Independent evaluation of mental health and wellbeing community supports and services for 5-24-year-olds, their parents and carers

Scottish Youth Parliament
Mental Health Investigation Team
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This independent evaluation was led by the Scottish Youth Parliament's Mental Health Investigation Team, with support from Rosy Burgess, SYP's Governance and Events Manager, between May and October 2022. The report was co-authored by members of the Mental Health Investigation Team and Rosy.

Mental Health Investigation Team members:

- Alannah Logue MSYP, Western Isles
- Amy Winter MSYP, LGBT Youth Scotland
- Felix Schofield MSYP, Strathkelvin and Bearsden
- Kaydence Drayak MSYP, Orkney
- Millie Wright MSYP, Aberdeen South and North Kincardine
- Sam Webster MSYP, Edinburgh Eastern

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Recommendations

The purpose of this evaluation is to understand service user experiences, involvement of children and young people in service design and delivery, and wider awareness of community based mental health and wellbeing services and supports funded by the Scottish Government's community services fund, and to make recommendations to the Scottish Government. The key questions underpinning this evaluation are:

- Do services deliver prevention and early intervention / are services focusing on early intervention and prevention, as recommended by the [Audit Scotland report](#)?
- Do services meet the requirements of the [Framework](#)? In particular self-referral; out of hours support; co design and support for at risk groups.
- Have services assisted in a move towards redirected rather than rejected referrals, in response to the concerns of the [2018 Rejected Referrals report](#)?
- Have services been developed to reflect the recommendations of the [Youth Commission on Mental Health Services](#)?

This section outlines recommendations for improvements to ensure a consistent level of support for children, young people, and their families across Scotland. Although the focus of this report and recommendations are aimed at the Scottish Government, the nature of the Scottish Government's community services fund is such that local authorities and service providers play a key role in delivering these supports and services across Scotland.

Recommendations for the Scottish Government

Children, young people, and their families should be able to access the same standard of support, when they need it, regardless of their personal circumstances and where they are in Scotland. Although it is important that services are based on local need, there should be a minimum level of support available in every local authority, for all children, young people, and families who require support.

To ensure a consistent level of support for children, young people, and their families across Scotland, the Scottish Government should:

- **Ensure a rights-based approach is taken at all levels of design and delivery of community based mental health services for children, young people, and their families.** This includes, but is not limited to, ensuring local authorities, service providers, and practitioners are well versed in a rights-based approach, and ensuring children, young people, and their families are meaningfully involved in all levels of decision-making, including in shaping new and existing service provision, and in ongoing review and evaluation of local services and the Community Mental Health and Wellbeing Supports and Services Framework.

- **Address funding barriers as a priority to ensure community based mental health services can continue delivering high quality support to more children, young people and their families when this support is needed, and for as long as it is needed.** This includes combining relevant funding into one funding stream to minimise the complicated process for accessing different streams of funding; supporting local authorities to reduce funding barriers resulting from complex and lengthy tendering processes; increasing the amount of funding available to community based mental health services; and delivering multi-year funding to ensure every child and young person is able to receive a consistent level of support without fear that support will suddenly end.

- **Continue to provide funding for multiple services, including a mixture of online and in person support, and 'out of hours' support, with quick and easy-to-access routes for self-referral to ensure support is available which meets the needs of the children, young people, and families within every local authority.** Regardless of where they live, work or study, children, young people, and families should only need to ask for help once; should be able to access a range of different types of service, in a location and at a time that suits them; and should be supported to make an informed decision about the type of support they receive.

- **Increase support for specialist services to provide targeted and intersectional support for children, young people, and families.** In addition to funding which is divided between local authorities, funding should be available for national-level organisations to deliver targeted support for specific communities of children, young people and families (such as Black children and young people and People of Colour, neurodivergent children and young people, young carers and young adult carers, care experienced children and young people, and others) to ensure they are able to access specialist support within their community, regardless of where they are in Scotland. This may help to reduce waiting lists for other services, such as CAMHS, where the specialist support is not necessarily available or targeted to an individual's needs.

- **Increase focus on providing community-based support for young people aged 16 – 25.** The current Community Mental Health and Wellbeing Supports and Services Framework specifically aims to '[a]ssist local children's services and community planning partnerships with the commissioning and establishment of … community mental health and wellbeing supports or services…'[1] This specific reference to children's services may limit local authority willingness or ability to deliver targeted support for older young people. Any review of the Framework should ensure the specific needs of this age group, which may be different to those of children, younger young people, and adults, are understood; that targeted support is delivered for this age group in every local authority; and that support is available for young people to transition from children's services to adult services, when they need it and for as long as they need it.

- **Expand support for parents, carers and family members, separate to that for their child or young person.** This could include, for example, a peer support group for siblings and parents or carers whose children or young people are receiving support, to help them feel they are not on their own, and to help them understand how to encourage and reinforce positive behaviours the child or young person has developed through the support they have received.

- **Ensure signposting to services and support is available and promoted in places where children, young people and their families are, in a range of accessible formats.** For example, in addition to a national online hub detailing all support available in each area, local Young Scot pages and social media could be used to ensure regular promotion. Furthermore, signposting should be available and visible in education establishments, medical settings (such as GPs and hospitals), and youth centres. Where possible, there should also be links with departments such as Social Work, Community Learning and Development, and Youth Work teams to ensure all children, young people, and families are supported to access support when they need it. Additionally, services should be supported to visit places where children, young people, and families are, to actively promote the support available directly to them.

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[1] Scottish Government (2021) *Community Mental Health and Wellbeing Supports and Services Framework* (page 2). Available at: https://bit.ly/3CYFnwH.

- **Ensure educators, staff in education establishments, and the wider workforce, are better informed on how to support people with mental health problems.** Although steps have been taken to do this, feedback from young people suggests fear of coming forward and stigma associated with mental health means they do not always feel supported or able to speak to an educator or other adult about their mental health and wellbeing. Education establishments should be encouraged to display signposting resources more visibly, to promote positive conversations about mental health and wellbeing, and to ensure all staff feel confident they know what to do if a child, young person, or family member expresses concern about their own or someone else's mental health or wellbeing.

- **Promote employment opportunities and the benefits of working in community based mental health services, and support local authorities and services to ensure they have the staff they need to deliver support within their communities.** Recognising that local authorities with higher numbers of children and young people often receive larger amounts of funding from multiple funding streams, meaning they are able to offer higher salaries and longer-term or permanent contracts, there should be a particular focus on supporting services outside of the central belt, and those in smaller local authorities adjacent to large cities, to recruit and retain staff.

- **Continue to promote good and emerging practice between local authorities, and expand this to include service providers to continue improving provision at all levels.** Although the Scottish Government has held good and emerging practice events for local authority leads, there does not appear to be a national-level equivalent offer for service providers and practitioners to meet and share learning. Expanding this offer could help services meet and learn from others delivering similar supports and/or experiencing similar challenges.

- **Streamline reporting processes and, where possible, combine reporting processes for other similar funding streams across the Scottish Government to enable services to dedicate more staff time to delivering support.** This will reduce pressure on services to complete different evaluations for different funding streams at different times of the year, thus increasing staff capacity and reducing waiting times for children, young people, and their families.

- **Carry out more regular, ongoing independent evaluation of children, young people and families' experiences.** To minimise the pressure on services to gather this data, a central evaluation process could be set up, which services can share directly with service users during and at the end of their time with the service. The results of this feedback could be reviewed by an independent organisation and reported back to the Scottish Government on a regular (eg, six-monthly) basis. In addition, opportunities should be available and widely promoted for children, young people, and families to take part in national consultations and evaluation activities at agreed times each year.

- **Consider establishing a national organisation which supports the coordination and delivery of community based mental health service provision.** This body could be responsible for promoting good and emerging practice, overseeing practitioner development and support, and ensuring a minimum level of support is provided within each local authority. This body could also oversee independent evaluation and coordinate collaboration between different funding streams to ensure a simplified process for accessing funding.

Introduction

The [Scottish Youth Parliament](#) (SYP) is the democratic voice of Scotland's young people. Our vision for Scotland is of a nation that actively listens to and values the meaningful participation of its young people. Our goal is to make this vision a reality, to ensure young people in Scotland grow up loved, safe and respected, and able to realise their full potential.

In April 2022, SYP was commissioned by the Scottish Government to carry out an independent evaluation of mental health and wellbeing community support and services for 5–24-year-olds, their parents and carers, which have received funding from the Scottish Government's Community Mental Health and Wellbeing Fund (the 'community services fund').

As part of the Scottish Government's commitment to improve support for children and young people's mental health and wellbeing in Scotland, £15m per annum has been provided to local authorities to deliver mental health and wellbeing community supports and services for 5–24-year-olds, their parents and carers. This funding began in January 2021, although there have been some delays due to the Covid-19 pandemic. At the start of this independent evaluation, 230 services and supports had been introduced or expanded across 31 local authorities.

Services are based on the Community Mental Health and Wellbeing Supports and Services [Framework](#), which was developed through two years of engagement with stakeholders, and in response to recommendations from the [Children and Young People's Mental Health Taskforce](#), the Young Scot [Youth Commission](#) on Mental Health Services, an [Audit Scotland report](#) on Children and Young People's Mental Health, and the [2018 Audit of Rejected Referrals](#). The 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."[2]

The aim of this evaluation is to understand service user experiences, involvement of children and young people in service design and delivery, and wider awareness of services funded by the Scottish Government's community services fund. The key questions underpinning this evaluation are:

- Do services deliver prevention and early intervention / are services focusing on early intervention and prevention, as recommended by the [Audit Scotland report](#)?
- Do services meet the requirements of the [Framework](#)? In particular self-referral; out of hours support; co design and support for at risk groups.
- Have services assisted in a move towards redirected rather than rejected referrals, in response to the concerns of the [2018 Rejected Referrals report](#)?
- Have services been developed to reflect the recommendations of the [Youth Commission on Mental Health Services](#)?

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[2] Scottish Government (2021) Community Mental Health and Wellbeing Supports and Services Framework (p3)

To answer these questions, the *Our Minds Our Future Scotland* recommendations were used as a basis for evaluation as these recommendations are the result of a literature review of existing reports and recommendations for mental health services in Scotland. Information about *Our Minds Our Future* is available on page 9.

As a youth-led organisation, SYP believes young people should be supported to develop skills and knowledge to take the lead in decision-making on issues that matter to them. Therefore, it was particularly important that young people were able to take the lead in all stages of design and delivery of this independent evaluation. This evaluation was carried out by an Investigation Team made up of six members of the Scottish Youth Parliament (MSYPs) - young people aged 14 – 25 who represent regions across Scotland - with support from two SYP Trustees and the Convener of SYP's Health and Wellbeing Committee.

The Mental Health Investigation Team members and supporting MSYPs are all volunteers, and therefore their work on this evaluation has been carried out alongside their education, extra-curricular activities, and family lives. Children in Scotland and Evaluation Support Scotland were partners in this research, supporting with training, research development, and data collection and analysis.

This report outlines the Mental Health Investigation Team's findings and makes recommendations to the Scottish Government to improve the design and delivery of community based mental health and wellbeing support and services for 5–24-year-olds, their parents and carers. It begins by describing the Investigation Team's approach to this evaluation and outlines a number of challenges and potential limitations of this work. This is followed by a detailed analysis of the research findings in relation to each of the *Our Minds Our Future* recommendations. This section concludes by discussing whether services are making a different to children, young people, and families' mental health and wellbeing, and summarising a number of barriers and challenges to delivering community-based mental health supports and services as identified through this research.

Our understanding of 'consistent'

The term 'consistent' is used throughout this report, particularly in relation to the *Our Minds Our Future* recommendations.

The Investigation Team recognises the word 'consistent' is vague and needs to be defined in order to contextualise the findings and recommendations. During the evaluation phase, the team explored their understanding of this term, and agreed in the context of this report, 'consistent' means:

- All children and young people being able to access support wherever they are and regardless of their age or personal circumstances.
- Similar or the same support for those with the same or similar needs, regardless of where they are in Scotland.
- Similar waiting times across Scotland.
- A similar range of options available in each local authority, taking account of local needs.
- Reliable support that does not suddenly change.

Our Minds Our Future

The *Our Minds Our Future* project is a UK-wide project involving young people in England, Wales, Scotland, and Northern Ireland. The project in Scotland is being led by the Scottish Youth Parliament (SYP) and SAMH (Scottish Association for Mental Health).

Our Minds Our Future aims to put the voices of young people at the centre of mental health service design. Since October 2019, it has brought young people, mental health professionals, and policymakers together to ensure young people are meaningfully involved in the design and development of community based mental health services for young people.

In February 2021, the young people in Scotland's *Our Minds Our Future* delivery group published eight recommendations calling on decision makers and service providers to take a human rights-based approach to the design and delivery of community based mental health services for young people:

1. Young people should be meaningfully involved in all stages of decision making around the design and delivery of young people's community based mental health services.
2. Community based mental health services should be age appropriate, and should be available to all young people up to the age of 25.
3. Young people, and those who work with them, should be better educated about mental health, which will help to reduce stigma.
4. Signposting should be more frequent, child or young person-centred, and available in a range of formats.
5. Young people across Scotland should receive a consistent level of service, regardless of where they live, work, or study.
6. Young people should be able to access support for their mental health and wellbeing, regardless of their personal situation.
7. Support should be available in a range of formats and should be focused on prevention and early intervention.
8. Young people should be able to access mental health support when they need it.

To develop these recommendations, the delivery group carried out a literature review, aiming to answer the question **'What do we want community based mental health services for young people to look like in Scotland?'.** The group reviewed eight existing reports[3] about young people's mental health in Scotland to identify existing themes and recommendations. These were collated and summarised to focus on the issues the delivery group identified as most important to ensuring a rights-based approach to the design and delivery of community based mental health services for young people in Scotland.

More information about *Our Minds Our Future* is available at
https://www.ourmindsourfuture.uk/scotland/

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[3] A document listing the eight existing reports reviewed by the *Our Minds Our Future* delivery group is available at https://bit.ly/3DbCSaD.

Research approach

This section outlines the methodology used by the Mental Health Investigation Team to carry out this independent evaluation. It begins by outlining how a youth-led approach was developed, and then summarises the evaluation framework created by the Team. The data collection and analysis phases are then discussed. It concludes by outlining the challenges and potential limitations of this research.

Developing a youth-led approach

> "I think it is so important that young people were leading this review as the service users are young people. Co-design of a process like this is a great example of Article 12 of the UNCRC[4] taking place. I also think that peer led research on a matter like this is a good way to make sure there are safe and comfortable spaces for young people to discuss their experiences. Taking part in this evaluation has really been such an interesting and enriching experience. We have learned so many valuable skills around evaluation and reporting! I also really enjoyed working with the Investigation Team as they all really got on well together. What surprised me most about this work is how much research we managed to carry out in such a short time frame. It was amazing!"
> – Ellie, MSYP

The opportunity to join the Mental Health Investigation Team was open to all MSYPs, although the number of spaces within the team was limited to seven to ensure there was staff capacity to support each individual as well as the team collectively. Fifteen applications were received, and therefore an anonymous selection process was carried out by members of SYP's Board in April 2022. In addition to the seven MSYPs who were initially selected to join the team, three were placed on a reserve list. Due to changes in personal circumstances during the project, three of the original team members decided to withdraw during the process, and two young people from the reserve list joined the team in August 2022.

The Investigation Team met in person for the first time in early May 2022, where they took part in teambuilding activities, information sessions to help them understand the scope of the evaluation, a facilitated discussion with Evaluation Support Scotland to begin developing the research aim and objectives, and training from Children in Scotland to explore approaches to engaging with children and younger young people.

Following their initial training, the team met online weekly between June and August 2022, where they were supported to develop an evaluation framework, survey questions, and focus group plans. As some members of the team were unable to attend these sessions due to exams, school holidays, and other commitments, a Teams channel was used to keep in touch with everyone and to share notes and resources from meetings.

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[4] UNCRC – United Nations Convention on the Rights of the Child. Article 12 states: 'States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.' (https://bit.ly/3F43mvr)

A second in-person meeting took place on Saturday 30th July, where team members received basic child protection and staying safe training, took part in a wellbeing workshop, finalised the focus group plans, and practised skills they would need to prepare for service visits.

As outlined below, all focus groups and interviews with children, young people, and parents and carers were led by members of the Investigation Team, with support from SYP and Children in Scotland staff, between 18th August and 3rd September. In addition to facilitating each session, members of the team were supported to take notes and reflect on the sessions afterwards.

Following the data collection phase, the team met in Aberdeen on Saturday 3rd September to carry out a thematic analysis of the focus group findings. During this session, they received training on coding and identifying important information, before spending the afternoon comparing focus group notes against each of the *Our Minds Our Future* recommendations, and developing their initial recommendations. Following this, SYP staff collated all of their analysis into one document, and a summary report outlining the key findings was presented to the Scottish Government on Friday 9th September.

Survey data was analysed by the team at a residential event in Edinburgh on 15th and 16th October. During this weekend, the team used their coding and analysis skills to compare the key findings from each of the three surveys against each of the *Our Minds Our Future* recommendations. They then reviewed and refined the initial recommendations from 3rd September and compared these against the data to ensure there was evidence to support their final recommendations.

> **"It was important that young people took the lead in designing this review as this is a review by young people for young people. This evaluation has helped me improve my analysis skills as well as my interviewing skills. It has made me see how these reviews are run and what the Government looks for. What surprised me most was that people were so willing to engage and that there were more positives than negatives when looking through the responses."**
> **– Felix, MSYP**

Evaluation framework

To ensure this evaluation met the aim and objectives developed by the Mental Health Investigation Team, they worked together with SYP staff and Evaluation Support Scotland to create an evaluation framework which outlined:

- The process and outcomes they wanted to investigate.
- The questions they would ask to collect information about the process and outcomes.
- Who they would ask each question to.
- The method they would use to collect information to answer each question.
- How they would record the information gathered.
- How they would analyse the information.

The evaluation framework was created by the Investigation Team at their weekly online meetings throughout June 2022. The team used Jamboard to develop their initial questions in relation to each of the *Our Minds Our Future* recommendations, and to identify specific groups they wanted to speak to during the data collection phase.

