crisis services

Definition of Crisis Support

A fundamental challenge to the work of the Task & Finish group that progressed this deliverable was the lack of a shared definition of 'crisis'. Children and young people told us that the word 'crisis' is subjective and can be a barrier to accessing services. However, in order to progress the work of the Task and Finish group, a working definition of *Crisis Support Services* was used to include any service where children, young people and parents can receive immediate support without prior appointment either through referral or through open access/self-referral processes. This includes helplines or services with a dedicated out of hours resource. These services can be broadly referred to as *Crisis Supports* and do not include *Crisis Care*, which for the purpose of the group's work is defined as services for those who require a clinical intervention.

Actions and Learning

Evaluate the current provision of crisis services for 5-24 year olds

In order to evaluate current provision, the group sought to

- Map services that are available at a national level
- Map services that are available at a local level
- Considering the needs and experiences of children, young people and their parents and carers.

Services available at a national level

The group considered services offered across the national landscape, looking at the type of support available, age ranges and potential challenges and limitations of services from the perspective of young people looking to access crisis support. This included services offered by:

- NHS24 Mental Health Hub
- NHS 24's Enhanced Mental Health Pathway
- Breathing Space
- Distress Brief Intervention
- Third Sector Helplines.

Although the scope of the group was limited to non-clinical supports and services, the group also considered access to clinical assessment and crisis care in order to consider wider non-clinical crisis supports and services as part of a whole systems approach. Children and young people may currently, for example, access support or assessment through the routes outlined below:

- Emergency Departments
- Child and Adolescent Mental Health Service (CAMHS)
- Urgent Mental Health Care
- Mental Health Officers.

Local Crisis Support Services

In order to map local crisis supports and services that may be available to children and young people, their families and carers, the group issued a data request to Health and Social Care Partnerships. Following an initial request to outline provision of supports and services the group requested further information on accessibility of services, and links to CAMHS/Out Of Hours care as well as requesting for HSCPs to self-identify any gaps in service provision.

From the information received, the Task & Finish group established:

- Some areas had established phone (usually within limited hours) or text-based support services for children and young people in their area, either in collaboration with the third sector or independently. Four areas have launched keyword partnerships with the text-based charity Shout.
- A number of areas are using digital options to provide out of hours support. Digital support examples include Kooth (eight local authority areas), Togetherall (at least eight local authority areas) and Cool2Talk (four health board areas).
- Few areas have dedicated crisis centres that are accessible to under 16s. Two areas have crisis centres that provide Out of Hours (OOH) immediate support with no referral required to children and young people aged 12+.
- Some areas provided examples of drop-in support available Out of Hours that is aimed at prevention, lower- level distress and support over longer term.
- face to face support is provided through DBI in all areas through the NHS24 Mental Health Hub for people aged 16+ along with Glasgow Compassionate Distress Response available to people in Glasgow.

- Limited references were made across the responses to support for parents/families/carers.
- One response self-identified gaps around local support for neurodiverse children and young people out of hours.
- Some Local Authorities and Health Boards have dedicated websites outlining the range of locally and nationally available mental health services available to children and young people and how to access them. Other areas did not indicate having searchable resources.
- Some returns identified a need to better publicise community-based services that are available and build capacity to reduce the need for crisis support.
- A number of returns referenced plans to extend out of hours CAMHS provision. Currently most CAMHS services do not provide out of hours support (however all board areas are working towards providing access to assessment out of hours).
- No Health and Social Care Partnerships shared information that set out a whole system pathway to demonstrate how children and young people should flow through the services available.

Information collected did not consider service capacity to meet the crisis needs of children and young people, but the group recognise that in order for services to be successful they must have the resources they need, including access to a workforce fully equipped to respond to a wide range of manifestations of crisis including self-harm and suicidality.

