

Children and Young People's Mental Health and Wellbeing

- a conversation about the impact of COVID19 and whether we need a new approach?

Summary

The impact of the current context on children and young people's emotional and mental health and wellbeing and on those that support them

Children and young people's emotional and mental health and wellbeing was significantly affected by the disruption to family and school life, to other support services and to the dynamics between them. Initial resilience was displaced over time by a fear of Covid and the loss of structure and routine led to an increase in generalised anxiety, suicide ideation and self-harm, and in the numbers of suicides in some areas.

Home schooling was difficult for many and increased stress within families and between families and school. Children lost confidence in their social skills and feared going back to school. The enforced social isolation impacted differently of specific groups of young people and their families.

Remote working created many challenges. Grantholders were concerned about safeguarding and increased domestic abuse with children stuck at home. Providing crisis support was difficult due to connectivity issues and a drop off in consistent contact with support agencies like Educational Psychology and CAMHs.

Grantholders reported that the pandemic exacerbated the pre-existing shortcomings of CAMHs and mental health services generally. They were concerned that young people and families who were 'just coping' would tip into the 'red zone', the delayed impact of trauma and adverse economic circumstances, and that the level of demand they were currently experiencing was the only the tip of the iceberg.

Staff supporting children and young people experienced associated negative impacts. These included teachers 'mirroring' the fears of students including suicide ideation and self-harm, and an increase in stress and isolation for home working staff carrying the burden of safeguarding concerns.

There were many examples of grantholders and funders adaptability enabling innovative responses to new challenges, and an expectation that many would continue with a blended approach to providing services going forward.

There was a strong consensus that the emotional and mental health and wellbeing of children and young people needs to be looked at from a systems perspective, in the context of family circumstances and the role played by other related institutions like schools and youth and mental health services. Parental/family support was seen as key, with a huge investment needed.

Purpose and background

The group of funders comprising BBC Children in Need, Corra Foundation, The National Lottery Community Fund, The Robertson Trust, STV Children's Appeal, and the William Grant Foundation have a mutual interest in finding out how the COVID pandemic has impacted on the emotional and mental health and wellbeing of children and young people over the last year, and whether in the light of that a new approach might be needed to address the emerging concerns.

The funders invited a range of grantholders, both national and local, to sign up to and participate in the conversation, facilitated by Animate, on a choice of the 6th, 11th and 12th May (*see Appendix 1 for list of participants*). They were keen that the conversation provided an opportunity for the funders to first listen to grantholders experience, and then to all think together about how to work on and support initiatives emerging from communities. This included considering how communities' capabilities, assets and relationships could be harnessed to inform policy and practice – both 'here and now' with a sense of urgency, and in the medium to longer term. The funders signalled their intention to use the findings in the report, both individually and collectively, to inform their strategic investment and approach to influencing, and to improve programme implementation.

1. Grantholders experience of the impact of the current context on children and young people's emotional health and wellbeing

Grantholders were keen to tell the story of the impact of the pandemic – the effect that lockdowns, home schooling, lack of face-to-face contact etc, had on the children and young people and families they work with, and on themselves as organisations and workers. Key themes included:

1.1 Disruption of family and school life, and the dynamics between home, school and other services. While some children and young people experienced the first lockdown as new and exciting and were initially resilient, the second winter lockdown led to an increase in generalised anxiety, increased suicide ideation and self-harm and numbers of suicides in some areas.

This appeared to be related to a fear of Covid: being stuck at home and tuning into and picking up their parent's fear and anxiety, home not being a safe place for some, lack of structure and routine, regressive behaviour (helplessness and hopelessness); fear of going back to school due to loss of confidence/skills around socialisation; increased online bullying; missed and poorly managed transitions for P7- S1 and new P1s, and some years being left to get on with it.

Home schooling has been very difficult for many children and families, contributing to increased tension and stress within families and between the home and school. Some grantholders reported experience of teachers 'mirroring' the fears of students including suicide ideation and self-harm. Concerns were also raised about the rushed and patchy nature of the implementation of the Scottish Government's school counselling initiative and the variable quality of both in-house and external provision.

They reported the impact on specific groups: the prospect of attachment issues/disorder and developmental delay for babies and toddlers due to lack of play and socialisation opportunities, and the negative impact on new and isolated parents experiencing a lack of peer and family support; the isolation of young carers, whose caring responsibilities preclude them from connecting and gaining support virtually, and who miss out on the support and social connection with friends and peers at school; young people choosing to access adult distress response services rather than using GP pathways. They also reported families newly thrust into poverty experiencing stigma, shame and loss of self-esteem.

1.2 Challenges associated with providing remote/virtual support. While some children and young people have been able to thrive through remote working, grantholders reported that it has presented many challenges. Providing crisis support has been difficult due to: connectivity issues, increased safeguarding/domestic abuse concerns where there has been a drop off of connections with young people, and a drop off of consistent contact with support agencies (Educational Psychologists, CAMHs etc). Online working with young children proved very difficult – there being no way to replicate what they experience in a playroom where they are all together and sharing toys.