Data collection

To answer the questions outlined in the evaluation framework, information for this report was collected from children, young people, parents and carers, services, and local authorities in three ways:

1. **Eighteen meetings with local authority leads and individual service providers** took place online and in person throughout August 2022. The purpose of these interviews was to understand the support available in different parts of the country, to identify the local context within which support was being delivered, and to explore challenges and opportunities associated with delivering support. Due to the availability of Investigation Team members and service providers / local authority leads, the majority of these meetings were carried out by SYP staff, although notes from each meeting were shared with the Investigation Team.

2. **Online surveys for young people, for parents/ carers, and for services** were promoted through local authority leads between 25th July and 1st September 2022. These surveys were hosted on smartsurvey. In total[5], responses were received from:

   a) **71 services in 23 local authorities.**
      Of these, 15 indicated they have not received funding through the Community Framework fund, and therefore their responses have been excluded from this analysis.
   b) **246 young people aged 12 – 25 in 22 local authorities.**
      Of these, 103 young people indicated they have not received support from a community based mental health service, and therefore their responses have been excluded from this analysis. 92 of these young people were from the same local authority and appear to be from a similar geographical location within that authority. This would suggest the young people's survey has been widely shared with groups of young people in a school (or similar) rather than targeted towards young people who have received support from a community based mental health service.
   c) **119 parents and carers in 12 local authorities.**
      Of these, 11 indicated they and their child or young person have not received support from a community based mental health service, and therefore their responses have been excluded from this analysis. Similar to the young people's survey, ten of these parents and carers were from the same local authority.

3. **Eleven focus groups and interviews with children, young people, and parents and carers** who have received or are currently receiving support from a community-based mental health and wellbeing service which has received funding from the Scottish Government to deliver this support were carried out by members of the Investigation Team, with support from SYP and Children in Scotland staff, between 18th August and 3rd September 2022. Initially the Mental Health Investigation Team identified ten local authorities they wanted to visit to ensure a range of service types and geographical locations were considered. Due to the timescales associated with this evaluation (as outlined in the 'challenges and limitations' section below), they were unable to visit all ten local authorities. However, in total, eleven focus groups and individual

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[5] Given the demographics of respondents, and the difference in response rates in different areas of Scotland, this research cannot claim to be fully representative of Scotland's children, young people, or parents and carers, particularly in terms of age and geographical location. However, this research identifies some important issues which are relevant to these groups as a whole, and also highlights issues that could benefit further research. A profile of research participants is available on page 54.

interviews were carried out with service users from six local authorities in three regions:

a) Ten children aged 5 – 11
b) Nine young people aged 12 – 15
c) Nine young people aged 16 – 24
d) Eight parents / carers

These service users had received support through the following types of service:

- Attending a Hub
- Creative therapy
- Digital / online support
- Group / peer support
- Talking therapy

To protect the anonymity of service users, this report does not name the services visited during the independent evaluation, but when combined by geographical location focus groups and interviews were carried out in the Central Belt, the north of Scotland, and the southwest of Scotland.

Data analysis

Following the data collection phase, the Investigation Team met in person twice to analyse the information gathered from the surveys, focus groups and interviews.

During the first meeting, focus group and interview notes were coded, and team members identified positive and negative quotes from each set of notes in relation to each of the eight *Our Minds Our Future* recommendations.

At the second meeting, a similar process was followed with the survey questions. Team members reviewed a summary of the results from each of the three surveys, using colour coding and thematic analysis to identify key findings in relation to each of the *Our Minds Our Future* recommendations.

Additional analysis was carried out by SYP staff.

Challenges and limitations

Although significant efforts were made to ensure robust data collection methods and analysis, it is important to acknowledge a number of challenges and potential limitations to this research. These are discussed below.

Despite these challenges, the Mental Health Investigation Team feels the volume of information and depth of analysis provided enables them to demonstrate service user experiences, involvement of children and young people in service design and delivery, and wider awareness of services funded by the Scottish Government's community services fund.

Scope of the evaluation

The Scottish Youth Parliament and partners were asked specifically to evaluate mental health and wellbeing community support and services funded by the Scottish Government's community services fund. Throughout this research, it became evident that the majority of services rely on multiple funding streams to deliver support for children, young people, and their families. Although services were asked to focus their survey responses specifically on the support they deliver using the community services fund, it is difficult to tell from the responses whether respondents have indeed done this. Furthermore, some service respondents indicated it is not possible to easily separate the work they are doing with support from different funding streams. For instance, where additional staff have been recruited to increase capacity, their salary is not necessarily paid using funding from just one funding stream.

On the other hand, some local authority leads and service providers indicated they had already been delivering support for children, young people, and families which meet the criteria of the Framework using other funding streams, and subsequently the activities funded through the community services fund were targeted to fill a gap in existing provision. Therefore, although it may appear in this report that certain types of service or support aren't being delivered using this specific fund, this doesn't necessarily mean these services and supports aren't being delivered at all.

Members of the Investigation Team also noted that the majority of young people don't care which funding stream their support comes from, and they don't want to be a 'criteria', they just want to receive the support they need when they need it.

Timing of the evaluation

This piece of work has been carried out in a very short timeframe, between April and October 2022. This period included the SQA, college, and university exam period and summer holidays. This had an impact on the Mental Health Investigation Team's capacity, and prevented some children, young people, families, and services from participating.

Immediately after funding for this evaluation was confirmed in April 2022, SYP's Mental Health Investigation Team was recruited in an anonymous process. The team met for the first time in early May 2022, where they began to develop plans for the evaluation. However, as this took place during the summer exam period, SYP stressed the importance of focusing on exams and assessments, and therefore the majority of team members were unable to participate in the development phase until they finished their exams. Although this had been anticipated in the initial scoping phase, and had been planned for, further delays during the development phase were caused by holidays, commitments outside of SYP, and other SYP activities outside of this work. These delays had a knock-on impact on the remainder of the project, resulting in surveys launching later than planned, and focus groups and interviews being carried out over just three weeks in August.

As SYP does not have direct contact with service providers, the surveys were shared by the Scottish Government with local authority leads, who were asked to forward information on to all services within their area which had received funding to deliver community-based support through this specific fund. As the surveys were targeted specifically to young people, parents and carers, and services who had received support or funding through this fund, the surveys were not promoted more widely by SYP or the evaluation partners. Feedback from some local authority leads and service providers indicated they would not be able to participate in this

evaluation due to annual leave and staff capacity, and/or because they did not have access to service users' details to forward the survey details on. Furthermore, prior to the data collection phase, the Investigation Team was not aware that many recipients of community services funding were delivering support specifically in schools and/or did not operate during school holidays, when the majority of the Investigation Team was available to carry out focus groups and interviews. As such, the data collection phase was extended to the first two weeks of the autumn term. Although the Team was able to meet with children, young people, parents and carers, and services in six local authorities, there were other organisations and authorities who indicated they would have liked to participate if there was more time to make arrangements.

Members of the Investigation Team would have liked the opportunity to visit more services and to meet more children, young people, and parents and carers, in more areas of Scotland. However, they were pleased with the volume of information gathered during this period, and many felt they would have struggled to analyse the results in the time available between the end of the data collection phase and completion of this report whilst also focusing on their own education and other commitments within and outside of SYP.

Participant demographics

The short timeframe for this piece of work may have impacted the diversity of participants who were able to participate in this research.

For example, as shown in the respondent profiles (see page 54), the majority of young people who responded to the young people's survey were aged 12 – 17, with only 13.3% respondents aged over 18. Although this may suggest community-based services tend to focus on supporting children and younger young people, there may have been other barriers preventing older young people from participating.

Additionally, there is a significant difference in the survey response rates from different parts of Scotland. This may limit the conclusions that can be drawn from comparison between different geographical areas.

Furthermore, only a very small number of children aged 5 – 10 participated directly in this research, although some parents and carers who responded to the survey indicated their child is within this age range. During the development phase, the Investigation Team felt it would not be appropriate to run an online survey for this age group, and therefore was reliant on focus groups and interviews to gather their views. Although the Team received detailed training on engaging with this age group, and had planned age-appropriate activities, the majority of services who invited the Team to meet with service users worked with older children and young people. In the time period available, it was not possible to reach out to other services to extend the age range or broader diversity of participants.

Research findings

This section outlines the key findings in relation to each of the eight *Our Minds Our Future* recommendations and uses quotes from focus group and interview participants and survey respondents to highlight the experiences of children, young people, parents and carers, and services. As a number of the questions asked in the surveys, focus groups and interviews provide answers relating to more than one of the *Our Minds Our Future* recommendations, the collated results are included in the appendices and are referred to as required to minimise duplication through this section.

Following discussion of the key findings, this report considers whether services are making a different to children, young people, and families' mental health and wellbeing. It concludes by highlighting a number of challenges and barriers to delivering community-based mental health supports and services which were identified through discussion with local authority leads and service providers.

Our Minds Our Future recommendation: Children and young people should be meaningfully involved in all stages of decision making around the design and delivery of young people's community based mental health services.

Key findings:

- Two-thirds of the young people who responded to our survey (66.0%) agreed or strongly agreed with the statement '**This service involves me in making decisions about the support I receive**', and 69.5% agreed or strongly agreed with the statement '**I feel listened to while using this service**'.

- When combined by geographical location, significantly more young people in the Central Belt regions agree or strongly agree with the statement '**This service involves me in making decisions about the support I receive**' (82.9%, compared with 50.0% in South and West Scotland, and 58.8% in the northern regions).

- Nearly two-thirds (64.8%) of parents / carers who responded to our survey agreed or strongly agreed with the statement '**This service involves my child / young person in making decisions about the support they receive**', and three-quarters (73.1%) agreed or strongly agreed with the statement '**My child / young person feels listened to while using this service**'. Additionally, 61.1% of parent / carers agreed or strongly agreed with the statement '**This service involves me in making decisions about the support my child/ young person receives**'.

- Most services appear to be taking a person-centred or family-centred approach to service delivery (depending on the type of support they are offering), with many acknowledging it is important to tailor support to meet the needs of individuals. In response to the survey question '**How do you involve service users (children, young people, and their families) in making decisions about the service?**' service providers indicated a wide range of methods, including:
  - Consultation with children, young people, and families when the service was set up.
  - Regular reflection between the practitioner and service user as part of the support provided.
  - Some services run surveys or focus groups to gather the views of children, young people, and their families.
  - Feedback forms are used by some services to collect views when support ends.

Children and young people's experiences:

"The support I have got has really helped me. I would not still be in school if it was not for my worker. She always listens to me and has helped me understand myself and everything that has gone on in my life. I feel like I can tell her anything and she will be able to help."

"I like how [practitioner] likes to change things – she adapts to help us join in"

"They pinpoint the thing to my problems and not what they have planned for everyone."

Please tell us how you feel about the support you received from this service

This quantitative survey question asked young people to indicate the extent to which they agree or disagree with each of seven statements (see Appendix i for a summary of all responses to this question). In response to this question, over two thirds (69.5%) of young people who responded to the statement **'I feel listened to'** agreed or strongly agreed with this statement, compared with 11.3% who disagreed or strongly disagreed. However, nearly one fifth (19.1%) also said they were not sure.

Similarly, two thirds of young people (66.0%) agreed or strongly agreed with the statement **'This service involves me in making decisions about the support I receive'**. On the other hand, 13.5% respondents disagreed or strongly disagreed with this statement, whereas one fifth (20.6%) said they were not sure.
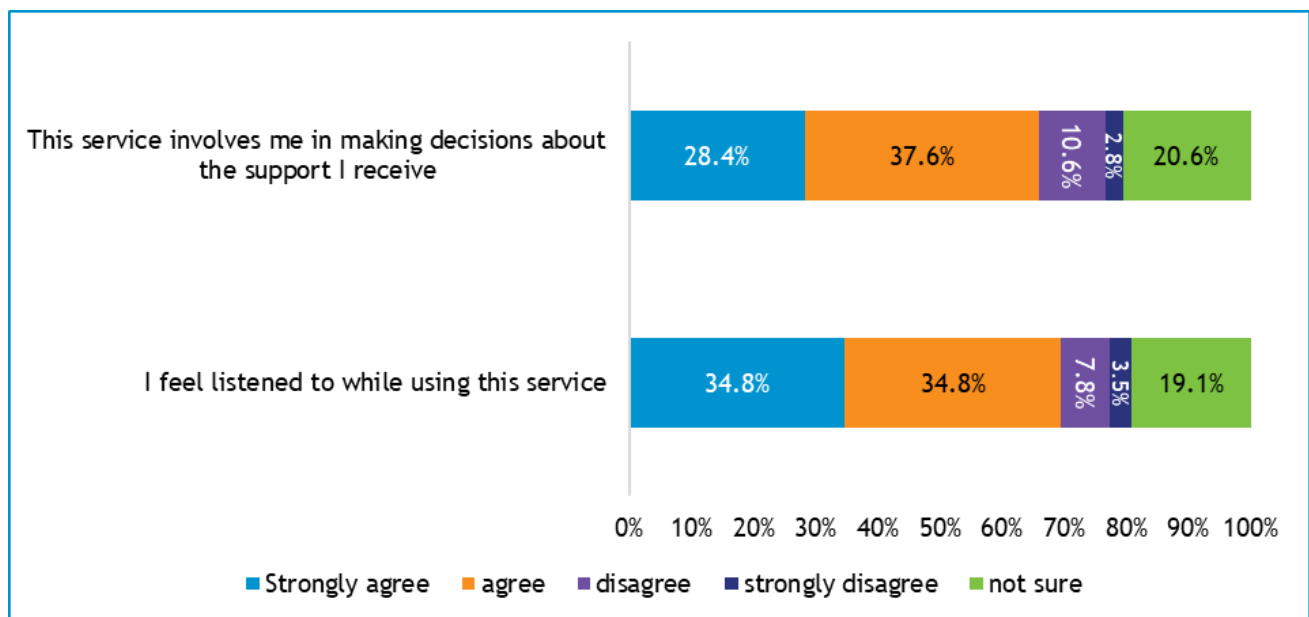
These findings suggest the majority of young people who participated in this evaluation feel they are listened to and are able to participate in decisions around their own support. However, these findings do not indicate whether or not young people feel they are able to participate more widely in service design and delivery.

When combined by geographical location[6], there is significant variation in young people's responses to the statement 'This service involves me in making decisions about the support I receive'. As shown in this graph, significantly more young people in the Central Belt regions agree or strongly agree with this statement (82.9%, compared with 50.0% in South and West Scotland, and 58.8% in the northern regions).

This service involves me in making decisions about the support I receive

Region	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
South and West Scotland	21.4%	28.6%	28.6%	7.1%	14.3%
Highlands and Islands and North East Scotland	17.5%	41.3%	11.3%	3.8%	26.3%
Central Belt	48.9%	34.0%	4.3%		12.8%

Parents and carers' experiences:

"Support is tailored to each child… At the start, they met in school and worked around my working day. [Child] is now at high school so they meet [practitioner] at our home. Some families aren't comfortable doing it at home or at school, but [practitioner] works with them sensitively. They incorporate stuff she likes doing, like drawing… it doesn't feel prescribed, there's no pressure, it's very relaxed and feels very safe."

"It has had a really positive impact. For my son, when he started LIAM [Let's Introduce Anxiety Management] he was nine and a half, and for him it was an opportunity to have someone really listen to him. So often in class he felt not listened to or heard. Having an hour a week is phenomenal – massive. With [support worker] the impact really helped him understand why he feels the way he does. It gave him an opportunity to reflect upon himself – so often we don't give children an opportunity to do this."

Please tell us how you feel about the support your child / young person received from this service

This survey question asked parents and carers to indicate the extent to which they agree or disagree with each of ten statements (see Appendix ii for a summary of all responses to this question). In response to this question, three quarters of respondents agreed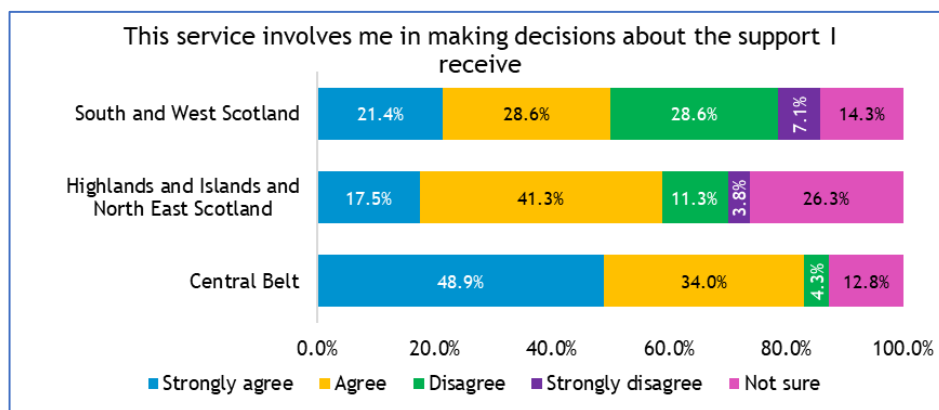 or strongly agreed with the statement '**My child / young person feels listened to while using this service**' (40.7% strongly agree, 32.4% agreed), whereas 15.7% disagreed or strongly disagreed, and 11.1% were unsure. Two thirds of parents and carers (64.8%) agreed or strongly agreed with the statement '**This service involves my child / young person in making decisions about the support they receive**', while 16.7% disagreed (11.1%) or strongly disagreed (5.6%). However, nearly one fifth were unsure (18.5%).

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[6] Geographical locations are combined approximately in line with Scottish Parliament regions as follows:

- **South and West Scotland** – Dumfries and Galloway, East Ayrshire, East Dunbartonshire, East Renfrewshire, Scottish Borders, South Ayrshire, South Lanarkshire, East Renfrewshire, Inverclyde, North Ayrshire, West Dunbartonshire.
- **Highlands and Islands and North East Scotland** – Aberdeen, Aberdeenshire, Angus, Argyll and Bute, Comhairle Nan Eilean Siar, Dundee, Highlands, Moray, Orkney Islands, Shetland Islands.
- **Central Belt** – Clackmannanshire, East Lothian, Edinburgh, Falkirk, Fife, Glasgow, Midlothian, North Lanarkshire, Perth and Kinross, Stirling, West Lothian.

Please note: responses were not received from all of the local authority areas listed above.