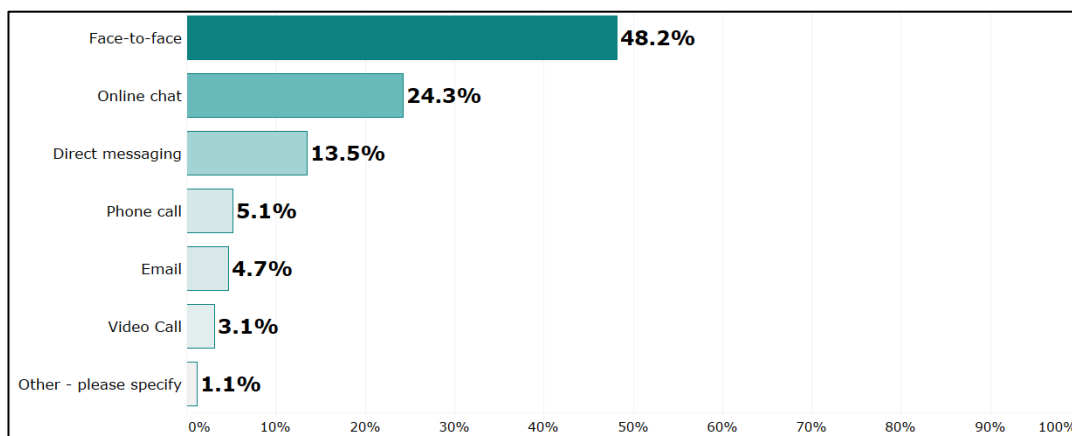
Experiences of children and young people

As part of the work of the Children and Young People's Mental Health and Wellbeing Joint Delivery Board, engagement with children and young people was undertaken and included focus groups to ask questions on what crisis services should look like. Alongside prior engagement carried out by the Youth Commission, the findings of this engagement were used to formulate a set of principles that informed the work of the Task and Finish group. These principles are set out below:

- I should be able to access support 24 hours a day, seven days a week, 365 days a year.
- I should have access to support at an early stage before I reach crisis point.
- I should be offered an alternative route to support when I do not require immediate medical attention and I should swiftly be directed appropriately if I do need urgent medical help.
- I should have access to support tailored to my needs no matter my age or if I am a parent or carer supporting children and young people with their mental health.
- I should be aware be signposted to appropriate community mental health services and reputable digital resources.
- I should not have to pay to access support.
- I should know how to access support.
- I should be able to access support that meets my accessibility needs.

To ensure that the views were still relevant in light of the pandemic and to add further context around the types of support children, and young people would like to receive, the group worked with the Children and Young People’s Mental Health Engagement Officers to develop the *Your Mental Health and Wellbeing Survey*, carried out on behalf of the JDB.

Approximately 1000 children and young people were asked how they would prefer to access support. Nearly half of children and young people responding that their preference would be to access face to face support in the first instance and around 40% preferring some form of text-based chat.



The surveys were followed up by interviews to gather qualitative data. These interviews provided further insight into the preferences of children and young people. A clear pattern emerged that there was a distinct group that wanted to access support face to face and would be unlikely to use digital based support. The converse was also true among those who preferred digital support with evidence that they would be unlikely to access support if it was only available in person.

Key Findings from mapping available crisis support indicated that though there is variability in the availability of crisis support for children and young people for instance with gaps in the availability of face-to-face support (which children indicate is important initially and will be important in circumstances of crisis), variations in provisions for parents and carers and for those under 16. There are also question in how local and national services knit together to provide the best continuum of support for children and young people.

Produce a Framework detailing the standard and type of crisis support children, young people, their families and carers should receive.

The group gave consideration to creating framework/standards detailing the standard and type of crisis support children, young people, their families and carers should receive. However, in doing so the group considered to the work of the Mental Health Quality and Safety Board who are looking to develop a suite of standards for mental health. Existing standards/ specification include CAMHS Service Specification, the Neurodevelopmental Service Specification. Additional standards under development include Psychological Therapies Specification and standards for Secondary mental health care.

The group concluded there was significant repetition across existing standards and a risk that new crisis principles would largely duplicate existing standards or specifications. As such taking forward crisis standards specifically for crisis services was not recommended by the group.

Support the development of new and expanding crisis services.