1.3 Concerns about staff support and wellbeing. This included: the impact of young people's increased self-harm, suicide ideation and suicide attempts; stress experienced by staff who work at home, feel isolated and carry the burden of safeguarding concerns; concern about taking annual leave; not having to travel leading to increased case/workloads, longer and more sessions per week – lack of healthy work life balance.

1.4 A high degree of adaptability of projects – generally supported by funders. Examples included:

- Staff moving in with young people in residential services to meet 'bubble requirements'
- Organisations changing their structures and business models e.g. adopting a social enterprise model
- A cooking project converting to providing a home pack and a £25 voucher for buying ingredients for three meals: budgeting became an important, added, part of the activity
- Youth work projects responding to family support needs
- Establishing peer mentoring and buddying initiatives
- Providing extra training and support for staff e.g. additional coaching from external consultants
- Establishing a homework club, where young people could learn from their peers (many said teachers were no help), building new friendships with classmates they hadn't previously known
- Developing a new strand of work with mums and babies born during lockdown
- Young people being enabled to get in touch via email. This resulted in disclosures that wouldn't have happened in person - *'I would never have told you that face to face or on the phone'*
- Setting up a private (moderated) online chatroom to replicate going to the local centre
- Organising training webinars to raise the awareness of professionals in relation to responding to self-harm and suicide ideation
- Responding to the needs of people that weren't being reached under lockdown e.g., people newly experiencing poverty in rural areas who started accessing foodbanks

- Distributing direct financial support to families who needed urgent help.

Grantholders were appreciative of the understanding, flexibility and additional financial and non-financial support of funders which enabled them to adapt their approaches. This included the redirection of funds to provide food and care packages, funding for IT technology to enable remote and online working, and access to communication, marketing, safeguarding and evaluation support.

1.5 It can't all be put down to the pandemic. Grantholders agreed it was important to recognise that although the pandemic created many of the issues and challenges highlighted above, it also shone a light on and exacerbated pre-existing problems. For example, it was recognised that CAMHS and mental health services were in crisis before the pandemic and both young men's and young women's mental health had been declining over recent years. A lot of concern was expressed about children and young people and their families who were 'just coping' and how to prevent them from tipping into the 'red zone'. They were also very concerned about the delayed impact of trauma and adverse economic circumstances on children and young people's mental health wellbeing.

1.6 Continuing uncertainty into the recovery phase. Some grantholders talked about the difficulties they were experiencing trying to formulate plans for the recovery phase. They expressed concerns about what they were currently experiencing as the tip of the iceberg. They had increasing waiting lists and were fearful of being inundated when their services reopened, not having enough staff to meet the need. Recruitment has been difficult online and people have been unsure about taking the risk to move jobs.

Organisations that owned or rented privately had been more able to adapt their projects and keep working. Those in council buildings had been shut out, and a lot of community facilities were still closed. In buildings shared between older and younger people's projects, the young people's projects had been excluded to safeguard the older people.

Grantholders expected to be taking a blended approach to providing services, both continuing with online support and restarting face to face work. While phased returns to buildings will allow grantholders time to think and plan, they were aware that they will also need to respond to the needs of children and young people bring with them as they come back. Some talked about holding events for the whole family, so that children can be together and parents can be together, giving them the space they need to talk about and make sense of what has happened.

2. Envisioning a new approach – what would success look like?

Children and young people would be receiving support that focused primarily on ensuring their emotional and mental health and wellbeing according to their needs. It would be holistic, trauma informed and integrated with family support and school programmes. It would include support to access and sustain education; training and life/soft skills development; help with relationships, social media and finance; skills building for employment and pathways out of poverty.

Children and young people would be encouraged to identify their life goals and enabled to make informed choices about the kind of support they need to achieve them. There would be increased investment in support and capacity building opportunities for teachers, youth workers and other professionals so that they can play their part in ensuring children and young people get the help and support they need when they need it and for as long as they need it.

A children's/human rights based approach would offer an opportunity to align and join up third and public sector efforts in a more systemic way. Children, young people and their families would be involved in designing the supports and services they need. There would be alliances, cross learning and collaboration at local community level, involving both large and small organisations, and universal and specialist providers.

3. Moving forward - grantholders requests from funders

Grantholders reinforced the view that preventive work with children and young people including family support was essential to protecting and promoting their emotional and mental health and wellbeing, and that support needed to go wider than mental health organisations.

They stressed the importance of investing in organisations and not just projects, and valued flexibility around use of funds, evidence collection and reporting in line with changed circumstances and learning. This communicated trust and confidence in grantholders' judgment.