Similarly, 61.6% agreed or strongly agreed with the statement '**This service involves me in making decisions about the support my child/ young person receives**', whereas over one quarter disagreed (21.3%) or strongly disagreed (6.5%) with this statement. Of those who disagreed or strongly disagreed, only six were parents or carers of a young person aged 16 - 25.

If you received support from this service, please tell us how you feel about the support you received

This survey question asked parents and carers to indicate the extent to which they agree or disagree with each of seven statements (see Appendix ii for a summary of all responses to this question). In response to this question, the majority strongly agreed (34.7%) or agreed (36.0%) with the statement '**I feel listened to while using this service**', compared to 14.7% who disagreed or strongly disagreed, and 14.7% who were unsure.

Slightly fewer agreed or strongly agreed with the statement '**This service involves me in making decisions about the support I receive**', with 33.8% strongly agreeing and 27.7% agreeing, compared with 16.2% who disagreed or strongly disagreed. However, nearly one quarter (23.0%) were unsure.

Service providers' experiences:

"Mostly our service is worker-led through experience and seeing what works and what does not. In our under 12s hub we do arts and craft and this is where we get our most feedback on what activities to do. In terms of trips we organise them based on the funding we have and what would be best for the young people attending."

"The service is fully led by how the child or young person wants to be supported… I don't make decisions for the child or young person and instead offer options and allow them to be independent and involved in how they want to receive support within the service. They also decide if they want to include anyone else or get some support from other services / people."

"Children and young people, parents/carers and professionals are together coproducing the work we are undertaken to develop a whole system of support… The fund's criteria were based on the outcomes of all the discussions and the fund itself was identified as 'solution' to take forward by our Mental Health and Wellbeing Transformation Group. This is a group that comprises of both representatives of each of our reference groups (young people, parents/carers, school staff and professionals) and key decision-makers."

"Attending events such as Summer fayres, community open days, family days and other events in the community, along with "pop ups" in places that have a large footfall such as supermarkets … allows us to be available to hear from young people, families and public about what they feel is needed in their community whilst also providing direct support and signposting to individuals through discussions around the young person and/or families needs."

Our Minds Our Future recommendation: Community based mental health services should be age appropriate, and should be available to all young people up to the age of 25.

Key findings:

- Two thirds (66.0%) of young people who responded to our survey agreed or strongly agreed with the statement '**This service meets my needs**'. Similarly, 61.9% parents / carers who responded to our survey agreed or strongly agreed with the statement '**This service meets my child / young person's needs**'.

- Only eighteen parents / carers who responded to the survey indicated that their young person is aged 16 – 25, of which only three were parents / carers of a young person aged 18 - 25. Two thirds (66.7%) of parents / carers whose young person is aged 16+ agreed or strongly agreed with the statement '**This service meets my child / young person's needs**'.

- The Community Mental Health and Wellbeing Supports and Services Framework focuses on local children's services and community planning partnerships. Some local authorities told us the perceived emphasis on children's services within their organisations means they don't necessarily have a remit to cover transition and adult services, and therefore older young people aged 16/18 – 25 are less likely to be targeted by these supports.

- In response to the question '**Do you offer targeted support for children or young people from any of the following groups?**', 39.3% services indicated they do not offer targeted support for young people aged 16 – 25, and 57.1% do not offer targeted support for young people transitioning from child to adult mental health services. Of those services which indicated they do offer support for older young people (aged 16 – 25):
  - 28.6% offer hubs
  - 42.9% offer digital / online support
  - 60.7% offer signposting to self-help resources
  - 46.4% offer talking therapy
  - 37.5% offer creative therapy
  - 48.2% offer group / peer support
  - 44.6% offer something else

Children and young people's experiences:

"Sometimes I discuss my feelings through colour. She came up with the idea of a periodic table of feelings...happiness...sadness...mini feelings" (child, focus group)

"I am only at University now because of the support I received when I was struggling with bad thoughts." (young person aged 16-25, survey)

"I think this service could be made better if resources are made for specific age groups. In my counselling the books we used felt quite childish with pictures and it felt a bit degrading to my problem." (young person aged 12-15, survey)

Please tell us how you feel about the support you received from this service

This survey question asked young people to indicate the extent to which they agree or disagree with each of seven statements (see Appendix i for a summary of all responses to this question). In response to this question, two thirds of young people (66.0%) agreed or strongly agreed with the statement '**This service meets my needs**'. 14.9% disagreed or strongly disagreed with this statement, and 19.1% were unsure.

When split by age, nearly three quarters (70.7%) of young people aged 16 – 25 agreed or strongly agreed with the statement '**This service meets my needs**', with one fifth disagreeing or strongly disagreeing (19.5%) and one tenth indicating they were unsure (9.8%). A slightly lower percentage of young people aged 12 – 15 agreed or strongly agreed with this statement (64.0%), and slightly more disagreed or strongly disagreed (13.0%). However, nearly one quarter of young people aged 12 – 15 (23.0%) indicated they were not sure whether the service they received or are currently receiving support from met their needs.

Where young people feel their needs are being met, this could indicate the support they are receiving is age appropriate for these individuals. However, the relatively low number of older young people, particularly those aged 18-25, who responded to this survey suggests less community-based support funded through this particular funding stream is available for older young people.

Parent and carers' experiences:

"For my son, the support we've had has been a lifesaver. I don't know where we'd be if wasn't for [support worker], she has helped us so much"

"It is very much led by the child – if they're not feeling it, it's not a structured session, if they just need to get something off their chest. It's a person-centred approach but takes into account needs of the parents and family. But the child is at the heart of it."

"The service was so good and really beneficial with [my child's] anxiety. It's an ongoing process, and we're keeping an eye on what's going on. The whole process has affected our whole family. Not knowing the support was there to start with but when I asked for help information was given to us straight away. Now we know it's there it's amazing, it's so supportive. As a family we can't thank the service enough."

"I found the service really good. What's missing is support for parents to have a chat with other parents about what they're going through. We're missing a group in the community for parents to share with each other."

Service providers' experiences:

"Children services planning partnerships are great – this [community fund] is not a fund just for children, it spans 5-25. It's for a huge population, is more unique, but the burden of responsibility sits with children's services… There's a difference between children's and adult mental health services. We're missing the transition phase between children's and adult support."

"The Supported Care Service supports young people aged 16 - 21 who are transitioning to independent living. They live with a Supported Carer who provides practical and emotional support, and helps them develop the skills to move on to their own tenancy. These young people are either care experienced, estranged from their families or unaccompanied asylum seeking children. They have adverse childhood experiences."

"[We offer] 1-2-1 support for Children and Young People aged 10-25 years old who might be struggling with their mental health and wellbeing. [Support includes] early intervention and universal support; work with a designated Wellness practitioner to create their own plan of support to help meet their needs; a safe space to talk about anything that might be bothering them; sign-posting to other services if required with support to attend or make contact too; learning coping mechanisms; confidence building; practical support (e.g. using public transport, getting out the house, attending appointments, making phone calls, finding new hobbies and interests, getting involved in your local community etc); a monthly walk-in where young people can have a half an hour appointment to chat with a member of staff about anything that might be bothering them and make a plan as to what might help."

Our Minds Our Future recommendation: Children and young people, and those who work with them, should be better educated about mental health, which will help to reduce stigma.

Key findings:

- In response to our survey, 67.4% young people agreed or strongly agreed with the statement '**this service helps me to better understand my own mental health and wellbeing**'. 61.7% of parents / carers agreed or strongly agreed with the statement '**this service helped my child / young person to better understand their mental health and wellbeing**'.

- Feedback from children and young people who took part in focus groups and interviews suggested the support they have received helped them to feel more confident, to recognise when they were struggling, and to be able to express how they were feeling.

- However, one in five young people (21.7%) who responded to our survey suggested they still **feel stigma** since they started receiving support.

- In a focus group with parents, we heard that parents generally weren't aware of the services and supports available within the community until their child or young person was referred. Similarly, we heard from several services that parents tend to be aware of CAMHS but generally aren't aware of community-based supports. Some services also told us that parents sometimes want their child or young person to receive support from a 'professional' (eg, a psychiatrist or psychologist) instead of a peer mentor or mental health youth worker.

- In our meetings, some service providers commented that the support and advice around positive behaviours children and young people are receiving through their service isn't being backed up or reinforced at home or in school. This can be confusing for some children and young people and can have a negative impact on their mental health and wellbeing.

Children and young people's experiences:

"When I was receiving support in school I felt stigma when I had to leave the class to get the extra help. Sometimes I think there is delays in getting help in school if the person you originally contacted has to forward you to someone else."

"i think my own mental health has not been very great and its been good to talk about this and talk this through. i realise that this is not something weird but other people also can feel like this."

"The group has formed my acceptance for being autistic. I'm different but some of those things that make me different are quite cool."

Please tell us how you feel about the support you received from this service

This survey question asked young people to indicate the extent to which they agree or disagree with each of seven statements (see Appendix i for a summary of all responses to this question). In response to this question, around two thirds of young people (67.4%) agreed or strongly agreed with the statement **'This service helps me to better understand my own mental health and wellbeing'**. 14.2% disagreed or strongly disagreed with this statement, and 18.4% were unsure.

Since you started receiving support from this service, to what extent are the following statements true for you?

This question gave young people a list of eight statements and a rating scale to indicate the extent to which they felt each statement was true for them (see Appendix i for a summary of all responses to this question). In response to the statement **'I don't feel stigma'**, one fifth (20.8%) of young people responded 'definitely', and 13.8% responded 'mostly'. However, over one third of young people responded 'a little' (14.6%) or 'not at all' (20.0%). Nearly one third were unsure (30.8%). This suggests that while most young people who have received support from a community based service feel they are more aware of their own mental health and wellbeing, the majority still feel there is stigma associated with mental health.

Parent and carers' experiences:

"There's no shame in receiving help. I wasn't aware my whole family needed help... but now I'm really glad to have this service. There's an open invite for the whole family, including [little sister], so we can all get help"

"There is no judging, it feels homely"

"It is for everyone so no stigma"

Please tell us how you feel about the support your child / young person received from this service

This survey question asked parents and carers to indicate the extent to which they agree or disagree with each of ten statements (see Appendix ii for a summary of all responses to this question). In response to this question, just under two thirds of parents and carers (61.7%) agreed or strongly agreed with the statement **'This service helped my child / young person to better understand their mental health and wellbeing'**. 18.7% disagreed or strongly disagreed with this statement, and 19.6% were unsure.

If you received support from this service, please tell us how you feel about the support you received

This survey question asked parents and carers to indicate the extent to which they agree or disagree with each of seven statements (see Appendix ii for a summary of all responses to this question). Of those who responded to this question, around half (52.8%) agreed or strongly agreed with the statement **'This service helped me to better understand my own mental health and wellbeing'**, while 18.1% disagreed or strongly disagreed. However, nearly one third (29.2%) were unsure.

Service providers' experiences:

"I can feel people's nerves around stigma / shame around self-referral – we want to go into a community who wouldn't take that step … going to people rather than expecting them to come to us."

"A part-time [Mental Health and Wellbeing Youth Development Worker] has been working in each of our seven learning communities. Three quarters of the cost is funded by this grant with the other quarter by the Youth Work Budget. This enables the [Youth Development Workers] to support universal youth work within the targeted schools as well as enhanced Mental Health and Wellbeing Support thereby reducing the stigma that could be associated with their role."

"The main barrier we face is the stigma of understanding and identify[ing] support for mental health. The area we work in is low on the SIMD[7] and there is not a lot of understanding about how mental health and poverty linked. There is a scepticism towards accessing mental health support, especially in young people in this area."

"Tackling the stigma around mental health, particularly youth mental health is a daily battle. Many people (some parents) still refer to it as 'attention seeking' and just do not accept the seriousness of the situation - bearing in mind we work at the crisis support level."

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[7] SIMD – Scottish Index of Multiple Deprivation

Our Minds Our Future recommendation: Signposting should be more frequent, child or young person-centred, and available in a range of formats.

Key findings:

- Over half of the young people who responded to our survey (54.3%) found out about the service they receive support from through a teacher or lecturer.

- Parents / carers who responded to our survey said they found out about the service their child or young person receives support from through a GP or other medical practitioner (27.5%), a teacher or lecturer (25.5%), or other school / college / university staff (22.5%).

- In response to the question '**Which of the following support did you / are you currently receiving through this service?**' 17.5% young people said they are currently being signposted to self-help resources, and 18.9% said they have previously been signposted to self-help resources through the service. All these young people indicated they are also currently or have previously received support from the service in another way.

- 21.4% of respondents to the services survey suggested they do not offer signposting to self-help resources.

- Service providers who responded to our survey appear to use a range of different methods to make children, young people and their families aware of other support available, using a mixture of active and/or passive signposting. The most common methods appear to be individual discussions with child / young person / family; flyers and info sheets; and social media.

Children and young people's experiences:

"I got a leaflet from the doctor – I could go on to a waiting list for help through the NHS or this service, so I chose this service."

"I found out about this service through CAMHS – they recommended it in addition to therapy there."

[how did you hear about this service?] "I was in the park. There was a fitness class going on and they had two empty places."

"They came to school and we filled in a survey, they picked people to go into three groups… They timetabled a double period on Wednesday for six weeks"

How did you find out about this service?

This quantitative survey question gave young people a list of eleven options to choose from. Over half (54.3%) of the young people who responded to this question said they found out about the service they have or are currently receiving support from through a teacher or lecturer. The second most common response was GP or medical practitioner (11.6%).

Legend:
- Student support services at college / university
- Sport or other activity club
- Posters or flyers
- Social work or other practitioner
- Social media
- friend or family member
- Other school / college / university staff
- Website
- Youth work / youth club
- GP or other medical practitioner
- A teacher / lecturer

Pie chart values: 0.7%, 0.7%, 2.2%, 3.6%, 3.6%, 4.3%, 5.8%, 6.5%, 6.5%, 11.6%, 54.3%
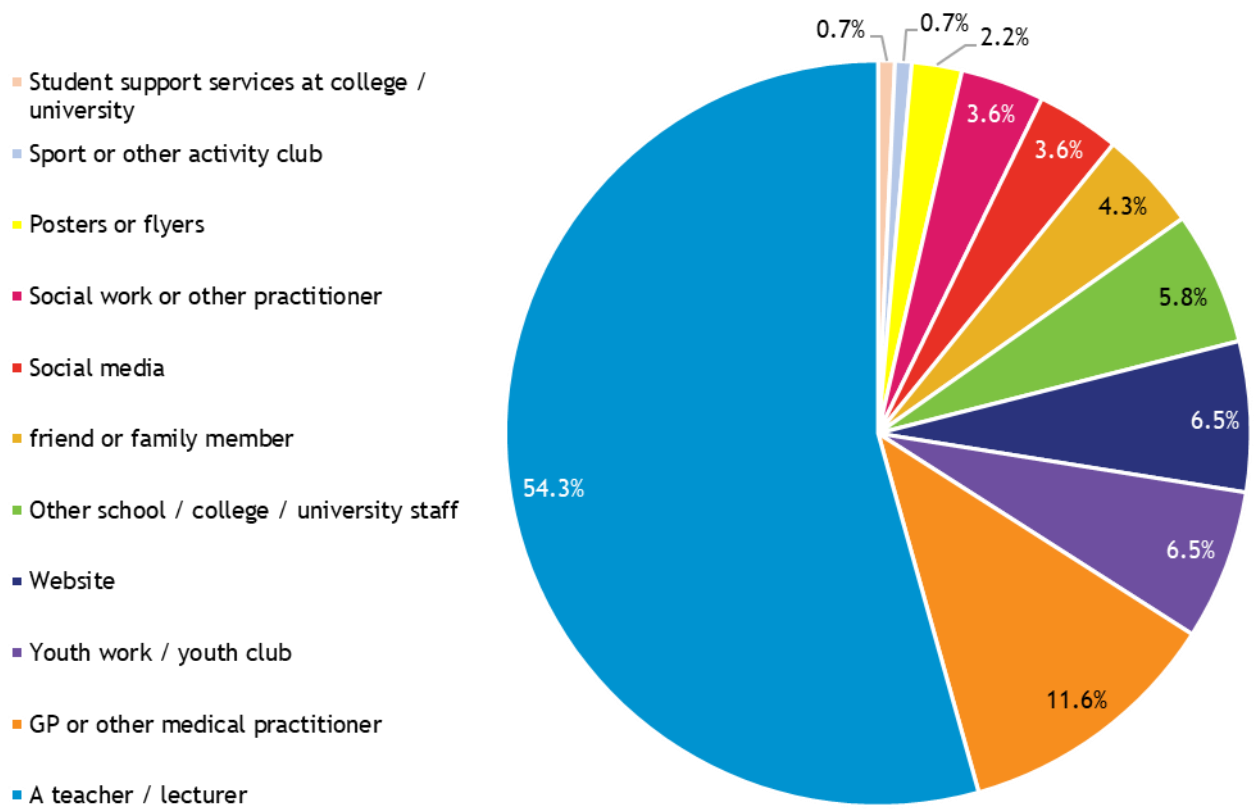
Although previous studies relating to young people's mental health in Scotland suggest significant numbers of young people would look for information about mental health online or on social media[8], and that 'digital platforms can … be better utilised to provide helpful advice and support to children, young people and families…'[9], only one tenth of respondents indicated they found out about the service they have or are currently receiving support from through a website (6.5%) or social media (3.6%). This suggests there may currently be less targeted signposting to, and awareness of, community based mental health services outside of education and medical settings.

Which of the following support did you / are you currently receiving through this service?

Young people were given a list of seven types of support commonly available in community based mental health services and were asked to indicate whether they are currently or have previously received support through this type of service (see Appendix i for a summary of all responses to this question). Of those who responded to this question, 18.9% said they have previously received signposting to self-help resources, and 17.5% indicated they are currently receiving signposting to self-help resources. All these young people indicated they are also currently or have previously received support from the service in another way.

Since you started receiving support from this service, to what extent are the following statements true for you?