The group met with a number of developing and expanding crisis services. The group fed in their findings to date and offered advice on how services could link to form part of a whole system approach, e.g.

- Grampian Psychological Wellbeing Hub
- Held In Mind
- Distress Brief Intervention under 16s pilot
- Digital Support Research

From this engagement the group noted there are a range of services currently being piloted or already in use that have the potential to support children and young people when they are experiencing distress or before reaching crisis point. However, it is currently unclear if and how these services will connect together or to pre-existing services.

The Task and Finish group also considered work being undertaken across other Task and Finish groups and the wider mental health policy landscape. This included, the Promise, Community based support for emotional wellbeing and distress and Counselling Returns and Suicide Prevention work. Discussions with service providers were also undertaken including with Police Scotland and Social work.

In conclusion to its considerations the group also identified a number of areas for improvement, which it reflected in its recommendations to the Joint Delivery Board. This included:

- The need for a shared definition of crisis
- The creation of further opportunities of local provision of crisis supports and identified opportunities to do this through the expansions of the Young People's Community Mental Health Supports and Service Framework, both in terms of remit, funding and capacity in relation to crisis support so this may be factored into the continuum of provision delivered in a community setting.
- The need to enhance connections between services provided for children and young people to support their mental health and the opportunity to do this through Children's Services Planning.
- The need to be cognisant of gendered access to services and ensure any ongoing work to develop crisis services should be cognisant of learning around gendered access to services and ensure that services are equipped to meet the specific needs of groups including care-experienced children and young people.

Deliverable Three: Support Mental Health pathways and services for children and young people in vulnerable situations and in need of care and protection, aligned to the work of The Promise.

This deliverable is a continuation of a key theme which featured during the work of the Children and Young People's Mental Health Taskforce and the Children and Young People's Mental Health and Wellbeing Programme Board.

The Task and Finish Group supporting its progression under the JDB focused on identifying key areas for improvement in the mental health and wellbeing support available to children and young people in vulnerable situations, while reviewing data and evidence and the views of those children and young people to support this.

The group acknowledged that the term 'children and young people in vulnerable situations' covers a wider cohort than just those who are care experienced but that often children and young people in this category share a set of common experiences and needs. However, the group used care experience as a lens by which to explore system changes, which can impact on and lead to improvement for all children and young people in 'vulnerable situations.'

The group also viewed a key component of its role was to be supporting engagement with communities of children and young people who had lived experience of the issues being discussed and to reflect these discussions in the work developed. This led the group to develop a formal, grant funded, relationship between Scottish Government and Who Cares? Scotland to facilitate direct listening and engagement between the task and finish group and care experienced children and young people through two engagement sessions and other feedback points.

Actions and Learning

Three areas of work were progressed under this deliverable:

- Building a bank of good and emerging practice in supporting the mental health and wellbeing needs of children and young people in vulnerable situations from across sectors.
- Building a resource which helps those working with children and young people in vulnerable situations to understand their specific mental health support needs.
- Considering work required beyond the life of the Board.

Building a bank of good and emerging practice in supporting the mental health and wellbeing needs of children and young people in vulnerable situations from across sectors.

Working with organisations who deliver services and with teams in local areas the group sought to formulate a document which highlights materials and lessons already gained, shining a light on effective practice. The resources and examples being received will be collated to formulate the final document which will highlight key themes and factors for success.

Building a resource which helps those working with children and young people in vulnerable situations to understand their specific mental health support needs.

Two resources have been set in motion to meet this objective:

- A set of **key principles** for staff working with care experienced children and young people and children and young people in vulnerable situations.
- A digital resource co-designed with care experienced children and young people, focused on relationships and the key behaviours and skills that make the biggest difference to care experienced children and young people, when these are demonstrated by the adults that support them.

These will continue to be developed beyond the life of the Board and shared with the system as appropriate.

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Deliverable Four: Develop a support programme to enable the implementation of the CAMHS service specification.

The Task and finish group supporting this deliverable, progressed it by focusing on a number of key areas, working with relevant Scottish Government teams to discuss and advise on how to support the implementation of the specification.