They welcomed the increasing commitment to funding core costs, based on the understanding that projects need managers, fundraisers and administrators as well as project workers and encouraged funders to promote that message. Longer term funding (e.g. three years) gave staff a degree of security and enabled them to better develop and maintain effective working relationships with service users and other organisations. Simplified application processes with less strings attached would enable money to be released earlier and reduce the stress of waiting. They encouraged funders to reach out to smaller organisations encouraging them to apply and reported that funding surgeries, roadshows and toolkits were all helpful, as were non-financial offers of support and small grants for small/new organisations as steppingstones to larger grants.

"A lot of funding is focussed on the child when 'it takes a village to raise a child'. Outcomes would be better if there was money to work with parents and other agencies." - Grantholder

They emphasised that people on the front line need support to undertake this work and that there was a need for investment in capacity building and upskilling to enable the sector to better respond to the needs of children, young people and their families.

They felt that greater ongoing communication with and between funders to increase their knowledge of work in local areas would enable them to make more connections with other services and support more holistic service provision. Greater sharing of knowledge and collaboration would enhance place-based responses to needs.

“The voices of community groups need to be heard more – they’re furthest from government, and the infrastructure is still built around local authorities and the NHS; this needs to change.” - Grantholder

They encouraged funders to use their combined knowledge and influence to amplify the voice of children and young people and their families and take key messages from the third sector into policy discussions with Scottish Government, and to share best practice with the statutory sector to help shape local and national initiatives.

4. Conclusions based on the collective sensemaking of grantholders and funders

There was a strong consensus that the emotional and mental health and wellbeing of children and young people needs to be looked at from a systems perspective, in the context of family circumstances and the role played by other related institutions like schools and youth and mental health services. Parental/family support was seen as key, with a huge investment needed.

“If young people don’t have supportive family relationships the impact is huge. And mental health doesn’t just affect individuals, it affects the whole family, parents/carers need support too.” - Grantholder

The mindset needs to shift, and wellbeing put at the heart of the system. People working in frontline roles with children and young people need to be properly supported and supervised in taking up their roles, and this should include teachers and youth workers. Investment in workforce development was seen as essential.

A focus on wellbeing means a need for greater clarity in the terminology used in relation to mental health so that the wide spectrum of interventions from early action/preventative work through to acute clinical services are included, and organisations with relevant general and specialised knowledge, skills and experience don’t rule themselves out of funding programmes and initiatives. For example, it was recognised that both generic youth work and specialised therapeutic work are essential and a balanced needs to be reached between universal and targeted provision.

Grantholders welcomed funders increasing commitment to funding organisational core costs to enable stability and ongoing supportive relationships with children, young people and their families.

Funders were encouraged to use their knowledge, reach and influence both to enable more joined up thinking, collaboration and learning at local/place-based level, and to amplify the voice of children, young people and their families, and the organisations that support them with the statutory sector and Scottish Government to help shape a more systemic response to the emotional and mental health of children and young people.

5. Recommendations for action by funders

Funders should:

1. Continue to support open and honest conversations with grantholders to gain an in-depth shared understanding of the ongoing impact of the Covid-19 pandemic on the emotional and mental health and wellbeing of children, young people and their families.
2. Use your voice to influence other funders and policymakers and help facilitate the connections with decision-makers.
3. Encourage a more joined up and systemic approach to addressing the emotional and mental health and wellbeing of children, young people and their families by: sharing good practice, encouraging the collaborative development of more place-based responses; engaging collaboratively with Scottish Government and others around commissioning of mental health and wellbeing initiatives; and using your combined knowledge and influence to amplify the voice of children and young people and their families, and key messages from the third sector in policy discussions with policy makers.
4. Support flexible funding and provide core costs in addition to specific mental health and wellbeing project costs to organisations enabling them to develop and sustain ongoing transformative relationships with children and young people, their families and partner agencies.
5. Invest in workforce development: the training and ongoing supervision and support of: front line children and young people's wellbeing workers, including youth workers, teachers, family support workers and volunteers.
6. Provide practical support and funds to enable grantholders to respond to the emerging hardship needs of children, young people and their families.

Appendix 1:

List of grantholders who participated in the conversations:

1	Barnardo's Scotland
2	Bridges Project
3	CEA. Committed to ending abuse
4	Children's Health Scotland
5	Crisis
6	Darcy's Equine Assisted Learning Centre (CIC)
7	Dundee and Angus ADHD Support
8	East Ayrshire Carers
9	Elgin Youth Development Group
10	Feeling Strong
11	GAMH
12	Haldane Youth Services
13	Hear My Music
14	Home Start
15	Link - East Fife Mental Health Adolescent Befriending Project
16	Midlothian Youth People's Advice Service
17	Mind Mosaic
18	Moira Anderson Foundation
19	One Parent Families Scotland - Falkirk
20	Place2be
21	RASAC Perth & Kinross
22	Scottish Sports Futures
23	Street Soccer Scotland
24	The Junction
25	Wick Youth Club
26	Youth Scotland