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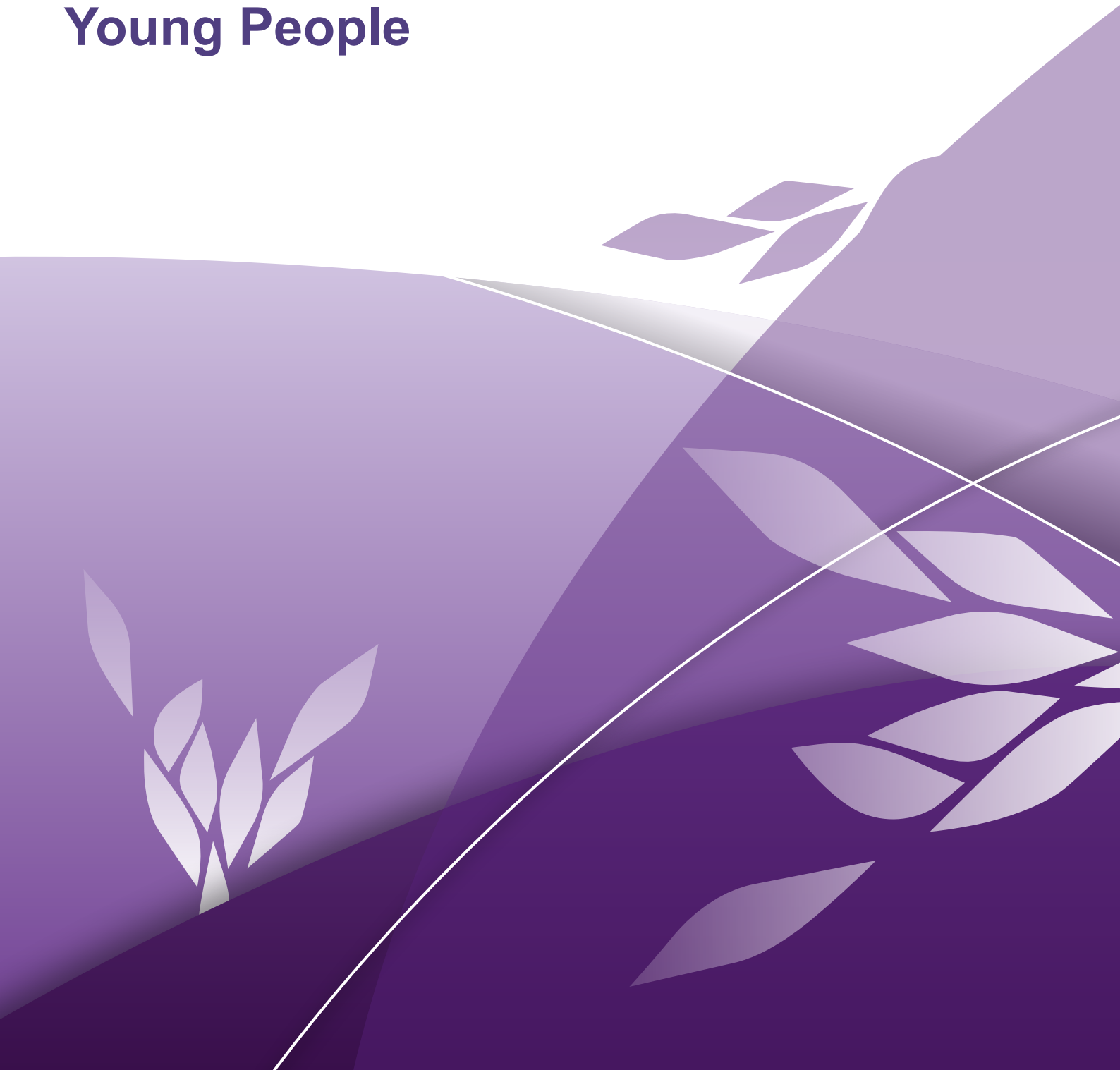
Health, Social Care and Sport Committee

Health and Wellbeing of Children and Young People



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Health, Social Care and Sport Committee

To consider and report on matters falling within the responsibility of the Cabinet Secretary for Health and Social Care and matters relating to drugs policy.