The areas of focus included:

- Continuing to review current performance of CAMHS against the standards and acceptance criteria.
- Continuing engagement with CAMHS in health boards to discuss current need and develop capacity modelling in partnership.
- Building on learning and how recent developments in technology have impacted on delivery and access of CAMHS.
- Providing Enhanced Support to CAMHS in 7 boards across Scotland within the Remobilisation planning process.
- Including CAMHS in the first Scottish Mental Health Benchmarking Conference on 24th March 2021.
- Advising on resources required within the Mental Health Transition and Recovery Fund for implementation of CAMHS Service Specification and Addressing CAMHS waiting list backlogs.

Actions and learning

Focusing discussions on these areas has a number of results. Firstly, having analysed CAMHS data and Health Board feedback the group supported Scottish Government colleagues in their consideration of funding to CAMHS in 2021/22. Around £40 million was made available through the Mental Health Recovery and Renewal Fund and was allocated towards making key improvements in CAMHS, including:

- implementation of the CAMHS Service Specification;
- expansion of CAMHS services up to age 25;
- addressing the backlog of CAMHS cases which developed due to Covid-19;
- supporting implementation of the regional and national elements of the National CAMHS Service Specification; and
- building professional capacity to support children and young people with neurodevelopmental (ND) support needs, following the publication of the National Neurodevelopmental Service Specification.

The Group was also involved in and updated regularly on performance of Boards, including data and Board engagement issues offered advice and expertise in relation to improvements. Since the publication of the CAMHS Service Specification in February 2020, NHS Boards have been working to implement and align their local CAMHS provision to the standards outlined in the Specification. Regular engagement calls with NHS Boards, as well as through Remobilisation Plans, has been and continues to be an opportunity to seek updates on how they are implementing the Specification.

The Task & Finish Group has been involved and updated regularly in relation to data improvement for CAMHS and Neurodevelopmental (ND) services for children and young people. NHS Greater Glasgow and Clyde (GGC) is leading a project, on behalf of all eHealth Directors, which will develop an assessment report identifying gaps in digital infrastructure, data provision and barriers to data collection in CAMHS and Neurodevelopmental services, and in relation to the CAMHS and Psychological Therapies National Dataset (CAPTND). Once this initial assessment on this work has concluded, NHS GGC will develop recommendations for improvement in CAMHS and ND Services data.

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Deliverable Five: Agree and support the implementation of a neurodevelopmental service specification /principles and standards of care.

A further task and finish group worked towards achieving deliverable 5 – ‘agree and support the implementation of a neurodevelopmental service specification / principles and standards of care’.

Following agreed support of the specification, this group focused on:

- establishing and supporting Tests of Change
- developing tools to support the implementation of the specification.

Deliverable Five- Actions and Learning

Publication of National Neurodevelopmental Specification: principles and standards of care and Tests of Change

The JDB approved the final National Neurodevelopmental Specification: principles and standards of care in April 2021. The Task and Finish Group then supported the process which led to its publication in September 2021.

Tests of Change

The group developed the scope and areas of interest to be explored by the Tests of Change.

It was agreed the Tests of Change would:

- support understanding of demand for neurodevelopmental services in the context of the principles and standards.
- support understanding of where further development, support and/or investment is required in order for the standards to be met.
- support understanding of potential local models of implementation, recognising that these will vary dependant on both need and local landscape.
- enable learning, sharing practice and insights from test of change sites as they seek to embed the principles.
- inform any further development of the principles that might be required.
- inform plans for support and resourcing of any national roll out.

A number of local authority areas volunteered to act as Test of Change sites following engagement with ADES and SOLACE. Areas submitted proposals which were assessed against agreed areas of interest outlined below:

- Will data collection offer understanding of impact of services on outcomes?
- Will the data collected enable understanding of demand for services and resource implications?
- Are children, young people and families involved in the local plans for improvement?
- How has your proposal been informed by the views and voices of children, young people and their families?