This question gave young people a list of eight statements and a rating scale to indicate the extent to which they felt each statement was true for them (see Appendix i for a summary

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[8] Scottish Youth Parliament (2016) *Our generation's epidemic: Young people's awareness and experience of mental health information, support, and services*. Available at: https://bit.ly/3svhiJf. 43% respondents to the question 'where would you go for information about mental health?' said 'self-help website / app'.
[9] Young Scot Observatory - Youth Commission on Mental Health Services (2019) *Youth Commission on Mental Health Services Report*. Available at: https://bit.ly/3CPa0Vh. (page 14)

of all responses to this question). In response to this question, 43.2% young people said they definitely **know where to go for help if they need it**, and 31.1% said they mostly know. However, over one quarter of the young people who responded to this question were less positive. 14.4% said they only know 'a little' where to go for help if they need it, 4.5% said 'not at all', and 6.8% said they were 'not sure'. This suggests that although the majority of young people who are currently or have previously received support feel they know where to go for help, there may be gaps in signposting during or after a young person has received support through a community based mental health service.

Parent and carers' experiences:

"If you don't need the service you wouldn't be looking for it – I didn't know there was such a thing as a mental health youth worker, but they have made such a difference."

"I wasn't aware of the services until it'd escalated at home. I spoke to the guidance teacher [when my child] went off the rails and they spoke to CAMHS. It was only when we spoke to them that we found out about [community] services. Support isn't widely advertised – how do you get onto the ladder and get support kids may need if you don't know about it?"

"We always took the approach of how lovely it would be if everyone could have a [practitioner] – it's phenomenal for young people, but there's a lack of awareness they're there as a service. I've shared this with lots of other parents I know who are struggling, so many people are not aware it's there as an option."

What type of support did your child/young person receive / are they currently receiving through this service?

Parents and carers were given a list of seven types of support commonly available in community based mental health services and were asked to indicate they type(s) of support their child/young person has previously received or is currently receiving through this service (see Appendix ii for a summary of all responses to this question).

Of those who responded to this question, 19.4% said their child / young person has previously received signposting to self-help resources, and 24.1% indicated they are currently receiving signposting to self-help resources. Although the majority of parents and carers indicated their child or young person is also currently or previously received support from the service in another way, three responded that signposting is the only support they have received.

How did you find out about this service?

This survey question gave parents and carers a list of eleven options to choose from. The most common responses selected were 'GP or other medical practitioner' (27.5%), 'a teacher / lecturer' (25.5%), and 'other school / college / university staff' (22.5%). Two additional options ('Social work or other practitioner' and 'friend or family member') were added after analysis of parent/carers' responses. None of the parents or carers selected 'Student support services at college / university', 'Youth work / youth club', or 'Sport or other activity club'.

Legend:
- GP or other medical practitioner — 27.5%
- A teacher / lecturer — 25.5%
- Other school / college / university staff — 22.5%
- Social work or other practitioner — 7.8%
- Social media — 4.9%
- Website — 3.9%
- friend or family member — 2.9%
- Other — 2.9%
- Through my child / young person — 1.0%
- Posters or flyers — 1.0%
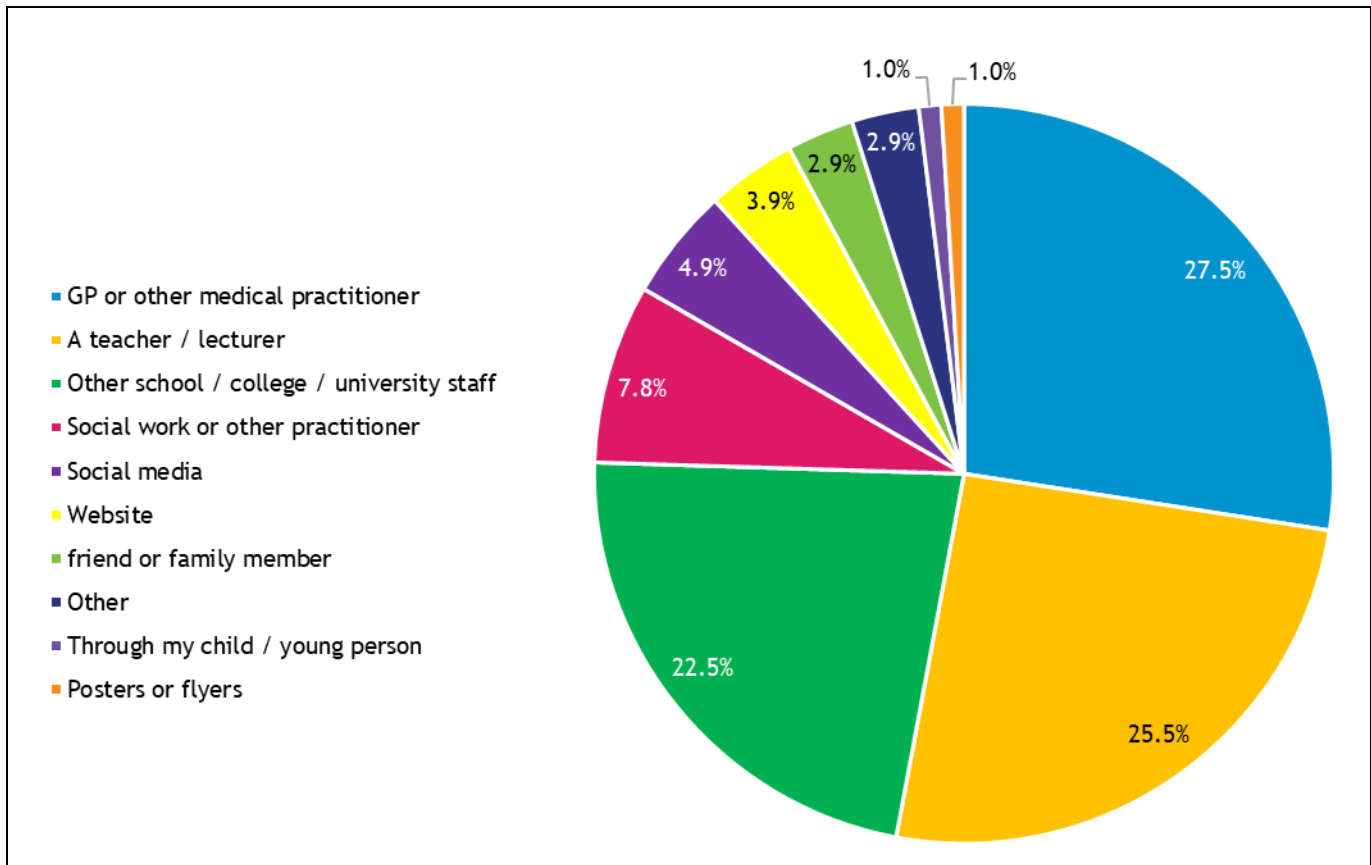
Service providers' experiences:

"We provide links to helplines and national resources via our website. We link children and young people to specific resources and services relevant to them, including local services, through sending links and information in our live chat or therapeutic messaging when we are supporting a child or young person individually, therefore these resources and services are matched to the needs they are presenting. On some occasions we might make a direct referral into a local service where needed with consent from the young person."

"We only provide support info within the partnership we work with in case of misinformation."

"Using the different social media platforms as a means to reach wider audiences to offer support, signposting and raising awareness of what groups are available to them. Blogs covering a range of topics regarding mental health and wellbeing such as isolation, loneliness, and body image and continue to share new blogs regularly across the various platforms."

"Through our CAMHS early intervention assessments we refer/signpost young people directly into our community supports, including all of the above other than Hubs"

Our Minds Our Future recommendation: Children and young people across Scotland should receive a consistent level of service, regardless of where they live, work, or study.

Key findings:

- In response to the survey question 'Since you started receiving support from this service, to what extent are the following statements true for you?', 43.2% young people said they definitely **know where to go for help if they need it**, and 31.1% said they mostly know.

- During our focus groups, children, young people and parents / carers told us they liked having space to build relationships with a practitioner (and other children / young people / parents and carers, in group supports) and some said knowing they / their child or young person had a support session coming up gave them stability and something to look forward to.

- However, the range and types of support offered within each local authority is different. We were told by some local authority leads that the allocation of funding may be determined by their Children's Services Plans, gaps in existing supports available, and/or requirements of other funding streams. However, we also note that the services we have been looking at through our evaluation are not the only services available in some local authorities. We heard from one local authority that they are already delivering community-based support using other funding streams which could be considered to align with the Framework guidance, and therefore the funding they received through the Framework fund has been allocated to fill a gap. This may be the case elsewhere.

- As outlined on page 34, some services told us conditions attached to the funding they receive determines what support they are able to offer, and the geographical location in which they provide support. Some organisations who operate across Scotland indicated they have only been commissioned to work with specific demographic communities of children, young people and/or families in a specific geographical area within a local authority. Although this support may benefit those specific communities, some children, young people, and families within similar communities who do not live in the area in which the service has been commissioned may not have access to similar targeted support, even if they live in the same local authority. Furthermore, systemic challenges (as discussed on page 50) affect the ability of services to deliver support within some local authorities.

Children and young people's experiences:

Please tell us how you feel about the support you received from this service

If children and young people across Scotland were receiving a consistent level of service, in line with the Mental Health Investigation Team's understanding of the term 'consistent' (as outlined on page 9), it could be expected that the distribution of responses to this question would be similar for each region. To examine whether this is the case, survey responses were grouped by region and compared. As there is a big difference between the number of

young people who responded from each region[10], responses were further combined by geographical location. As discussed below, there is wide variation in young people's responses to the statements in this question, when grouped by geographical location. This variation suggests children and young people across Scotland are not receiving a consistent level of support.

I received support when I needed it

Region	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
South and West Scotland	21.4%	35.7%	14.3%	7.1%	21.4%
Highlands and Islands and North East Scotland	13.8%	50.0%	10.0%	5.0%	21.3%
Central Belt	42.6%	46.8%	6.4%		4.3%
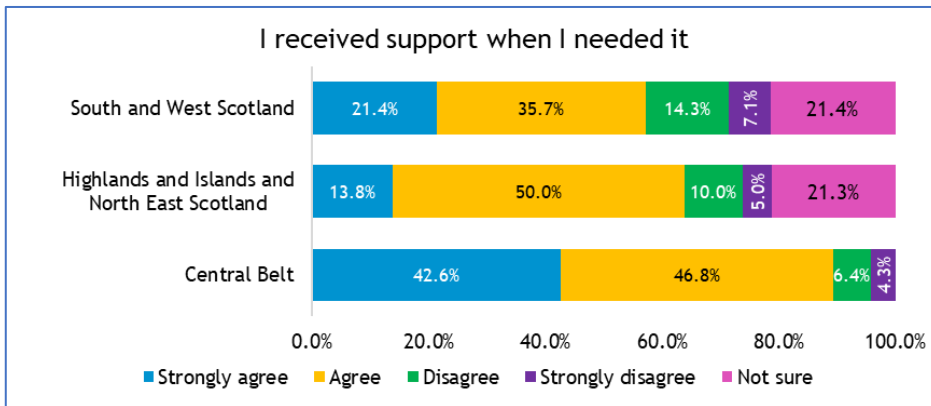
This graph shows a significantly higher proportion of young people in the Central Belt regions agreed or strongly agreed with the statement '**I received support when I needed it**' (89.4% in the Central Belt agreed or strongly agreed, compared with 63.8% in the northern regions, and 57.1% in the south and western regions). Furthermore, no respondents from the Central Belt regions responded that they were not sure, compared with more than one fifth of young people in the other regions.

This service meets my needs

Region	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
South and West Scotland	14.3%	42.9%	7.1%	7.1%	28.6%
Highlands and Islands and North East Scotland	15.0%	40.0%	13.8%	5.0%	26.3%
Central Belt	53.2%	34.0%	8.5%		4.3%
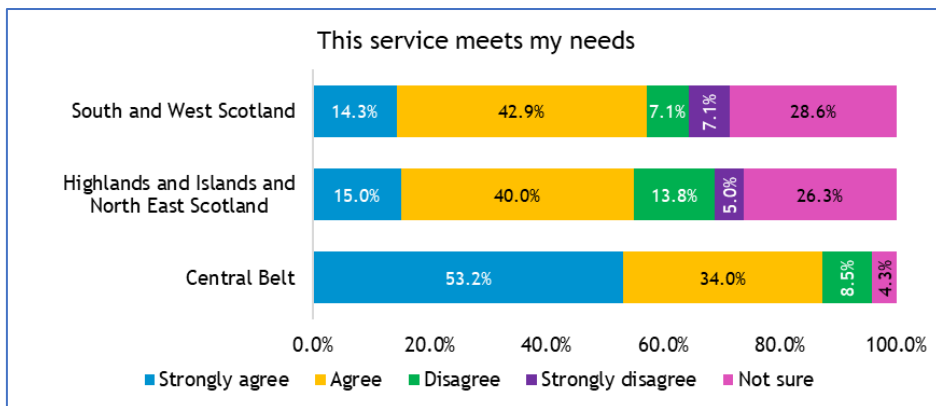
There appears to be a significant difference in responses to the statement '**This service meets my needs**' when results are combined by geographical regions, as shown in this graph. Although young people outside the Central Belt regions appear to have responded similarly, significantly more young people in the Central Belt regions agreed or strongly agreed with this statement (87.2%, compared with 55.0% in the northern regions, and 57.1% in the south and west of Scotland).

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[10] These results should be reviewed with a degree of caution due to the low number of young people who responded in some regions. The number of young people who responded to this question from each region is:
- Glasgow and Central Scotland – 17 (Glasgow and Central Scotland regions have been combined because only one young person from Glasgow region responded)
- Lothian - 22
- Mid Scotland and Fife - 8
- Highlands and Islands - 6
- North East Scotland - 74
- South Scotland - 4
- West Scotland - 10

Parent and carers' experiences:

"It's local so easy to get to. Meeting with the therapist first enhanced my understanding of play therapy and how children process emotions/trauma/life events. While waiting for the service one of the staff gave me advice on some things to help my child cope with trauma and they were so valuable and helpful."

Please tell us how you feel about the support your child / young person received from this service

Similarly to the experiences of young people discussed above, there appears to be wide variation in parents' and carers' responses to the statements in this question, when grouped by geographical location[11]. This variation further suggests children and young people across Scotland are not receiving a consistent level of support.
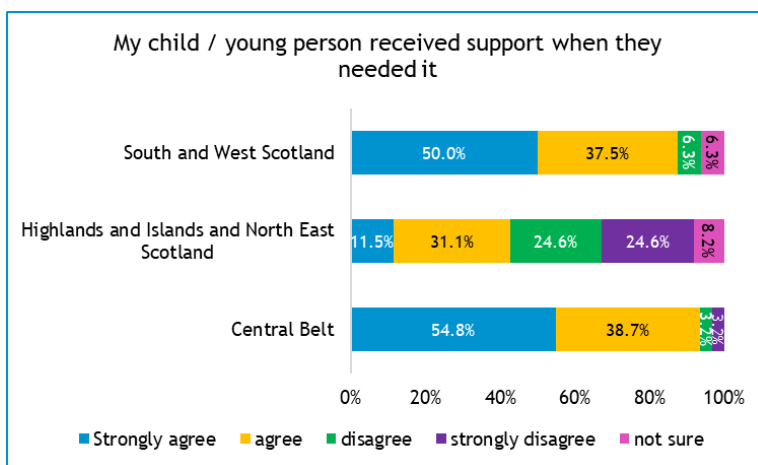
This graph shows a significantly lower proportion of parents and carers in the Highlands and Islands and North East Scotland regions agreed or strongly agreed with the statement **'My child / young person received support when they needed it'** (42.6% in the northern regions agreed or strongly agreed, compared with 93.5% in the Central Belt, and 87.6% in the south and western regions). Furthermore, no respondents from the Central Belt regions responded that they were not sure.

There also appears to be a significant difference in responses to the statement **'This service meets my child / young person's needs'** when results are combined by geographical regions, as shown in this graph. A significantly lower proportion of parents and carers in the Highlands and Islands and North East Scotland regions agreed or strongly agreed with this statement than in the other regions (45.8% in the northern regions agreed or strongly agreed, compared with 80.0% in the Central Belt regions, and 87.5% in the south and west of Scotland).

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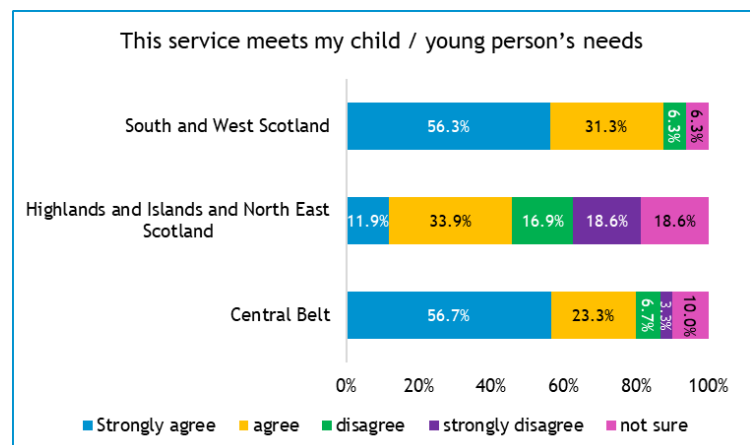
[11] These results should be reviewed with a degree of caution due to the low number of parents / carers who responded in some regions. The number of parents / carers who responded to this question from each region is:
- Glasgow - 0
- Central Scotland – 10
- Lothian - 9
- Mid Scotland and Fife - 12
- Highlands and Islands - 1
- North East Scotland - 60
- South Scotland - 13
- West Scotland - 3

Our Minds Our Future recommendation: Children and young people should be able to access support for their mental health and wellbeing, regardless of their personal situation.

Key findings:

- Nearly three quarters (73.0%) of young people who responded to our survey agreed or strongly agreed with the statement '**I feel supported while using this service**', and 76.6% agreed or strongly agreed with the statement '**I feel safe when I use this service**'. Similarly, 72.2% of parents agreed or strongly agreed with the statement '**My child / young person feels supported while using this service**', and 80.6% agreed or strongly agreed with the statement '**My child / young person feels safe when they use this service**'.

- We met with two national services who provide targeted support across Scotland for children / young people in a seldom-heard group. Both of these services indicated that targeted funding for the groups they support is limited, and sometimes depends on the priorities within each local authority rather than on the needs of children, young people, and families within specific demographic communities. This can result in a situation whereby they are able to offer targeted support for children or young people in some local authorities (or in a specific area within a local authority) but not to others, even if those children and young people have similar needs. It was also suggested that if they could choose where to target support, it would not necessarily be in the geographical location for which they have received funding to deliver their service.