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Summary of recommendations

Improving physical health

1. The Committee notes extensive evidence to the inquiry which demonstrates the multiple benefits to their health and wellbeing of encouraging greater physical activity and participation in sports by children and young people.

2. The Committee believes that Scottish Government commitments to increase funding for sport and physical activity over the course of this Parliament need to be accompanied by an overarching national strategy with clear and measurable goals for achieving increased physical activity and improved physical health of Scotland's children and young people and a multi-year funding programme.

3. The Committee also believes that one explicit goal of this strategy should be to achieve a significant increase in physical activity and sports participation by children and young people from disadvantaged groups and deprived communities and by girls.

Sexual and reproductive health

4. In light of evidence submitted to the inquiry, the Committee highlights the need for a renewed focus on supporting young people with their sexual health and wellbeing.

5. The Committee recognises the particular needs care-experienced young people will have to be able to access proactive support and advice with their sexual and reproductive health.

6. The Committee calls for a renewed focus on the delivery of health and wellbeing support in this area that is suitably pro-active, supportive, non-judgemental, rights based and trauma-informed.

Mental health: Impact of the pandemic

7. The Committee acknowledges the significant negative impact experience of the pandemic has had on the mental health of children and young people. It highlights concerns that the full extent of this impact and how long-lasting it will be have yet to be fully understood.

8. The Committee calls on the Scottish Government to ensure that the long-term impact of the pandemic remains a key consideration in the future design and development of mental health services and support for children and young people.

9. To inform that work, the Committee recommends that the Scottish Government commissions further research on the prevalence of mental health conditions amongst children and young people in Scotland and undertakes a mapping exercise to determine levels of existing capacity spanning different disciplines across statutory and third sector mental health services.

Child and Adolescent Mental Health Services

10. Notwithstanding recent investment to increase capacity, the Committee has heard extensive evidence of persistently long waiting lists to access CAMHS and the compounded negative impact this is having on the mental health of those children and young people affected.

11. The Committee recognises the turnaround in performance achieved by NHS Grampian with respect to CAMHS provision over the past ten years and would like to see this example of good practice replicated across all Health Board areas in Scotland.

12. Based on the evidence it has received, the Committee believes that, in the short term, there is an ongoing need to prioritise investment to further increase the capacity of CAMHS and reduce waiting times. At the same time, the Committee calls on the Scottish Government, in partnership with providers of mental health services, to continue to explore opportunities to expand the use of community mental health services, third party services and preventative programmes that will further ease pressure on CAMHS.

13. The Committee requests regular updates from the Scottish Government on progress in piloting the DBI programme with under-16s and, towards the end of the transition period, an overview of lessons learned from the pilot, its impact and what opportunities its wider roll-out offers to ease pressure on CAMHS.

Mental health workforce

14. The Committee acknowledges ongoing challenges with building capacity within Scotland's mental health workforce and the urgent need to increase workforce capacity in CAMHS in light of current lengthy waiting lists.

15. The Committee highlights evidence submitted to the inquiry which makes the case for improved integration of the mental health workforce across multiple disciplines to optimise workforce capacity and reduce pressure on CAMHS. It suggests this approach should be a key consideration in developing the new mental health workforce plan, which has been promised in the first half of the current session of the Parliament.

16. At the same time, the Committee would argue that the urgent need to increase CAMHS workforce capacity cannot wait for the new mental health workforce plan as currently timetabled.

17. The Committee therefore calls on the Scottish Government either to accelerate this timetable or to set out a separate short term action plan to expand the CAMHS workforce to meet existing high demand for these services.

18. The Committee acknowledges the significant time it takes to train competent mental health professionals who are accredited and qualified to professionally accepted levels. At the same time, as part of future workforce planning, the Committee believes that the Scottish Government must also prioritise training of the mental health workforce in line with the NES knowledge and skills framework

and consider strategies for actively encouraging greater diversity in recruitment of mental health professionals.

Stigma

19. The Committee recognises the important role of See Me as Scotland's national programme to end mental health stigma and discrimination and commends the work it has done to date.