- To what extent does your proposal take account of the Community Mental Health & Wellbeing Framework?
- What implementation issues or factors do you anticipate?

Also considered across all of Test of Change proposals was:

- Do proposals cover specific elements of the specification and is there sufficient scope across the whole specification to enable learning?
- Will information collected demonstrate how the specification could be progressed across different service models and geographies?

Test of Change proposals were agreed for the following five areas with the anticipated outcomes and timescale for each proposal outlined in figure 5:

- Highland
- Aberdeen City
- Fife
- Lothian
- Forth Valley (covering Local Authorities Stirling, Falkirk and Clackmannanshire)

Expected Outcome	Timescale	Area
Development of a community-based response to the ND assessment pathway which could be shared with others, potentially in form of guidance	By end of March 2023	Forth Valley
Identifying the benefits of having a teacher and educational psychology move involved in the process of working with schools, gathering information when a referral is made and being involved in formulation meetings	December 2022	East Lothian
Identifying the benefit of using CADS-Q questionnaire as a tool for all neurodevelopmental referrals	December 2022	East Lothian
Creation of an all-age pathway for neurodevelopmental assessments	December 2022	East Lothian
Timely integrated neurodevelopmental assessment in line with NAIT recommendations	December 2022	East Lothian
Access to early mental health interventions if needed	December 2022	East Lothian
Pre-school assessment of ADHD and ASD	December 2022	East Lothian

Views, lived experience and examples of co-production with children and families	November 2022	Aberdeen
Multi-agency resources (including training) / Materials	March 2023	Aberdeen and Fife
A recommendation for a 'gold standard' pathway for children requiring ND support as an impact of trauma	March 2023	Aberdeen
Neurodevelopmental Pathway Flowchart	March 2023	Fife
Neurodevelopmental Pathway referral form	March 2023	Fife
FAQs Guidance and Fife ND questionnaire compiled by the NHS	March 2023	Fife
Improved quality of requests for assessment to the Neurodevelopmental Assessment Service so that they are as required for appropriate decision making at triage	March 2023	Highland
Improved communication with families, children and young people and relevant professionals so that they feel more informed throughout the assessment, and pre and post assessment process	March 2023	Highland
Improved awareness by families, children and young people and relevant professionals of how to access specialist support, appropriate resources, strategies and / or services	March 2023	Highland
An understanding of the effectiveness of Support Practitioners providing home / school observations under professional guidance	March 2023	Highland

Figure 5: Tests of Change areas, timelines and expected outcomes.

Initial learning from Tests of Change areas has included:

- Recruitment – areas fed back that recruitment challenges were an issue, in several cases this delayed progress with the tests of change as it took a while for areas to have the right staff in place.
- Some difficulties with cross-agency sharing of data and how to redress this.
- Importance of strong links with education and shared aims across all multi-disciplinary teams.

Learning Tools

In order to support the implementation of the ND service specification the group has supported the development of a self-assessment tool and learning framework.

Self-Assessment Tool

This tool allows areas to assess themselves across each of the specification standards on implementation evidence, user experience, implementation journey, and future planning. It is intended to be used as an internal document to help local areas guide their own implementation of the Specification and can be used in whichever way is helpful to suit local circumstances. It is hoped this will be valuable in identifying where the current gaps and limitations in service provision are to then focus on. The intention is that the tool can be referred back to and updated as implementation of the Specification progresses.

Learning Framework

A key aim of the Tests of Change is that they both support understanding of potential local models of implementation, recognising that these will vary dependent on both need and local landscape and to enable learning, sharing practice and insights from Test of Change sites as they seek to embed the principles. To support this a Learning Framework has been developed which will be used to help draw out learning around the implementation of the Specification. The intention is for this to be launched in early 2023. The Learning Framework will ask questions such as:

- What has worked well during implementation of the ND Specification?
- What could be improved?
- What are the next steps?

A learning event was hosted in January 2023 to share learning from Test of Change areas to date with interested parties. The group made the case to the JDB that this learning and practice sharing will need to take place beyond the JDB's lifespan, this was considered in its final recommendations.