- We asked services '**Do you offer targeted support for children or young people from any of the following groups?**' In response to this question:
  - 71.4% said they offer at least one type of support for care-experienced children / young people.
  - 64.3% offer at least one type of support for LGBT+ children / young people
  - 58.9% offer at least one type of support for neurodiverse children / young people
  - 51.8% offer at least one type of support for Black and People of Colour (BPoC) children / young people
  - 50.0% offer at least one type of support for young carers (under 16)
  - 46.4% offer at least one type of support for young adult carers (age 16–25)
  - 42.9% offer at least one type of support for children / young people who aren't in formal education

  Of those service providers who commented on this question, the majority indicated they offer universal support rather than targeted support for the specific groups listed, as shown in the 'service providers' experiences' section below.

Children and young people's experiences:

"I like the support group that I attend in that it is flexible about what we talk about, and it helps me to feel like its okay to discuss 'autistic things'. Its good that we are all a similar age and can relate to various issues faced in the group and its nice to get advice and help other peers out, rather than it purely being one to one."

"Better understanding of what they are dealing with, and being more compassionate when talking about hard subjects [would make this service better]. Being more understanding of sexual orientation also as I was discriminated for that too"

Please tell us how you feel about the support you received from this service

This survey question asked young people to indicate the extent to which they agree or disagree with each of seven statements (see Appendix i for a summary of all responses to this question). In response to this question, nearly three quarters (73.0%) of young people who responded agreed or strongly agreed with the statement **'I feel supported while using this service'**, while just over one tenth (11.3) disagreed or strongly disagreed, and 15.6% were unsure. Similarly, 76.6% agreed or strongly agreed with the statement **'I feel safe when I use this service'**, whereas 10.6% disagreed or strongly disagreed, and 12.8% were unsure.

I feel supported while using this service

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
Young people in school	31.3%	41.7%	6.1%	5.2%	15.7%
Young people not in school	42.3%	30.8%	3.8%	7.7%	15.4%
Young people with a disability	37.5%	29.2%	8.3%	8.3%	16.7%
Young carers	30.8%	46.2%		7.7%	15.4%
Heterosexual / straight	37.3%	41.8%	6.0%	1.5%	13.4%
Gay / lesbian	23.5%	47.1%		17.6%	11.8%
Bisexual	34.8%	34.8%	17.4%	4.3%	8.7%
Non-binary	44.4%	22.2%		33.3%	
Male	25.0%	47.9%	2.1%		25.0%
Female	38.7%	37.3%	9.3%	4.0%	10.7%
16-25 year olds	43.9%	34.1%	7.3%	7.3%	7.3%
12-15 year olds	29.0%	42.0%	5.0%	5.0%	19.0%
All respondents	33.3%	39.7%	5.7%	5.7%	15.6%

■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree ■ Not sure

I feel safe when I use this service

Category	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
Young people in school	37.4%	39.1%	6.1%	4.3%	13.0%
Young people not in school	53.8%	23.1%	3.8%	7.7%	11.5%
Young people with a disability	37.5%	41.7%		8.3%	12.5%
Young carers	46.2%	30.8%		7.7%	15.4%
Heterosexual / straight	46.3%	34.3%	9.0%	1.5%	9.0%
Gay / lesbian	35.3%	29.4%	5.9%	11.8%	17.6%
Bisexual	39.1%	47.8%	4.3%	8.7%	
Non-binary	33.3%	22.2%		22.2%	22.2%
Male	31.3%	37.5%	8.3%	2.1%	20.8%
Female	48.0%	36.0%	5.3%	4.0%	6.7%
16-25 year olds	58.5%	26.8%	4.9%	4.9%	4.9%
12-15 year olds	33.0%	40.0%	6.0%	5.0%	16.0%
All respondents	40.4%	36.2%	5.7%	5.0%	12.8%

Legend: ■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree ■ Not sure

Parent and carers' experiences:

As a parent / carer, were you offered support separate to the support your child / young person received? One third (39.3%) of parents and carers who responded to this survey were offered support separate to the support their child or young person received.

"[My child has] anxiety – he started with CAMHS, who referred us to LIAM [Let's Introduce Anxiety Management]. This is a massive support for us. Even over the summer, the support continued. It made a massive difference to my son."

"It was nice to have someone to talk to. As a single parent its hard dealing with my children & the issues they have. It was nice to not feel alone & feel listened to. My children thoroughly enjoyed the activities they were part of, they got really excited when I would say our worker was visiting."

"The support is very much aimed at what we can do to help our child. For example guiding us on creating social stories. Not directly support to help us with digesting what is happening and the pressure that comes with caring for a child with additional mental health needs"

"I was offered support about my own childhood traumas, parenting skills for meeting the needs of my teenage girls and how to work as a team with my partner and bring us as a family closer together."

Service providers' experiences:

"Our digital mental health services are universal services, however there is evidence… that LGBTQIA+ individuals are high users of these particular services."

"We offer targeted support to a number of groups above although not necessarily via the community funding. We have designed and implemented an integrated model of staged intervention and have combined funding from different sources to offer support."

"Although our offer is universal there is specific content and support targeted at all of the above groups included within our site… Our engagement teams also make links with organisations who are specifically supporting these groups of young people, for example we will engage with virtual schools and social work teams to support young people who may not be in formal education or may be care experienced."

"Lack of other services to sign post for specific cases. For example, there is no Autism specialist that could help those with ASD[12] at school, there is no PEF (pupil equity fund) worker to help those facing barriers around poverty, etc."

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[12] ASD - Autism spectrum disorder

Our Minds Our Future recommendation: Support should be available in a range of formats and should be focused on prevention and early intervention.

Key findings:

- We asked young people, '**Which of the following support did you / are you currently receiving through this service?**'. Of those who responded, 60.9% young people indicated they are currently receiving or have previously received support from more than one type of service. In response the question, '**What type of support did your child/young person receive / are they currently receiving through this service?**', 62.0% parents / carers indicated their child or young person is currently receiving or has previously received support from more than one type of service. This suggests support is available in a range of formats.

- Although many services are focusing on prevention and early intervention, a small number of services have indicated through our survey and meetings that they are also supporting young people through crisis. For example, two organisations we spoke to told us the funding they received through the community mental health and wellbeing framework fund is specifically targeted at providing a brief intervention service to help young people through a crisis.

- We asked services 'Which of the following supports does your service offer?'. 12.5% respondents indicated they only offer one type of service. Of the others:
  - o 35.7% offer hubs
  - o 51.8% offer digital / online support
  - o 78.6% offer signposting to self-help resources
  - o 53.6% offer talking therapy
  - o 51.8% offer creative therapy
  - o 69.6% offer group / peer support
  - o 51.8% offer something else

Children and young people's experiences:

"[This service] Does a lot – I can come here for help with anything. There's a women's peer group, we meet every other week for an hour and a half. There are roughly five [people] in each session, we chat and check in each time, and have group discussions. They also give support with benefits, education, and we go on trips."

"We had tasks and games. We used pictures (like a boulder) to describe our feelings. This was better as we didn't have to worry about saying things. It was easier sometimes."

"[Practitioner] gives me different LIAM [Let's Introduce Anxiety Management] folders that help me. Me and mum do the things in the folders."

"Accessibility is a key thing it offers that's unique. When you mention the little things like exam stress, you won't get counselling for this, but on [digital service] there's loads of stuff offered like magazines and forums, but you could also get counselling. There's a short queue to get counselling sessions. If people are in really serious crisis, anonymity online isn't going to be best, it's better to get professional help, but for everyday issues or early intervention, it's fantastic – nothing else I know of is providing immediate support."

Which of the following support did you / are you currently receiving through this service?

This question gave young people a list of seven types of support and asked them to select the type(s) of support they are currently or have previously received through this service:

- Attending a hub
- Creative therapy (eg, arts, music, sport)
- Digital / online support (eg, video calls, text message service)
- Group / peer support
- Signposting to self-help resources
- Talking therapy (eg, counselling, CBT)
- Other

Of those young people who responded to this question, 60.9% young people indicated they are currently receiving or have previously received support from more than one type of service. Of those who have only received support from one type of service, the majority indicated they are currently attending a hub (21.4%).

As shown in the graph below, young people appear to be receiving or previously received support from a range of different types of service in each region. For example, across the whole of Scotland, the majority of young people indicated they are currently attending a hub, talking therapy, or digital / online support, whereas less than one fifth (18.9%) indicated they are currently receiving signposting to self-help resources.

When grouped by geographical location, there appears to be wide variation in the types of support young people are accessing. For instance, significantly more young people indicated they are currently receiving signposting to self-help resources in South and West Scotland (50.0%) compared to the other geographical locations (24.4% in the northern regions, and 14.9% in the Central Belt regions).

Which of the following support did you / are you currently receiving through this service?

Attending a hub - Currently
- South and West Scotland: 7.1%
- Highlands and Islands and North East Scotland: 18.3%
- Central Belt: 6.4%
- All: 29.4%

Attending a hub - Previously
- South and West Scotland: 28.6%
- Highlands and Islands and North East Scotland: 20.7%
- Central Belt: 23.4%
- All: 20.3%

Creative therapy - Currently
- South and West Scotland: 42.9%
- Highlands and Islands and North East Scotland: 18.3%
- Central Belt: 19.1%
- All: 23.1%

Creative therapy - Previously
- South and West Scotland: 14.3%
- Highlands and Islands and North East Scotland: 20.7%
- Central Belt: 31.9%
- All: 16.8%

Digital / online support - Currently
- South and West Scotland: 14.3%
- Highlands and Islands and North East Scotland: 14.6%
- Central Belt: 21.3%
- All: 26.6%

Digital / online support - Previously
- South and West Scotland: 14.3%
- Highlands and Islands and North East Scotland: 25.6%
- Central Belt: 21.3%
- All: 23.8%

Group / peer support - Currently
- South and West Scotland: 35.7%
- Highlands and Islands and North East Scotland: 25.6%
- Central Belt: 14.9%
- All: 23.8%

Group / peer support - Previously
- South and West Scotland: 42.9%
- Highlands and Islands and North East Scotland: 24.4%
- Central Belt: 31.9%
- All: 21.0%

Other - Currently
- South and West Scotland: 35.7%
- Highlands and Islands and North East Scotland: 17.1%
- Central Belt: 17.0%
- All: 22.4%

Other - Previously
- South and West Scotland: 28.6%
- Highlands and Islands and North East Scotland: 15.9%
- Central Belt: 17.0%
- All: 13.3%

Signposting to self-help resources - Currently
- South and West Scotland: 50.0%
- Highlands and Islands and North East Scotland: 24.4%
- Central Belt: 14.9%
- All: 18.9%

Signposting to self-help resources - Previously
- South and West Scotland: 28.6%
- Highlands and Islands and North East Scotland: 26.8%
- Central Belt: 25.5%
- All: 17.5%

Talking therapy - Currently
- South and West Scotland: 35.7%
- Highlands and Islands and North East Scotland: 23.2%
- Central Belt: 10.6%
- All: 28.7%

Talking therapy - Previously
- South and West Scotland: 35.7%
- Highlands and Islands and North East Scotland: 30.5%
- Central Belt: 25.5%
- All: 23.1%

Legend: South and West Scotland ■ Highlands and Islands and North East Scotland ■ Central Belt ■ All ■

Parent and carers' experiences:

"[service provider] was a breath of fresh air, they had a non-clinical way to deal with things introduced previously via CAMHS. It was much more at my son's level. We had great support."

"We went down the LIAM [Let's Introduce Anxiety Management] route – it was extremely helpful. There was a short period of time to wait but while we were waiting, the teacher did 30 minutes of art therapy each week, which was really helpful. Now we've finished LIAM, [child] gets weekly school counselling for ten weeks. As parents, it's been good to understand what's happening."

"[My] child can access it when they want without having to have an adult know. Gives the child power over their own mental health management"

What type of support did your child/young person receive / are they currently receiving through this service?

This question gave parents / carers a list of seven types of support and asked them to select the type(s) of support their child or young person is currently or has previously received through this service:

- Attending a hub
- Creative therapy (eg, arts, music, sport)
- Digital / online support (eg, video calls, text message service)
- Group / peer support
- Signposting to self-help resources
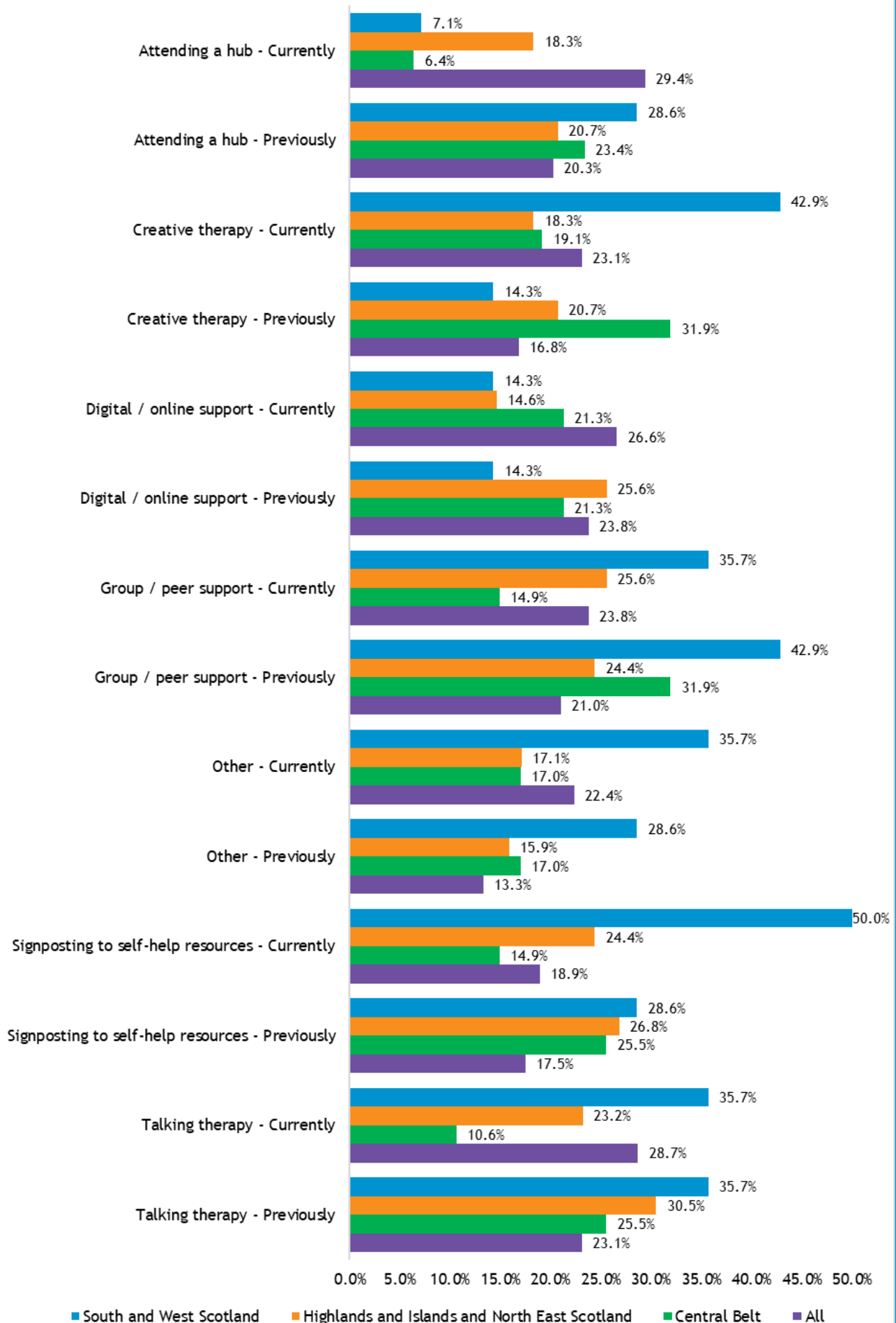- Talking therapy (eg, counselling, CBT)
- Other

Of those parents / carers who responded to this question, around two thirds of parents / carers (62.0%) indicated their child or young person is currently receiving or has previously received support from more than one type of service. Of those who have only received support from one type of service, the majority indicated their child or young person is currently receiving talking therapy (24.4%).

As shown in the graph below, children and young people appear to be receiving or previously received support from a range of different types of service in each region. For example, across the whole of Scotland, around one third of parents (32.4%) indicated their child or young person is currently receiving talking therapy. Around one in five indicated their child or young person is currently attending a hub (21.3%) or receiving signposting to self-help resources (19.4%).

When grouped by geographical location, there appears to be wide variation in the types of support young people are accessing. For instance, significantly more parents / carers indicated their child or young person is currently receiving talking therapy in South and West Scotland (62.5%) compared to the other geographical locations (27.9% in the northern regions, and 25.8% in the Central Belt regions).

What type of support did your child/young person receive /
are they currently receiving through this service?

Attending a hub - Currently
- All: 21.3%
- South and West Scotland: 12.5%
- Highlands and Islands and North East Scotland: 21.3%
- Central Belt: 25.8%

Attending a hub - Previously
- All: 19.4%
- South and West Scotland: 6.3%
- Highlands and Islands and North East Scotland: 19.7%
- Central Belt: 25.8%

Creative therapy - Currently
- All: 13.0%
- South and West Scotland: 31.3%
- Highlands and Islands and North East Scotland: 6.6%
- Central Belt: 16.1%

Creative therapy - Previously
- All: 12.0%
- South and West Scotland: 6.3%
- Highlands and Islands and North East Scotland: 9.8%
- Central Belt: 19.4%

Digital / online support - Currently
- All: 16.7%
- South and West Scotland: 18.8%
- Highlands and Islands and North East Scotland: 18.0%
- Central Belt: 12.9%

Digital / online support - Previously
- All: 25.9%
- South and West Scotland: 6.3%
- Highlands and Islands and North East Scotland: 29.5%
- Central Belt: 29.0%

Group / peer support - Currently
- All: 14.8%
- South and West Scotland: 18.8%
- Highlands and Islands and North East Scotland: 13.1%
- Central Belt: 16.1%

Group / peer support - Previously
- All: 11.1%
- South and West Scotland: 12.5%
- Highlands and Islands and North East Scotland: 8.2%
- Central Belt: 16.1%

Other - Currently
- All: 12.0%
- South and West Scotland: 12.5%
- Highlands and Islands and North East Scotland: 11.5%
- Central Belt: 12.9%

Other - Previously
- All: 6.5%
- South and West Scotland: 0.0%
- Highlands and Islands and North East Scotland: 8.2%
- Central Belt: 6.5%

Signposting to self-help resources - Currently
- All: 19.4%
- South and West Scotland: 31.3%
- Highlands and Islands and North East Scotland: 16.4%
- Central Belt: 19.4%

Signposting to self-help resources - Previously
- All: 24.1%
- South and West Scotland: 12.5%
- Highlands and Islands and North East Scotland: 24.6%
- Central Belt: 29.0%

Talking therapy - Currently
- All: 32.4%
- South and West Scotland: 62.5%
- Highlands and Islands and North East Scotland: 27.9%
- Central Belt: 25.8%

Talking therapy - Previously
- All: 29.6%
- South and West Scotland: 18.8%
- Highlands and Islands and North East Scotland: 26.2%
- Central Belt: 41.9%

Legend: ■ All ■ South and West Scotland ■ Highlands and Islands and North East Scotland ■ Central Belt

Service providers' experiences:

"We tried to be a bit different and think out of the box. We have commissioned the support of a magician to provide 1-1 support for some of our children and young people who have low confidence and self esteem… This service helps CYP develop new skills, gives them confidence to speak up in class, impress their peers with new skills but also and importantly brings joy and happiness."

