



COMMUNITY MENTAL HEALTH & WELLBEING SUPPORTS AND SERVICES FRAMEWORK

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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.

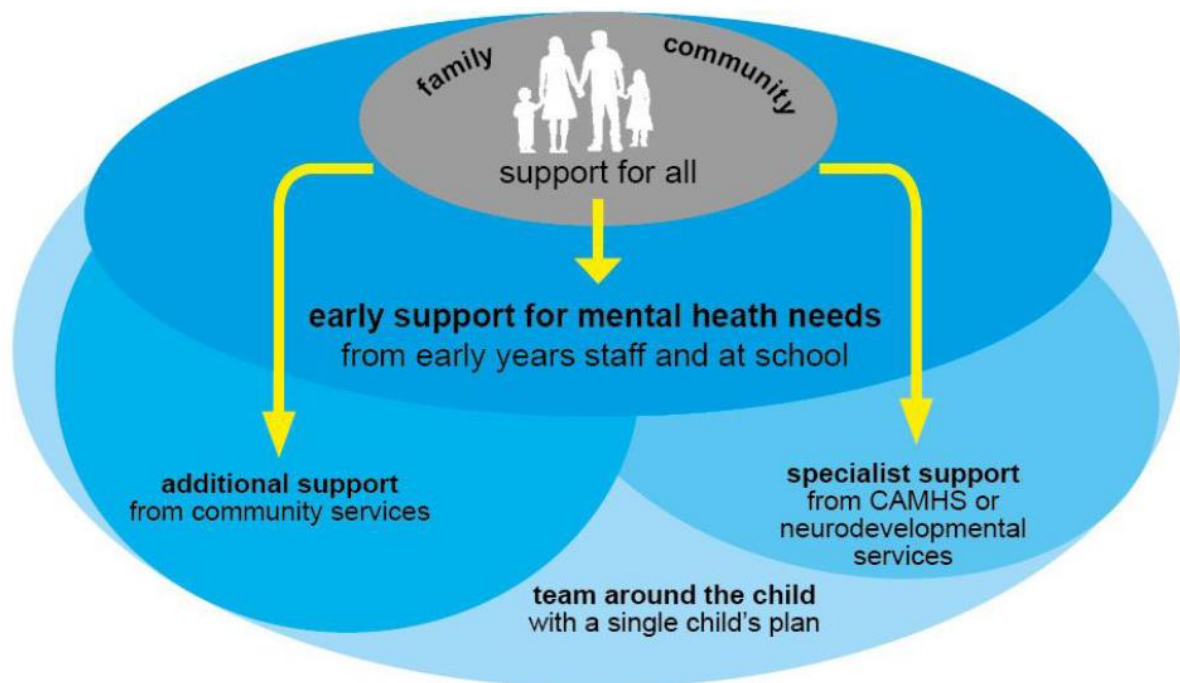
How community mental health and wellbeing supports and services are constructed will vary according to local structures and the needs identified by children, young people and their families in each local area. The political agreement regarding delivery is based on a set of principles, attached as annex.

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 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 rd 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/>