Deliverable Six: Developing a programme of education and training to increase the skills and knowledge required by all staff to support C&YP mental health.

Deliverable six represented a continuation of work initiated by the Children and Young People's Mental Health Taskforce which was further progressed by the Children and Young People's Mental Health and Wellbeing Programme Board, seeking to ensure that the children and young people's workforce were appropriately skilled and able to access the training they needed.

In March 2021, the Children and Young People's Mental Health and Wellbeing: A Knowledge and Skills Framework for the Scottish Workforce was published. The framework sets out the levels of knowledge and skills required by staff, across agencies, to deliver wellbeing and mental health supports and interventions within the framework of Getting it Right for Every Child (GIRFEC). The framework is a valuable tool for use by children's agencies, across Scotland, to guide workforce development plans. The aim is to improve the quality of mental health and wellbeing provision to Scottish children, young people, and their families. To date, the page that hosts the CYP document has been accessed 3,314 times and the framework document itself has been accessed 1,866 times.

Actions and Learning

A task and finish group was formed to progress this work under the JDB and, having liaised with the other Task and Finish Groups to identify training needs in their areas of focus a number of workstreams were identified for development. This resulted in the production of the resources below.

The Digital Learning Map

There is no shortage of mental health learning materials available, for example on TURAS Learn and other websites; but there is a challenge around how people navigate to the most appropriate training for them in their role. Recognising this, the group developed a Digital Learning Map website that maps high quality training resources to the knowledge and skills framework and allows staff to plan their learning journeys and leaders to plan learning and development for staff groups.

The Digital Learning Map was available from December 2023 as a live product. Subject to the additional testing phase and ongoing feedback of stakeholders, additional resources will continue to be added to the Map.

First point of contact/signposting

It was agreed that significant value could be added by creating a first point of contact/signposting resource which would be relevant for the wider children, young people and families' workforce. The group took this forward and produced a resource which considers the education and training needs of whomever first comes in contact with a young person with a mental health issue and how they respond and support that person to get effective help. The resource is hosted on the Digital Learning Map website.

Training and Education Evaluation Toolkit

The group acknowledged there is significant training and education already available and currently being developed. They have overseen the development of an Evaluation Toolkit to help organisations to evaluate the quality of training at all practice levels. Impact measures have been developed at the four levels of Kirkpatrick's Model, from the most basic which captures 'learning reaction' all the way up to the impact on children and young people's mental health and wellbeing. The evaluation toolkit provides a practical suite of resources for organisations to evaluate their education and training and will include resources to build towards organisational impact and cultural change. The resource is also hosted on the Digital Learning Map.

The One Good Adult Job Description

During the development of the Knowledge and Skills Framework, NES & Scottish Government engaged with children and young people to ensure their views were represented. These children and young people suggested a Job Description was developed for all adults who work with children and young people. They suggested initial wording for a 'One Good Adult' Job Description which captured the skills required for adults to support children and young people's mental health and wellbeing. Over the course of the JDB, NES, who led the Task and Finish Group commissioned Children in Scotland to complete this piece of work through their Children and Young People's Network. An Implementation Wrap to inform the use of the Job Description, was also developed and includes suggestions about how the Job Description might be used.

North Ayrshire and Aberdeen City local authorities have volunteered to pilot different ways of implementing the One Good Adult Job Description. NES, Education Scotland, and Scottish Government have written draft Implementation Guidance to support the pilot work, and an evaluation document has also been developed. This pilot phase began in October 2022 and will run to Summer 2023. Following this it is anticipated that NES and Scottish Government will use the results of these pilot projects to create an 'Implementation Wrap' for the One Good Adult Job Description which will be launched, across Scotland, in Autumn 2023. Information on the One Good Adult work is available here.

The Promise SWAY resource

The group also contributed to a Promise Sway Resource aimed at organisations and individuals who have an interest in mental health education and training resources and materials that are relevant to the work of the Promise. The resource pulls together education, training and good practice relevant to the workforce supporting care experienced children, young people and adults.