20. The Committee again acknowledges the positive impact the Scottish Government's commitment to roll out school counsellors to every secondary school in Scotland will have in reducing stigma around mental health.

21. The Committee highlights evidence submitted to the inquiry that embedding Mental Health Education into the curriculum would also make an important contribution to reducing mental health stigma and to encouraging children and young people to be more open about their mental health.

22. The Committee also welcomes cross-party efforts in the Parliament to reach agreement on taking forward a self-harm strategy that would help to reduce stigma around mental health issues arising from self-harm.

Eating disorder

23. The Committee calls on the Scottish Government, in responding to this report, to outline what it is doing to respond to the recommendations of the National Review of Eating Disorder Services including details of any funding it is putting in place to support their implementation

Mental health of girls and young women

24. The Committee has been concerned by evidence that, overall, the mental health of girls, particularly adolescent girls, is particularly poor and is deteriorating.

25. The Committee recognises that the mental health of girls can be vastly improved by encouraging participation in sport and physical activity.

26. The Committee believes the evidence it has received highlights the need for a concerted strategy to tackle poor mental health amongst girls and that this should focus, amongst other things, on addressing issues around body image.

27. The Committee also believes there should be a concerted effort to tackle sexual harassment and abuse of girls with a focus on addressing male behaviours.

28. The Committee calls on the Scottish Government, in responding to this report, to outline what progress it has made towards meeting the nine recommendations set out in report from the Advisory Group on Healthy Body Image for Young People and any areas where further progress is still needed.

Mental health service standards

29. In responding to this report, the Committee requests that the Scottish

Government provide an update on progress towards fulfilling the seven minimum service standards set out in the national service specification for Child and Adolescent Mental Health Services, including any areas where those services are falling substantially short of meeting those standards.

The impact of poverty and inequality on health and wellbeing

30. The Committee has heard worrying evidence that the existing damage caused by poverty to children and young people's health and wellbeing has been made worse by the pandemic.

31. As covered in further detail later in this report, the Committee also notes the growing impact the current cost of living crisis is having on poverty and that this situation has worsened considerably since the inquiry took evidence earlier this year.

32. The Committee calls on the Scottish Government to further prioritise spending to mitigate the adverse impact of poverty on the health and wellbeing of children and young people.

Poverty and mental health

33. From the evidence submitted to the inquiry, the Committee has concluded that children and young people living in poverty are significantly more likely to have poor mental health. The Committee is clear in its view that this is because of the impact poverty has on family relationships, because their parents are anxious and stressed or they are unable to feel safe and secure. They may also experience stigma and shame from living in poverty. During the pandemic, children and young people living in poverty are also statistically more likely to have suffered bereavement within their family or local community.

Poverty and physical health

34. The Committee has been concerned to hear evidence that children living in the most deprived communities in Scotland are at much higher risk of obesity and poor nutrition as well as being less likely to do regular sport or physical activity.

35. The Committee calls on the Scottish Government to work with local authorities to ensure all available opportunities are used to make healthy foods more affordable and available for families living in poverty.

36. The Committee calls on the Scottish Government to collect and share best practice on flexible use of funding for local mental health services towards improving access to sport and physical activity for children and young people living in poverty. This should include action to address existing barriers to accessing sport and physical activity across local authority boundaries.

37. The Committee also calls on the Scottish Government to make every effort to ensure additional funding committed over the course of this Parliament is channelled towards breaking down barriers to accessing sport and physical activity for children and young people living in poverty.

Disadvantaged groups and health

38. The Committee acknowledges that children and young people from minority ethnic backgrounds will have suffered particularly negative impacts on their health and wellbeing during the course of the pandemic.

39. At the same time, the Committee also acknowledges that, even prior to the pandemic, children and young people from minority ethnic backgrounds will have suffered particularly negative impacts on their health and wellbeing as a result of racial discrimination, a lack of cultural understanding by service providers and an increased likelihood of living in poverty.

40. In responding to this report, the Committee calls on the Scottish Government to set out how it intends to address these issues with the aim of improving health and wellbeing outcomes for children and young people from minority ethnic backgrounds.

41. The Committee also believes that the cumulative impacts experienced by those children and young people simultaneously affected by multiple disadvantages needs to be directly addressed in future policy development.