"… A wide range of projects were delivered supporting different geographic and interest communities within [local authority]… Projects included: social skills groups for children with autism; weekly community knit and crochet workshops to support young people up to the age of 24/26 under midwifery care who need additional support to manage their mental health and wellbeing; provision of mentoring and homework support to children living within one of the most deprived areas of [local authority]; Equine Facilitated Learning; online programme delivered in Arabic focused on identifying and managing the emotions young people experience; supporting scouting to become part of the school day in an Autism Provision; and a project building confidence and self-esteem within young people based on connections with animals."

"Mentoring provides a young person (mentee) with a relationship with a reliable person who will put them first. This relationship will help the young person grow in confidence and through this access new opportunities and experiences. The mentor's key role is to become a reliable source of support for the young person they are paired with. The mentor is … someone who is there to offer a friendly and helpful listening ear."

"Prior to the post being created, little was being done for CYP regarding suicide prevention and mental health coordination. The funding has enabled baselines … to be established and reviews undertaken to aid analysis and action planning. Ultimately the aim is to have safer and more confident communities knowing how to manage the theme of suicide."

"This service is offered to all children and young people, no one is excluded and there are no criteria to reach. With having drop in sessions available within the schools it allows any child to come forward and ask for support with any worries / uncertainties that they are experiencing (as long as they have consent from parents / carers). Often there can be great services out there that these type of children cannot reach due to the level of criteria that they need to attain before getting support and therefore this service offers support within the gap between these other services for children's day to day struggles they are experiencing…"

Our Minds Our Future recommendation: Children and young people should be able to access mental health support when they need it.

Key findings:

- Most young people (56.7%) who responded to our survey waited less than two weeks to access support, although 15.7% said they waited longer than 18 weeks.

- On the other hand, 15.2% of parents / carers who responded to our survey said their child or young person waited less than 2 weeks to access support, while 21.0% said their child or young person waited longer than 18 weeks to access support.

- Nearly three quarters (71.6%) of young people who responded to our survey agreed or strongly agreed with the statement '**I received support when I needed it**'. Two thirds (63.9%) of parents / carers agreed with the statement '**My child / young person received support when they needed it**'.

- Some services are being funded to offer very short-term support (such as three sessions of peer mentoring, or six workshop-based sessions in schools). Young people we met with commented that it can take a long time for them to build trust with adults, so although they found the support helpful, they didn't feel it lasted long enough to have a real impact on their mental health or wellbeing.

- Some services and supports are only available during term time or run through schools. We heard from children in a primary school that they like it that way, but young people tended to say the opposite.

Children and young people's experiences:

"It's just nice to have someone to talk to on a Thursday"

"Respite gives me a break where I can get some time out and speak to others"

"If I needed an extra session they were always there for me."
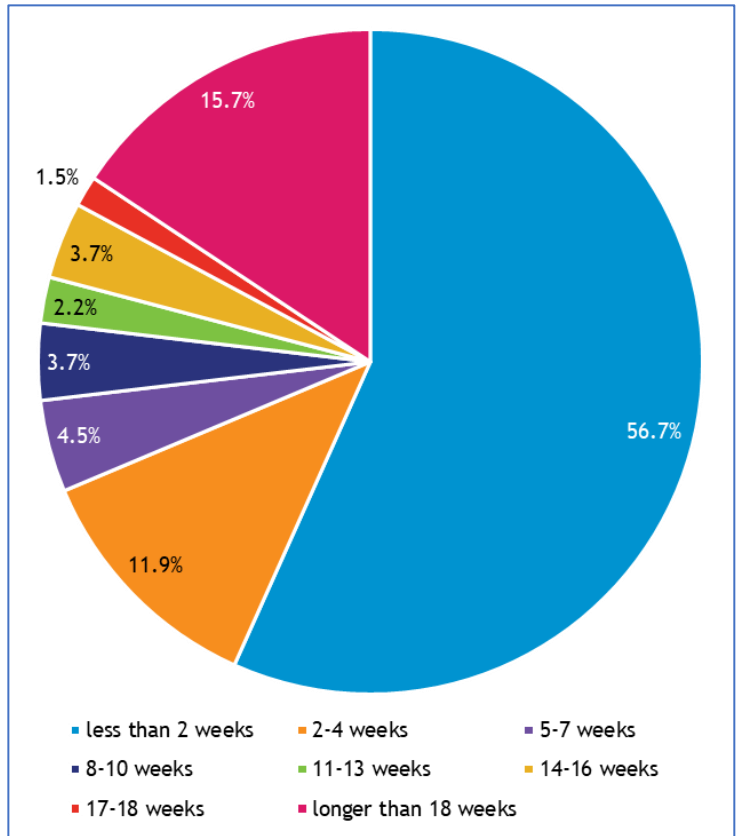
"I would like my worker to be in the school all the time so I can go and see them when I feel stressed or anxious"

"Three sessions isn't enough. It can be helpful when I know I can trust someone, but this isn't helpful because it's only three sessions – why do I want to go if I then have to go and trust someone else?"
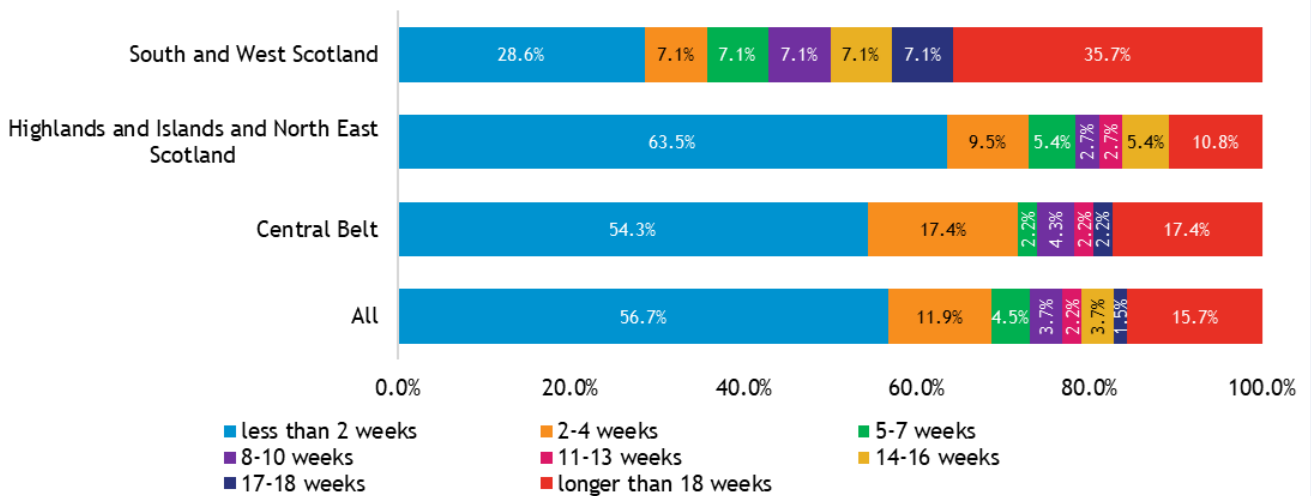
How long did you wait to access this support?

As shown in this graph, over half of the young people who responded to this survey question (56.7%) waited less than two weeks to access support, and 11.9% waited 2-4 weeks. Whilst this suggests the majority of young people have been able to access support when they needed it, one fifth of young people (20.9%) waited longer than 14 weeks, with 15.7% of those waiting longer than 18 weeks.

When grouped by geographical location, as shown the graph below, it appears that although the majority of young people in the Central Belt and northern regions waited less than four weeks to receive support, more than one third of young people in the south and west of Scotland waited longer than 18 weeks (35.7%).

Pie chart values:
- 56.7%
- 11.9%
- 4.5%
- 3.7%
- 2.2%
- 3.7%
- 1.5%
- 15.7%

Legend: less than 2 weeks, 2-4 weeks, 5-7 weeks, 8-10 weeks, 11-13 weeks, 14-16 weeks, 17-18 weeks, longer than 18 weeks

How long did you wait to access this support?

- South and West Scotland: 28.6%, 7.1%, 7.1%, 7.1%, 7.1%, 7.1%, 35.7%
- Highlands and Islands and North East Scotland: 63.5%, 9.5%, 5.4%, 2.7%, 2.7%, 5.4%, 10.8%
- Central Belt: 54.3%, 17.4%, 2.2%, 4.3%, 2.2%, 2.2%, 17.4%
- All: 56.7%, 11.9%, 4.5%, 3.7%, 2.2%, 3.7%, 1.5%, 15.7%

Legend: less than 2 weeks, 2-4 weeks, 5-7 weeks, 8-10 weeks, 11-13 weeks, 14-16 weeks, 17-18 weeks, longer than 18 weeks

Parent and carers' experiences:

"Interventions could come even earlier – why wait to P7 / secondary school when children and young people need it earlier?"
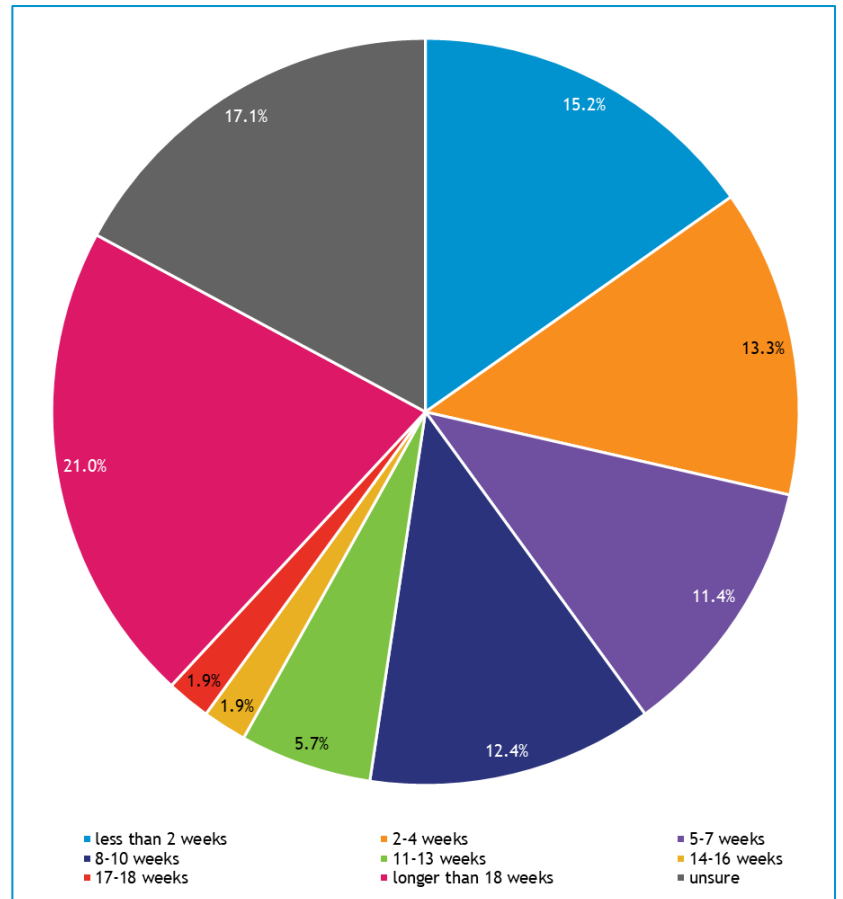
"[My child] had mental health struggles with the transition from primary to high school – they supported her through this. There's no cut-off point so no pressure."

"[Practitioner] was always on the other end of the phone, she connected us to services that could help more and gave me the confidence and skills to improve things at home after my mental health was so low and the GP wasn't doing anything to help me."

"Absolutely amazing service. My daughter struggled massively with anxiety. The wait was so quick compared to other services which were up to two years wait! The whole process was smooth and worked around my daughter. She could message outwith her appointment if she needed. The professionalism and caring nature everyone showed was fantastic… My daughter is now happy and much less anxious all thanks to this wonderful service."

How long did your child / young person wait to access this support?

As shown in this graph, it appears parents / carers feel their child or young person waited longer to access support than the feedback from young people discussed above suggests. For instance, only 15.2% of parents / carers indicated their child or young person waited less than two weeks to access support, while one in five (21.0%) waited longer than 18 weeks. However, from the comments given within the parents / carers survey, it is possible that parents / carers may not be distinguishing between different types of support, such as CAMHS.

Pie chart segments: 15.2%, 13.3%, 11.4%, 12.4%, 5.7%, 1.9%, 1.9%, 21.0%, 17.1%

Legend:
- less than 2 weeks
- 2-4 weeks
- 5-7 weeks
- 8-10 weeks
- 11-13 weeks
- 14-16 weeks
- 17-18 weeks
- longer than 18 weeks
- unsure

Service providers' experiences:

"There is a new layer of support for children, young people and their families, the support is discussed through a multi-agency screening hub to allow the most appropriate support to be offered. If a child, young person or their family feels the support isn't meeting their needs we can bring them back for further discussion and offer something more appropriate. We have a multi-disciplinary team and other services that we can offer support from."

"Through information sharing, service awareness raising and being an initial link to children, young people and their families to services they would benefit. This removes barriers for the children, young people and their families and the need for them to contact/communicate to various services thus allowing us to reach out to the appropriate supports on their behalf."

"As most young people are in education or work during the day we offer our services in the afternoons and evenings and Saturdays to accommodate this. It would be good to look explore being able to support some children and young people during the school day to help increase capacity and make it easier for some to access."

"Due to lack of funding we are limited to how many sessions we offer, this has become the most pointed out thing by the young people, they want more sessions on a long term basis as they feel three is not enough. They are just getting the full use of the service and becoming more comfortable with workers and then they are on their third session and don't want to change to another company for longer term support."

Are services making a difference to children, young people, and families' mental health and wellbeing?

Key findings:

- In our focus groups and interviews, all the children, young people, and parents / carers gave positive feedback about the support they have received, and the support children, young people, and parents / carers are receiving appears to be having a generally positive impact on individuals' mental health and wellbeing.

- Parents and carers who took part in our focus groups highlighted that the support their child or young person received has also had a positive impact on their family. They noted support has helped to build relationships between parents and their child or young person and has enabled them to have more open conversations about mental health and wellbeing.

- In response to the survey question 'Since you started receiving support from this service, to what extent are the following statements true for you?', 22.9% young people said they are **definitely happy within themselves** (25.2% responded 'mostly') and 27.8% said they **definitely feel they can achieve things** (33.1% responded 'mostly').

- 59.4% of parents who responded to our survey agreed or strongly agreed with the statement '**My child / young person is happier since using this service**', and 63.2% agreed or strongly agreed with the statement '**My child / young person is more able to cope since using this service**'.

- Service providers shared examples of the difference they believe their service is making with and for children, young people, and their families. As with the feedback from children, young people, and parents and carers, services generally believe the support they are offering is having a positive impact on the mental health and wellbeing of the children, young people, and families they work with. Furthermore, some shared examples of the impact therapeutic support and supervision for practitioners is having on their own mental health and wellbeing, and on their work. However, some service providers highlighted challenges and barriers delivering community-based mental health supports and services which may be limiting their ability to deliver effective support for children, young people, and their families when they need it. These challenges and barriers are discussed further on page 58.

Children and young people's experiences:

"It makes me feel encouraged and made me want to do more. It makes me feel so so so much better."

"I am communicating more – before [coming to this service] I didn't speak to anyone. Now I'm more confident speaking to people."

"[this service] helps ease negative thoughts, and turned them into positive thoughts, it's given me a good attitude, it helps me a lot."

"Hearing how other people deal with things – having older role models – helped me accept [my diagnosis]"

Parent and carers' experiences:

"For me personally, my experience with [practitioner] – she's been so good, I don't know how it could improve. There's a better bond with my son, I felt the service has been fantastic – I'm so relieved it's there and helped us, I can see it's helping a lot of people."

"The support that my child has received has been excellent and they have gone above and beyond to help them through this difficult time. There has been more things occur recently which has affected my child but the service has helped so much with the extra pressures."

"The service allows her to talk about herself and what's going on in their life while they are petting animals, to be able to talk freely, someone is really listening to them and just being there and they also support her in meeting at school and will speak for them."

"It provided me with opportunities for open, honest conversations and to ensure my daughter got support in the best possible way."

Service providers' experiences:

"I've seen a real change in my young person's confidence. They have gone from not wanting to leave the house or hold a conversation to meeting weekly and actually laughing!!"- *Quote from a Mentor, via service provider survey respondent*

"… the most common feedback is that young people are appreciative of a space where they feel listened to, heard and taken seriously. The biggest difference is just having a safe and trusted person to talk to about anything that is bothering them who can support them to do something about it. I suppose it's giving them time that's just for them."