Beyond the JDB these resources will continue to be supported by NES. Recommendations from this group on the utilisation of these resources and future training need were considered by the JDB.

Deliverable Seven: Work jointly with the Perinatal and Infant Mental Health Programme Board to consider what is currently available and what is required in the future to support the mental health and wellbeing of 3–5-year-olds across Scotland and produce recommendations for further action.

Deliverable seven was considered by a Task and Finish Group that was primarily research lead. It was agreed the group should focus on identifying and understanding the nature of the support available and required in Scotland for supporting the mental health and wellbeing of children 3-5 years and making appropriate recommendations in this space. The importance of links with Early Learning and Childcare (ELC) was acknowledged from the outset of the work, particularly given the expansion of ELC hours.

Deliverable Seven - Actions and Progress

The group undertook a variety of actions in order to progress this including:

- Developing an addendum for the *Principles for Participation and Engagement with Children and Young People* paper to support appropriate and effective ways younger children.
- Collaborating with ADES and commissioning Early Years Scotland (EYS) to undertake engagement activity with children, parents, carers and the ELC workforce across 7 local authorities. This formed the 'Mental Health, Happiness and Wellbeing Project'.
- EYS also conducted an audit of existing ELC professional learning resources available to support the mental health and wellbeing of children 3-5.
- Collaborating with Public Health Scotland (PHS) to synthesise the evidence and data collected. PHS extrapolated the key messages about supporting young children's mental health and wellbeing to shape and inform our recommendations and they produced a summary report.
- Communicating and consulting with colleagues, stakeholders, and policy areas where there were significant links and interdependencies.

There was a wealth of learning across the groups work. The Mental Health, happiness and Wellbeing Project provided a provided a strong indication of the views of children and young people. The final report can be found here - [Mental Health, Happiness and Wellbeing Project | Early Years Scotland](#).

The audit of existing learning resources indicated that whilst there are not a large number of resources badged as being to support the mental health and wellbeing of 3-5 year olds there are a number of resources that do this by supporting elements of this, for instance nurture and relationship based practice.

This learning led the group to make wide ranging recommendations to the JDB, including but not limited to considering the use of the term happiness when referring to the mental health and wellbeing of children and young people, a campaign on mental health targeted at 3-5 year olds, training opportunities for the workforce and supporting greater connections between relevant professionals.

Deliverable Eight: Through a selection of appropriate media platforms, we will ensure:

- **information on the work of programme board reaches stakeholders, young people, parents and families.**
- **information on the interconnecting work of other boards reaches relevant stakeholders.**
- **information on how to access mental health support is available to staff supporting children and young people.**

Improved communication on work undertaken around children and young people's mental health governance was proposed following the close of the previous Programme Board. This action was also taken forward by a task and finish group.

In order to progress the deliverable the group aimed to:

- raise stakeholder awareness of the work of the board ensuring they are kept up to date with milestones as work on deliverables progresses.
- promote publications resulting from the work of the Board.
- help 'close the loop', ensuring that those who have contributed to the work of the board and its predecessors see where their input has been taken into account.
- support connectivity across the development of Mental Health and wider policy; and between policy and practice.
- publicise promotional/ engagement events.
- highlight good practice emerging as a result of the Board's work.

Deliverable Eight: Actions and Learning.

This was undertaken through a variety of mediums including those laid out below.

JDB newsletter

An accessible quarterly 'JDB newsletter' providing updates on the work of the Board and Task and Finish groups, connected information, and training and supports was produced. This was aimed at everyone who has an interest in the work of the Board including the workforce, parents, carers, children, and young people. The newsletter was widely shared via stakeholders, and via a sign up function; twitter was also utilised with the newsletter gaining between 11,870 and 30,120 impressions. Previous newsletters are available [here](#).

Information Bulletin

In addition to the newsletter which covers the work of the Board and public facing information e.g., on live consultations, available training and support, a regular Information Bulletin was developed and circulated. This provided an update on work being undertaken across the wider mental health policy landscape including primary care, quality standards, education etc. allowing a broader understanding of what was being delivered and the direction of travel.