Tackling poverty

42. The Committee has been struck by the volume of evidence it has received showing the overriding impact poverty and deprivation has on the health and wellbeing of children and young people. This evidence demonstrates that tackling poverty has to be at the heart of an effective strategy to improve the health and wellbeing of children and young people.

43. The Committee has been concerned to hear evidence that, irrespective of concerted action to tackle child poverty and to ensure interim and final targets on child poverty are met, rates of material deprivation are expected to continue to increase as a result of the current cost of living crisis.

44. The Committee is particularly concerned that the impacts of the pandemic and the current cost of living crisis will make those targets substantially harder to meet and that this will have a negative impact on the health and wellbeing of children and young people currently living in poverty. Even if certain of these targets are technically met, evidence suggests that, without additional action, children and young people's experience of poverty on the ground and the negative impact on their health and wellbeing are likely to continue to intensify in line with the intensifying impact of the cost of living crisis.

45. In responding to this report, the Committee calls on the Scottish Government to set out in greater detail how the new Child Poverty Delivery Plan will contribute to improving the health and wellbeing of children and young people currently living in poverty and how it will measure success against this parameter.

46. To deliver improved health and wellbeing outcomes for children and young people living in poverty, the Committee calls for continued and concerted efforts to help families access the cash they need to provide an adequate standard of

living. In particular, the Committee calls on the Scottish Government to examine what can be done to enable the wider roll-out of money advice workers in deprived communities across Scotland to help families access benefit payments.

Young carers

47. The Committee recognises the additional burden of caring responsibilities many young carers will have faced during the course of the pandemic and the impact this will have had on their health and wellbeing.

48. The Committee believes more work is needed to achieve better integration of the different services involved in providing health and wellbeing support to young carers. The Committee also draws the Scottish Government's attention to calls made by the Carers Trust Scotland during the course of this inquiry for:

    - Creation of a dedicated online mental health service for young carers;
    - Young carers awareness training to be rolled out to all education professionals and health and social care staff; and
    - The introduction of a right to breaks from caring responsibilities for all unpaid carers.

49. The Committee notes that the Scottish Parliament has previously expressed its support for the incorporation of the United Nations Convention on the Rights of the Child (UNCRC) into Scots law but that this is currently subject to legal challenge by the UK Government. The Committee believes that incorporation of the UNCRC into Scots law would provide a means of legally enshrining the right to health of young carers and many other categories of disadvantaged children and young people and therefore calls for the matter to be resolved as a priority.

Adverse childhood experiences

50. The Committee has heard evidence that children and young people living in more deprived areas are significantly more likely to have adverse childhood experiences.

51. The Committee has also been concerned to hear evidence that the number of children and young people experiencing adverse childhood experiences may have risen during the pandemic. It calls on the Scottish Government to undertake further research to establish exactly how far the pandemic has increased adverse childhood experiences and in what ways.

52. The Committee wishes to emphasise to the Scottish Government and other stakeholders involved in supporting those who have suffered adverse childhood experiences:

    - The need to continue to prioritise a trauma-informed approach to supporting people with ACEs that focuses on the experience and effects of trauma rather than the events that have caused them;
    - The continued need to address the impact ACEs experienced by parents can

have on the relationship with their own children and on their children's mental health;

- The importance of continuing to identify examples of best practice that apply the principles set out in the Trauma Informed Toolkit and exporting these more widely;
- The need for improved integration of education and early years services to support prevention of, and early intervention in, adverse childhood experiences;
- The particular need for improved access to CAMHS for those people affected by ACEs, as referenced more generally elsewhere in this report.

Care experienced children and young people

53. The Committee acknowledges evidence that care-experienced children and young people suffer higher than average rates of ill health and mortality. It therefore recognises the importance of a proactive and preventative approach to supporting their health and wellbeing that seeks to reduce cases of hospitalisation, acute care and, in the worst cases, death.

54. The Committee believes providing proactive, targeted and preventative health and wellbeing support to care-experienced children and young people should be a key area of focus for the Scottish Government as it seeks to accelerate progress towards keeping The Promise during Covid recovery.