"The project has been integral in supporting positive mental health and emotional wellbeing in our identified learners. Working together with [worker] to identify what targeted support was needed ensured the project supported learners appropriately and has been successfully to achieve the required goals. Focusing on P6/7 has ensured children are being supported during a pivotal point of transitions. As [worker] has built meaningful relationships with our P6 learners this will only enhance the support she provides them as they transition to high school next year." *Quote from a Primary School Depute Headteacher, via service provider survey respondent*

"… therapeutic supervision has changed my practice permanently, for the better! I am more confident in my abilities, and I don't fret like I have to fix everything anymore… I have learned to just listen and provide a safe space for families to talk, without my brain scrambling in the background trying to think of a solution for them. I now understand how important relationships are in the work… Especially if we are to be trauma informed and respond safely to families."

"It is actually a privilege to be trusted with people's stories, there is so much pain and trauma. We need to safely think through how to work with them." *Quote from a practitioner who received therapeutic supervision, via service provider survey respondent*

Challenges and barriers to delivering community-based mental health supports and services

Through discussions with service providers and local authority leads, a number of structural barriers and challenges to delivering community-based mental health supports and services were identified.

Although these challenges sit outside the scope of this independent evaluation, challenges and barriers at a systemic level have the potential to significantly impede services' ability to deliver effective support for children, young people, and their families when they need it. Unless these barriers and challenges are addressed, and steps taken to remedy them, attempts to increase and improve support for children and young people's mental health and wellbeing may continue to be limited.

The most common challenges and barriers identified are:

The **high level of demand for mental health and wellbeing support** appears to have increased as a result of the Covid-19 pandemic, which leads to long waiting times. Some services are limiting the number of sessions they can offer to enable them to support more children, young people, and/or families.

> "We were worried about low numbers but from speaking to social workers we are now anticipating a waiting list."
>
> "The small number of sessions we are able to provide [is a challenge], this would be much better and make more positive changes if we could work with the young people on a more permanent/long term basis to see through the self care and coping strategies, to see the positive impact these can have on the young people but I feel currently we give the young people the coping strategies and then we don't see the positive impact/what impact on the young person."
>
> "There is no time limit to support available (however support is reviewed every 3 months) which means we don't currently have a high throughput of clients. This will make it difficult over time to continue to make space for new clients as they come in. We are keen that young people are seen quickly when they contact us and are trying to be creative about how we can continue to meet new clients and make space for them while giving our current clients the time they need too."

The **Covid-19 pandemic** also had an impact on some children, young people, and/or families' ability to attend services, and although some services were able to adapt the way in which they delivered support, this was not always possible.

> "The pandemic brought up a lot of barriers to young people attending our services. Our programme … is delivered in schools during the school day. If young people were asked to isolate or were off school for other reasons, this impacted attendance to our programme."
>
> "Covid was a massive barrier but we maintained face to face crisis support throughout and continue to do so in a safe and protective manner."
>
> "Many young people referred suffer from isolation due to various circumstances. Community youth groups and clubs have been lacking following the covid pandemic so there have been challenges in encouraging young people to participate in activities that may be of interest and benefit to them. Covid has also impacted the spaces available in schools and the ever adapting priorities of the management team."

The **short-term nature of funding** leads to uncertainty for some service providers, particularly in the third sector, about whether they will be able to continue offering support for children, young people, and their families. Some providers are worried about having to take away support when their funding ends.

> "This system means you have to create barriers to health for young people because it's all about 'this is what you can get for the funding available'."
>
> "Funding is the main challenge, especially longer term funding as the service we provide generally is most efficient for the majority of service users if they continue to attend for a sustained period. We often find that funding from schools will be for a limited number of terms. Additionally, school holiday breaks can prove challenging to service users as funding does not cover these periods, especially the lengthy summer holiday which removes consistency."
>
> "Year on year funding is hard to spend because services are questioning whether it's worth their while – by the time they get staff in place, it's almost time to start evaluating… They have lots of good ideas but realistically is it takes time. Services ask about continuity – it makes it more challenging."
>
> "My biggest fear is if funding ends tomorrow what would happen to these families… after two years projects are only just getting started… Short term funding is problematic – it is cruel when have to take services away from families. By the time you break down the big pots of Scottish Government funding across the country, it isn't a lot."

The **way in which funding is allocated within local authorities** can delay funding reaching services. Tendering processes can take a long time, and strict local authority guidelines sometimes limit what services are able to do.

> "There are procedural/practical challenges that we face in navigating wider Council procedures such as procurement, HR and GDPR. These can lead to delays in services being provided and often require support from other teams/departments who do not have time allocated to support this work."
>
> "Systems and structures in education and health seem to be holding back many of the families that we support. The support families need doesn't appear to be reaching them at the time they need it with long waiting lists for many families therefore extending the time spent in turmoil."
>
> "Challenges are mainly around the interface between local authority services and NHS services including CAMHS in terms of IT systems, culture and practice and different grant conditions with regards to funding."

Lots of services receive funding through **multiple similar but different funding streams**. The pressure for ongoing evaluation from different funders, including the Scottish Government, at different times can be overwhelming, and may limit the support services are able to give to children, young people, and their families because of the time and staff capacity required to evaluate.

> "The reporting for this funding was way too much and didn't fit in properly to quarterly and yearly reports which had an impact on staff, admin and managers workload and time. The reporting also appeared repetitive and I don't believe it accurately captured numbers."

"As a small local authority, we receive a relatively little amount of funding, which does limit the number of services and supports we are able to put in place. In addition, the significant and enduring impact of deprivation on mental health is not reflected adequately in funding allocations. However, we have sought to work creatively to make the best use of the funds that we do receive to ensure we are maximising the amount of services that we can provide directly to our communities."

"The funding wasn't enough to contribute much to the other costs of running our agency so we struggle a bit in that respect and have to put our own funding in to make the projects work fully."

Some service providers highlighted challenges relating to **multi-agency partnership working**, particularly in relation to capacity within different services, and barriers to accessing information due to different IT systems and/or referrals processes. Some third-sector services indicated that lack of support from education establishments – particularly schools – was a barrier to providing support to children and young people.

"Biggest barriers are systems, workloads, thresholds and capacity issues... Agencies struggle to agree who should do what and when. This all relates to capacity of resources."

"Other social work staff and professionals struggled to grasp the ethos of the [service] and the benefits of the service... This has caused some confusion around the role of the workers within the [service]; however, it is hoped that the positive work that has been undertaken will help others see the benefits of the service."

"Some schools have been far more progressive than others in linking up with our service and understand what the voluntary sector can contribute towards the mental health and wellbeing of children, young people and their parent/carers. Integrating other services and being part of a whole system remains a challenge."

"Despite a strong partnership with 4 organisations there still exists extensive waiting lists, up to 10 months for some therapies. The majority of services and supports are directly for children and young people and there is a need for additional parent and family support, which we are trying to address by linking with council and community services."

There appears to be a lot of **staffing challenges** within community-based mental health services. Recruitment processes can take a long time, and there appears to be a lot of competition for staff between local authorities. The short-term nature of funding sometimes leads to a high turnover of staff because of the short-term contracts. Concerns about staff wellbeing and support for practitioners adds additional pressure to some services' budgets. Staffing appears to be particularly challenging for services in smaller local authorities, and those in rural and island communities, who receive less funding and therefore can't always afford to offer permanent contracts or higher salaries.

"We only have six staff – four only started seven weeks ago – so we are reliant on volunteers. We need more staff, but we need funding to pay staff appropriately."

"The main barrier has been in determining how long staff members can be contracted for due to the nature of the funding only being announced year on year. This makes it difficult for organisations to hire long-term and for them to make plans for families and children/ young people in the longer-term."

> "A huge challenge around the temporary nature of the funding that does not allow staff to be placed on permanent contracts (highly skilled staff have left due to this)."
>
> "The work can also be very emotionally demanding for staff and ongoing support and supervision is hugely important. We have also as an agency reviewed what wellbeing support we can offer staff and are looking at new things such as counselling support, meditation apps, all of which requires additional funds."

Some services struggle to find **suitable spaces to deliver support**, particularly when support is delivered through external organisations such as schools. This can have a detrimental impact on practitioners' ability to help children, young people, and families' ability to build trust and feel comfortable in the space in which they are receiving support.

> "Anxiety around attending services for the first time can be a barrier although this is not a real issue as we have ways of introducing young people into the services, to minimise any concerns. Having a suitable space to deliver counselling, particularly when based in external venues, like schools, can cause problems. External venues do not seem to understand the importance of providing a consistent and comfortable, safe space for young people when providing talking therapy."
>
> "The main challenge has been around access to a regular room in school - this seems to have been resolved but it is something both staff and young people raised. Young people wanted us to be cited in a room so they know where we are and can find us if they need to outwith the time we would normally see them."

Lack of consent, support or engagement from some parents and carers, for a wide range of reasons, also appears to be a barrier to some services' ability to deliver support to children and young people.

> "Poverty within families means they have limited opportunities"
>
> "The chaotic nature of some families can result in lack of engagement in supports."
>
> "[Youth Development Workers] have reported that it can be difficult to seek parental consent due to the family's lack of engagement with the school. We have put in alternative processes to ensure the young person can participate including calling parents and completing forms over the phone."
>
> "There are still limits to our capacity and often people (including children) experience issues around their wellbeing that are a result of structural and societal issues or other issues outwith their control. We can help people build resilience to cope with difficult lives but for some the context of their life remains the same."

Respondents Profile
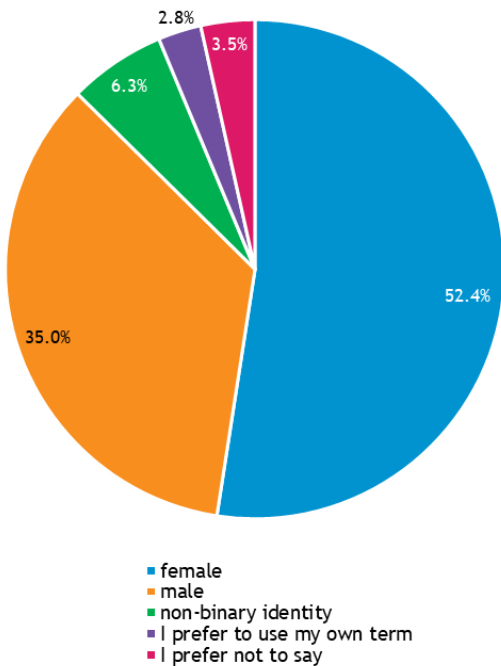
Survey respondents: young people
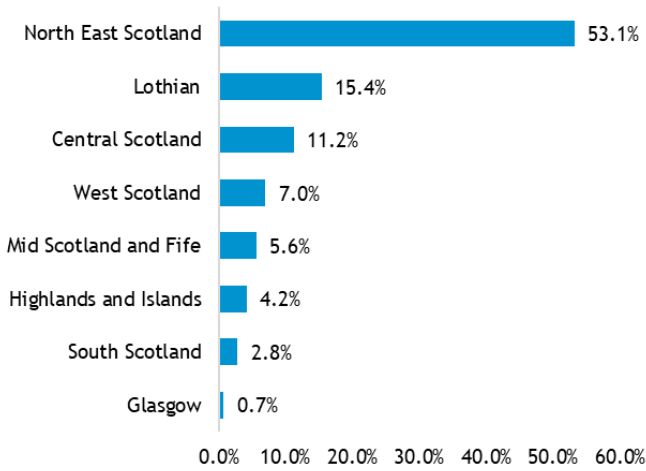
Location: 143 young people from twenty-two local authorities responded to this survey. When combined by region, over half (53.1%) indicated they live in a local authority in North East Scotland. 15.4% live in a local authority in Lothian region. Just over one tenth live in a local authority in Central Scotland (11.2%). Fewer live in West Scotland (7.0%), Mid Scotland and Fife (5.6%) or Highlands and Islands (4.2%). Only four respondents (2.8%) live in South Scotland, and one respondent (0.7%) lives in Glasgow.

SIMD: When split by SIMD quintile, around one tenth (11.2%) of young people who responded to this survey live in the least deprived areas of Scotland (quintile 5), and around one fifth (18.1%) live in the most deprived areas of Scotland (quintile 1).

Young People - SIMD Quintiles
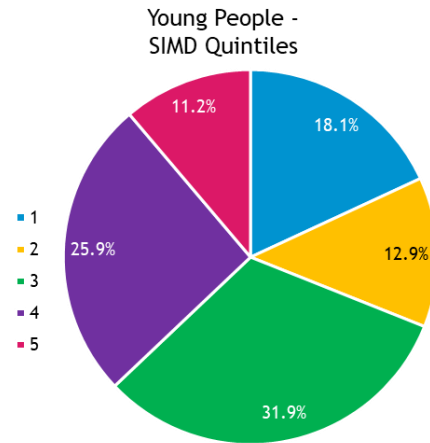
Gender: Over half (52.4%) of the young people who responded to this survey identify as female, one third (35.0%) identify as male, and 6.3% identify as non-binary. 2.8% prefer to use their own term, and 3.5% preferred not to say.

Age: The majority of young people who responded to this survey were aged between 12 and 17, with only 13.3% aged 18 – 25.

54
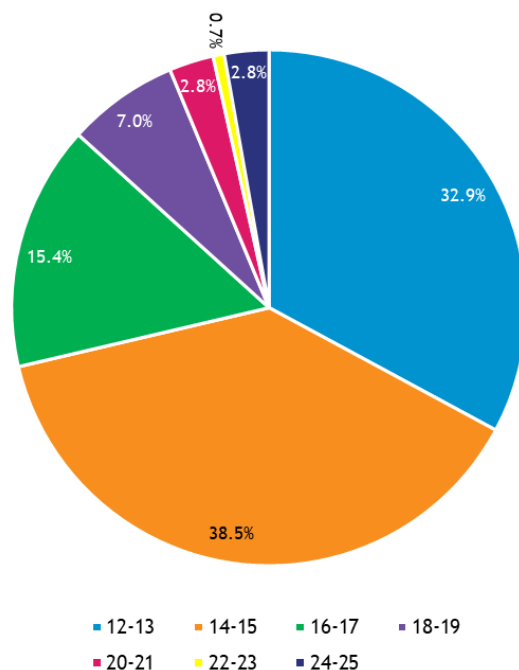
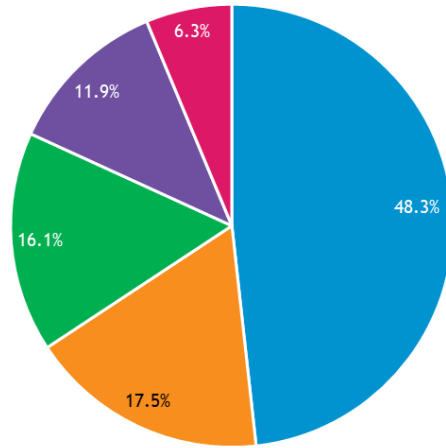**Sexuality:** Just under half of the young people who responded to this survey identify as heterosexual / straight (48.3%). 16.1% identify as bisexual, 11.9% identify as gay / lesbian, and 6.3% prefer to use their own term. 17.5% preferred not to say.

Are you a young carer / young adult carer?

9.1% young people who responded to this survey said they are a young carer or young adult carer. 72.7% responded 'no' to this question. 12.6% were unsure, and 5.6% preferred not to say.

- ■ Heterosexual/straight
- ■ I prefer not to say
- ■ Bisexual
- ■ Gay/lesbian
- ■ I prefer to use my own term

Do you consider yourself to have a visible or invisible disability?
16.8% of young people who responded to this survey said they consider themselves to have a visible or invisible disability, and 16.8% were unsure. 58.7% said they do not consider themselves to have a visible or invisible disability, and 7.7% preferred not to say.

Are you currently in any of the following?
The majority of young people who responded to this survey indicated they are in school (81.8%).

School	81.8%
In work (part time or full time)	15.4%
Unemployed	4.9%
University	4.9%
Apprenticeship / training	3.5%
College	2.8%
I prefer not to say	2.1%
None	1.4%
Other	0.7%
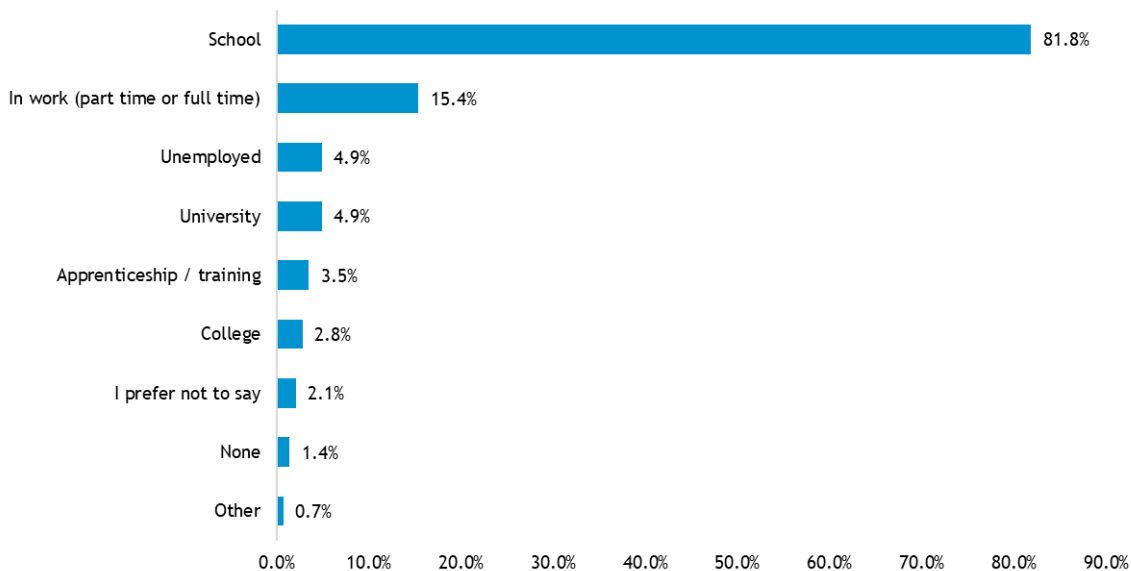
Survey respondents: parents and carers
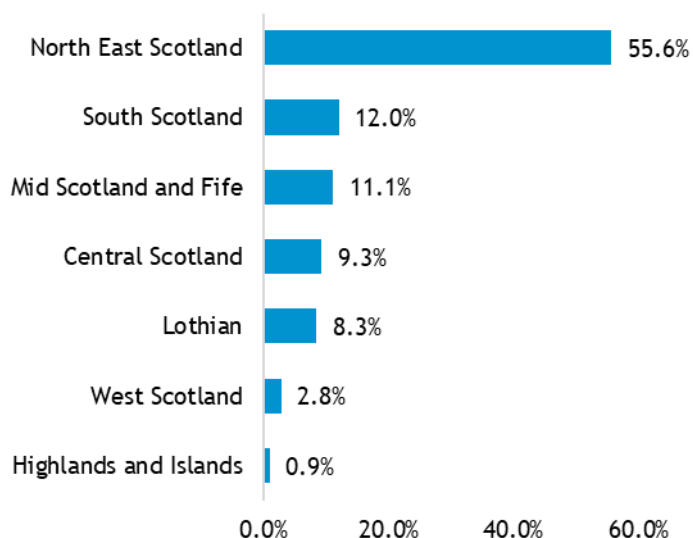
Location: 108 parents and carers from twelve local authorities responded to this survey. When combined by region, over half (55.6%) of parents and carers indicated they live in a local authority in North East Scotland. Just over one tenth live in a local authority in either South Scotland (12.0%), Mid Scotland and Fife (11.1%) or Central Scotland (9.3%). Slightly fewer live in Lothian (8.3%), while only three respondents (2.8%) live in West Scotland, and only one respondent (0.9%) lives in Highlands and Islands. No respondents live in Glasgow.
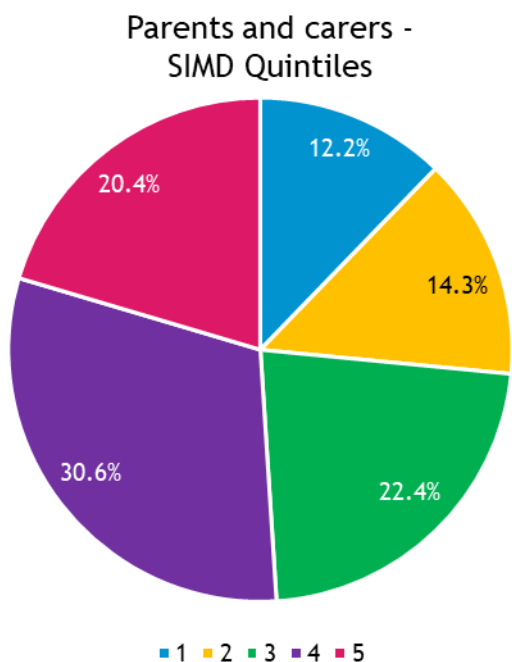
SIMD: When split by SIMD quintile, the majority of respondents (51.0%) live in the least deprived areas of Scotland, while around one quarter (26.5%) live in the most deprived areas of Scotland.