Short videos and media posts

A series of videos have been shared on the social media Board members to support its work. This has included:

- A video developed by Scottish Youth Parliament Board members and INCLUDEM explaining the role and structure of the JDB.
- A series of videos from local authorities launched as part of Mental Health Week that highlight early interventions for children and young people's mental health in community settings. Good practice sharing for this work is supported by Task and Finish group 1. An example of the videos can be found [here](#).

Talks/ engagements with public bodies.

A series of presentations were undertaken with public bodies with the aim to promote and increase the reach of the JDB, provide an opportunity for input and engagement around the JDB workstreams and create space for collaboration and joined up working across policy areas.

Engagement and Accessibility

Efforts have been made to consistently use plain language and a supporting A-Z [glossary](#) has also been developed by children and young people to support public facing documents, like the newsletter and to help ensure accessibility.

Learning

The Task and Finish group noted a number of reflections these included:

- scope for useful communications beyond the life of the Board
- Publications produced were generally well received but despite being regularly issued, accessible and circulated across the extensive Joint Delivery Board network, it is reported that the newsletter does not always reach frontline workers, children/young people, or parents/carers. It is possible that parents/carers and children/young people would prefer more information on local services rather than the sort of information produced by a policy Board.
- There is not a clear platform for sharing good and emerging practice to support children and young people's mental health and any future work will need to consider more targeted ways of reaching practitioners.
- Children and young people's involvement has been a key principle of the Board and the group endeavoured to include young people throughout; a young representative from SYP sat on the group directly.
- It was noted that children and young people had been involved in previous incarnations of the Board and maybe unsure of how their voices had been considered. This concern was again raised by children and young people who were keen that the Board 'closed the loop' so that they were clear what contribution their input has made to the work of the Board. This will be a priority of the work of the Engagement Officer. Children and young people were also clear that they did not want to be asked the same questions again and again.
- It was also noted that there was a risk that after the Board closed, engagement with children and young people would cease. However, Scottish Government, through the Mental Health Strategy and Transition and Recovery Plan, is committed to ensuring the voices of children and young people are central to mental health policy development and the next phase of work.

- There were a number of opportunities the group would have wished to explore further including further digital media content for children and young people, e.g. podcasts, to relay the work of the Board and mental health messages. Opportunities to develop word of mouth promotion also merit further consideration. This was limited by officer capacity and resource but also the early stage of policy work in some of these deliverables, with this sort of messaging potentially having a greater impact at a later date.
- At Parliamentary Committee GPs indicated a lack of knowledge of new and enhanced community mental health services. New community-based services have faced difficulties establishing connections with GP practices. The group have looked at how communications on the work of the Board might help to bridge this gap but establishing clear communications routes into primary care provision has been challenging, with no one clear route in for communications and GPs reporting limited time to engage with any communications provided.
- Different approaches have been taken to promote new mental health initiatives both locally and nationally. At a local authority level community-based services have reflected that the promotion of new services such as Kooth for example take a significant proportion of officer time. The National Suicide Prevention Leadership Group have had a degree of success though promotional campaigns progressed by media companies e.g., United Against Suicide.

Wider communication challenges

There is a wider public and practitioner engagement challenge to support families and professionals understand the breadth of mental health and wellbeing support that now exists, and that CAMHS is often not the most appropriate source of help. Despite work of the Board and its predecessors in the development of the Community Mental Health and Wellbeing Services across all local authorities in Scotland; wider media, parliamentary and public perception still focuses on CAMHS referrals and waiting lists. The group felt that this does not recognise the progress that has been made and may be deflecting from gaps in provision elsewhere the system.

Similarly, the group also expressed concern that CAMHS is still seen as the 'go to' or 'gold standard' support for a child experiencing difficulties with their mental health and wellbeing by some areas of the workforce and parents and carers. A cultural shift is required in order to progress this in line with the move towards preventative practice.

Learning and recommendations from task and finish group eight was considered in the final recommendations of the JDB.