55. In responding to this report, the Committee calls on the Scottish Government to provide an update on its work to improve data gathering related to the health and wellbeing of care-experienced children and young people to support improved measurement and evaluation of the impact of The Promise and enable better targeted interventions that support their health and wellbeing.

56. To ensure health and wellbeing support services are designed to meet their specific needs, the Committee calls on the Scottish Government to make further efforts to encourage co-production of those services with care-experienced young people. It further calls for improved awareness and understanding in GP practices and other healthcare settings of the specific needs of care experienced young people.

57. In responding to this report, the Committee also calls on the Scottish Government to set out what measures it is taking to raise awareness amongst care-experienced young people of available appropriate counselling services and to improve access to them.

Transition to adult services

58. The Committee recognises the crucial importance of supporting care-experienced young people to make a smooth transition into adult services and regrets that too many care-experienced young people have a negative experience of transitions

that can have a severe negative impact on their health and wellbeing.

59. The Committee highlights suggestions from certain witnesses that there is a need for improved integration and continuity of services to support the health and wellbeing of care-experienced people throughout their lives.

60. In responding to this report, the Committee would welcome further insight from the Scottish Government as to how it expects the development of a national quality standard for these services to deliver improved transitions for care-experienced young people.

Whole Family Wellbeing Fund

61. Given the extensive evidence submitted to the inquiry in support of a whole family approach to supporting the health and wellbeing of children and young people from disadvantaged groups, the Committee strongly supports the creation of a Whole Family Wellbeing Fund.

62. The Committee recognises the good work already carried out by a number of stakeholders to develop and deliver whole family support services on the ground. However, the Committee has also heard evidence that availability of these services across the country is limited and they can be hard to keep going long-term due to a lack of sustainable funding.

63. The Committee therefore calls on the Scottish Government to accelerate progress towards developing and delivering an action plan to use the Whole Family Wellbeing Fund to prioritise making whole family support services more widely and sustainably available across the country.

64. The Committee further calls on the Scottish Government, in responding to this report, to set out what it plans to do to properly evaluate the impact of the Whole Family Wellbeing Fund and to measure the success of specific interventions.

The role of schools and youth services in supporting health and wellbeing

65. The Committee recognises the central and pivotal role schools have to play in coordinating a whole systems approach to supporting the health and wellbeing of children and young people.

66. The Committee calls on the Scottish Government to do all it can to facilitate multi-agency cooperation and to break down barriers to whole systems approaches to supporting the health and wellbeing of children and young people.

67. The Committee reiterates the important role of school counsellors and other wellbeing practitioners in schools in supporting the health and wellbeing of children and young people and welcomes the additional support provided by the Scottish Government to enable school counselling services to be rolled out to every secondary school in Scotland.

68. Once these services are in place and fully operational, the Committee looks forward to receiving an evaluation of their impact from the Scottish Government.

69. The Committee calls on the Scottish Government to develop a dedicated plan to deliver targeted training to teachers in order to give them the requisite skills and capacity to be able to continue fulfilling their responsibilities to work with children and young people in school with a view to monitoring, supporting and improving their health and wellbeing.

Impact of home schooling during the pandemic

70. As a consequence of the COVID-19 pandemic, the Committee recognises the substantial impact the closure of school premises and the move to a prolonged period of home schooling has had on the health and wellbeing of many children and young people.

71. The Committee is particularly concerned by the disproportionately negative impact this experience has had on children and young people from more deprived backgrounds and from other disadvantaged groups.

72. The Committee calls on the Scottish Government and other key stakeholders to continue to monitor carefully the longer term impacts of schooling restrictions imposed by the pandemic on the health and wellbeing of children and young people, in particular those who will have struggled with or missed out on important milestones in their education as a consequence.

73. The Committee strongly supports development of an effectively targeted strategy to address and mitigate these longer term impacts as a key priority within the Scottish Government's COVID-19 recovery plan.

Personal and Social Education

74. The Committee notes that the pandemic has resulted in delays to completion of the 16 priority actions to improve delivery of personal and social education in schools, as set out in the Scottish Government's 2019 review.