Gender: The vast majority of parents and carers who responded to the survey identify as female (92.5%).
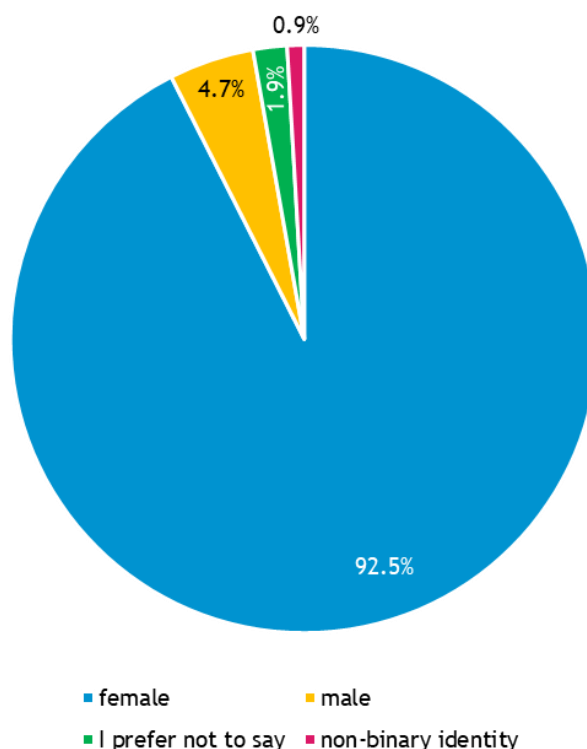
Young carer or young adult carer: 8.5% of parents / carers indicated their child or young person is a young carer or young adult carer. 88.7% said their child or young person is not a young carer or young adult carer; 1.9% were unsure, and 0.9% preferred not to say.

Legend:
- 4-5
- 6-7
- 8-9
- 10-11
- 12-13
- 14-15
- 16-17
- 18-19
- 20-21

Pie chart values: 0.9%, 2.8%, 1.9%, 1.9%, 11.3%, 14.2%, 17.0%, 28.3%, 21.7%
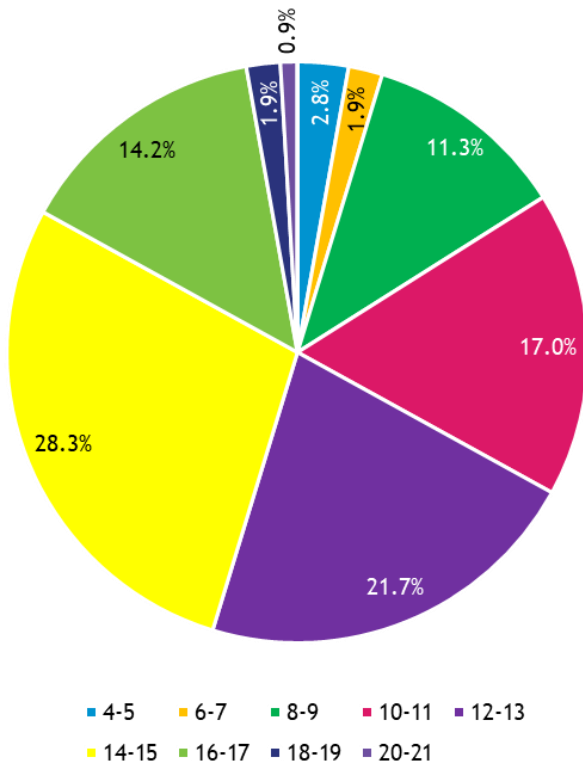
Age of child or young person who has received support through a community-based service: The vast majority of parents / carers who responded to this survey indicated their child or young person is aged 4 – 17. Only 3.8% support a young person aged 18 – 21, with no respondents supporting a young person aged 22 – 25.

As such, it is unsurprising that 93.5% of parents / carers indicated their child or young person is currently attending school. 6.5% indicated their child or young person is currently at college or university, and 6.5% are in work (part time or full time). Less than 1% indicated their child or young person is in an apprenticeship / training (0.9%), or unemployed (0.9%). The rest preferred not to say.

Survey respondents: services

Respondent job titles: Responses were received from a range of practitioners, including directors, service managers, team leaders and partnership coordinators; psychologists, counsellors, and wellbeing practitioners; youth workers; and advocates and peer mentors.

Location: 56 service providers from twenty-one local authorities responded to this survey. When combined by region, around one fifth are based in Mid Scotland and Fife (21.4%) or Glasgow and Central Scotland[13] (19.6%), and 17.9% are based in Lothian. Around one in ten are based in South Scotland (12.5%) or North East Scotland (10.7%), and slightly fewer are based in West Scotland (8.9%) or Highlands and Islands (8.9%)

Bar chart:
- Mid Scotland and Fife: 21.4%
- Glasgow and Central Scotland: 19.6%
- Lothian: 17.9%
- South Scotland: 12.5%
- North East Scotland: 10.7%
- West Scotland: 8.9%
- Highlands and Islands: 8.9%

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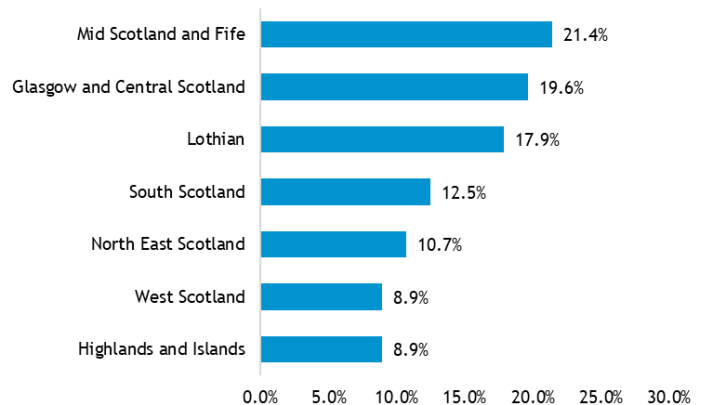
[13] Glasgow and Central Scotland regions have been combined because Glasgow region only includes Glasgow City.

Appendices

Appendix i: summary of responses to young people's survey

This section shows a summary of responses to quantitative survey questions. A selection of comments from this survey are included in the body of this report.

How did you find out about this service?

Student support services at college / university	0.7%
Sport or other activity club	0.7%
Posters or flyers	2.2%
Social work or other practitioner	3.6%
Social media	3.6%
friend or family member	4.3%
Other school / college / university staff	5.8%
Website	6.5%
Youth work / youth club	6.5%
GP or other medical practitioner	11.6%
A teacher / lecturer	54.3%

Which of the following support did you / are you currently receiving through this service? [please select all that apply]

Attending a hub	Currently	29.4%
	Previously	20.3%
Digital / online support (eg, video calls, text message service)	Currently	26.6%
	Previously	23.8%
Signposting to self-help resources	Currently	17.5%
	Previously	18.9%
Talking therapy (eg, counselling, CBT)	Currently	28.7%
	Previously	23.1%
Creative therapy (eg, arts, music, sport)	Currently	23.1%
	Previously	16.8%
Group / peer support	Currently	23.8%
	Previously	21.0%
Other	Currently	22.4%
	Previously	13.3%

Please tell us how you feel about the support you received from this service

	Strongly agree	agree	disagree	strongly disagree	not sure
I received support when I needed it	24.1%	47.5%	9.2%	5.0%	14.2%
I feel supported while using this service	33.3%	39.7%	5.7%	5.7%	15.6%
I feel listened to while using this service	34.8%	34.8%	7.8%	3.5%	19.1%
I feel safe when I use this service	40.4%	36.2%	5.7%	5.0%	12.8%
This service involves me in making decisions about the support I receive	28.4%	37.6%	10.6%	2.8%	20.6%
This service helps me to better understand my own mental health and wellbeing	27.0%	40.4%	8.5%	5.7%	18.4%
This service meets my needs	27.7%	38.3%	11.3%	3.5%	19.1%

Since you started receiving support from this service, to what extent are the following statements true for you?

	Definitely	Mostly	A little	Not at all	Not sure
I know where to go for help if I need it	43.2%	31.1%	14.4%	4.5%	6.8%
I can cope when bad things happen	22.0%	29.5%	28.0%	10.6%	9.8%
I can say how I feel	25.4%	23.9%	28.4%	15.7%	6.7%
I am aware of my triggers and how to deal with them	18.6%	26.4%	30.2%	9.3%	15.5%
I can overcome challenges	22.7%	24.2%	36.4%	6.1%	10.6%
I don't feel stigma	20.8%	13.8%	14.6%	20.0%	30.8%
I'm happy within myself	22.9%	25.2%	26.0%	20.6%	5.3%
I feel I can achieve things	27.8%	33.1%	22.6%	11.3%	5.3%

Appendix ii: summary of responses to parents and carers survey

This section shows a summary of responses to quantitative survey questions. A selection of comments from this survey are included in the body of this report.

How did you find out about this service?

GP or other medical practitioner	27.5%
A teacher / lecturer	25.5%
Other school / college / university staff	22.5%
Social work or other practitioner	7.8%
Social media	4.9%
Website	3.9%
friend or family member	2.9%
Other	2.9%
Through my child / young person	1.0%
Posters or flyers	1.0%

What type of support did your child/young person receive / are they currently receiving through this service? *[please select all that apply]*

		Central Belt	Highlands and Islands and North East Scotland	South and West Scotland	All
Attending a hub	Currently	25.8%	21.3%	12.5%	21.3%
	Previously	25.8%	19.7%	6.3%	19.4%
Digital / online support (eg, video calls, text message service)	Currently	12.9%	18.0%	18.8%	16.7%
	Previously	29.0%	29.5%	6.3%	25.9%
Signposting to self-help resources	Currently	19.4%	16.4%	31.3%	19.4%
	Previously	29.0%	24.6%	12.5%	24.1%
Talking therapy (eg, counselling, CBT)	Currently	25.8%	27.9%	62.5%	32.4%
	Previously	41.9%	26.2%	18.8%	29.6%
Creative therapy (eg, arts, music, sport)	Currently	16.1%	6.6%	31.3%	13.0%
	Previously	19.4%	9.8%	6.3%	12.0%
Group / peer support	Currently	16.1%	13.1%	18.8%	14.8%
	Previously	16.1%	8.2%	12.5%	11.1%
Other	Currently	12.9%	11.5%	12.5%	12.0%
	Previously	6.5%	8.2%	0.0%	6.5%

How long did your child / young person wait to access this support?

less than 2 weeks	15.2%		14-16 weeks	1.9%
2-4 weeks	13.3%		17-18 weeks	1.9%
5-7 weeks	11.4%		longer than 18 weeks	21.0%
8-10 weeks	12.4%		unsure	17.1%
11-13 weeks	5.7%			

Please tell us how you feel about the support your child / young person received from this service

	strongly agree	agree	disagree	strongly disagree	not sure
My child / young person received support when they needed it	29.6%	34.3%	15.7%	14.8%	5.6%
My child / young person feels supported while using this service	38.0%	34.3%	13.0%	5.6%	9.3%
My child / young person feels listened to while using this service	40.7%	32.4%	11.1%	4.6%	11.1%
My child / young person feels safe when they use this service	45.4%	35.2%	5.6%	2.8%	11.1%
This service involves my child / young person in making decisions about the support they receive	34.3%	30.6%	11.1%	5.6%	18.5%
This service involves me in making decisions about the support my child/ young person receives	24.1%	37.0%	21.3%	6.5%	11.1%
This service helped my child / young person to better understand their mental health and wellbeing	33.6%	28.0%	14.0%	4.7%	19.6%
My child / young person is happier since using this service	29.2%	30.2%	16.0%	6.6%	17.9%
My child / young person is more able to cope since using this service	26.4%	36.8%	13.2%	7.5%	16.0%
This service meets my child / young person's needs	31.4%	30.5%	12.4%	11.4%	14.3%

If you received support from this service, please tell us how you feel about the support you received

	strongly agree	agree	disagree	strongly disagree	not sure
I received support when I needed it	37.0%	21.9%	12.3%	9.6%	19.2%
I feel supported while using this service	33.3%	37.3%	5.3%	9.3%	14.7%
I feel listened to while using this service	34.7%	36.0%	8.0%	6.7%	14.7%
I feel safe when I use this service	38.7%	40.0%	1.3%	5.3%	14.7%
This service involves me in making decisions about the support I receive	33.8%	27.0%	6.8%	9.5%	23.0%
This service helped me to better understand my own mental health and wellbeing	29.2%	23.6%	6.9%	11.1%	29.2%
This service meets my needs	29.2%	30.6%	6.9%	11.1%	22.2%

Appendix iii: summary of responses to services survey

This section shows a summary of responses to quantitative survey questions. A selection of comments from this survey are included in the body of this report.

Which of the following supports does your service offer? *[please select all that apply]*

	For children (age 5-12)	For young people (age 12-16)	For older young people (age 16-25)	For parents / carers	For other family members
Hub	23.2%	26.8%	28.6%	25.0%	19.6%
Digital / online support	23.2%	41.1%	42.9%	33.9%	21.4%
Signposting to self-help resources	42.9%	64.3%	60.7%	53.6%	39.3%
Talking therapy	41.1%	51.8%	46.4%	26.8%	16.1%
Creative therapy	33.9%	42.9%	37.5%	10.7%	5.4%
Group / peer support	48.2%	58.9%	48.2%	26.8%	14.3%
Other	35.7%	44.6%	44.6%	28.6%	21.4%

Do you offer targeted support for children or young people from any of the following groups? *[please select all that apply]*

	Hub	Digital / online support	Signpost to self-help resources	Talking therapy	Creative therapy	Group / peer support	Other
LGBT+ children / young people	14.3%	30.4%	41.1%	35.7%	30.4%	41.1%	17.9%
Neurodiverse children / young people	14.3%	30.4%	41.1%	33.9%	32.1%	37.5%	21.4%
Black and People of Colour (BPoC) children / young people	8.9%	23.2%	28.6%	30.4%	32.1%	33.9%	17.9%
Care-experienced children / young people	12.5%	30.4%	42.9%	42.9%	39.3%	46.4%	25.0%
Young carers (under 16)	8.9%	23.2%	35.7%	32.1%	26.8%	28.6%	17.9%
Young adult carers (age 16-25)	14.3%	23.2%	28.6%	25.0%	17.9%	25.0%	19.6%
Siblings of children / young people who have a disability	14.3%	23.2%	28.6%	25.0%	17.9%	25.0%	19.6%
Children / young people who aren't in formal education	8.9%	23.2%	32.1%	30.4%	26.8%	28.6%	17.9%
Young people aged 16 - 25	14.3%	28.6%	37.5%	35.7%	30.4%	39.3%	23.2%
Young people transitioning from child to adult mental health services	8.9%	19.6%	32.1%	25.0%	21.4%	25.0%	16.1%

How do you make children, young people, and their families aware of other support available? *[please select all that apply]*

	Hub	Digital / online support	Signpost to self-help resources	Talking therapy	Creative therapy	Group / peer support	Other
Posters in service	23.2%	25.0%	32.1%	21.4%	23.2%	30.4%	8.9%
Page on our website	16.1%	32.1%	41.1%	26.8%	25.0%	32.1%	10.7%
Flyers and info sheets	21.4%	35.7%	42.9%	28.6%	30.4%	41.1%	16.1%
Social media	17.9%	41.1%	48.2%	28.6%	26.8%	39.3%	14.3%
Individual discussion with child / young person / family	26.8%	46.4%	66.1%	48.2%	41.1%	58.9%	26.8%
We don't promote other support	0.0%	1.8%	3.6%	5.4%	3.6%	1.8%	3.6%
Other	1.8%	8.9%	10.7%	12.5%	10.7%	8.9%	12.5%