75. In responding to this report, the Committee calls on the Scottish Government to provide an update on progress towards completing these actions and to set out in particular how this will help to improve PSE provision for older pupils so it better meets their needs and contributes to their improved health and wellbeing.

Children with additional support needs

76. The Committee has been struck by evidence of the growing number of children and young people in Scottish schools with additional support needs including those with mental wellbeing issues leading to an additional support need.

77. The Committee has heard clear evidence of the negative impact the pandemic has had on the health and wellbeing of children and young people with additional support needs and their families.

78. In order for the health and wellbeing of children and young people with additional support needs to be safeguarded, the Committee is convinced that resources for the provision of reasonably adjusted services and supports, for additional

community supports and to ease workload pressures on teachers need to be further prioritised.

79. In responding to this report, the Committee calls on the Scottish Government to provide an update on implementation of its Additional Support for Learning Action Plan and to set out, in particular, what impact the Action Plan is expected to have on health and wellbeing outcomes of children and young people with additional support needs.

Promoting physical health

80. The Committee is concerned by evidence that only a small minority of children and young people are currently meeting daily physical activity recommendations and that the average rate of physical activity is particularly low amongst teenage girls.

81. The Committee is similarly concerned by evidence that fewer than half of adolescents engage in active travel to school.

82. The Committee is equally concerned that, partly due to the scaling back and suspension of extracurricular sport programmes during the pandemic, there has been a widening gap between those children and young people who are physically active and those who are not.

83. The Committee has also heard evidence that, during the pandemic, there has been a widening gap between those who can afford to take part in sporting activities and those who cannot.

84. The Committee calls on the Scottish Government to set out what actions it intends to take to increase rates of physical activity by children and young people throughout the school day, including encouragement of active travel and active lessons as well as poverty proofing access to sport and physical activity for those from more deprived backgrounds.

Healthy eating

85. This report has already highlighted the strong interrelationship between poverty and poor diet and nutrition as well as significantly increased risks of obesity and makes a number of recommendations to encourage healthier eating amongst children and young people living in more deprived communities.

86. At the same time, encouraging healthy eating is a common goal throughout Scottish society and evidence suggests there is still significant work to be done to meet the Scottish dietary goals. In this context, the Committee recognises the critical role local authorities and their schools have to play in encouraging healthy eating by all children and young people, notably in terms of providing access to healthy foods in school.

Youth work

87. The Committee recognises the important role youth workers are already fulfilling

in supporting work to improve health and wellbeing in schools. It calls on the Scottish Government to continue providing support to enable examples of best practice in collaboration between youth workers and schools to be more widely disseminated across the country.

88. The Committee calls on the Scottish Government, in responding to this report, to provide an update on progress towards producing a follow-up National Youth Work Strategy. While accepting the impact of the pandemic, given the original Strategy officially expired in 2019, the Committee believes publication of the follow-up Strategy is now overdue.

Co-production

89. The Committee calls on the Scottish Government to set out how it is supporting and encouraging co-production of services in and around schools to support improved health and wellbeing of children and young people.

90. The Committee calls on the Scottish Government to give close consideration to bringing forward a national youth engagement strategy to boost the proactive involvement of children and young people in the design and delivery of health and wellbeing support and services.

Data

91. The Committee calls on the Scottish Government to set out how it plans to address current significant gaps in available nationally representative data to support accurate evaluation of specific interventions to support the health and wellbeing of children and young people in schools.

92. The Committee also recommends that the Scottish Government should commission further research to help inform future evidence-based policy development in this area.

93. The Committee recognises the particular challenges teachers face in measuring health and wellbeing outcomes as part of the curriculum, particularly in relation to mental health.

Long-term strategy and universality

94. The Committee recognises the natural tension between achieving a longer term shift towards a more preventative, early intervention approach to supporting the health and wellbeing of children and young people from disadvantaged groups and the immediate short term need to provide services and support to those who are suffering a crisis with their health and wellbeing right now.

95. However, the Committee has heard evidence that breaking the cycle of investment in crisis intervention and refocusing towards a preventative, early intervention approach will ultimately yield benefits by reducing the overall need for crisis intervention in the longer term.

96. In responding to this report, the Committee requests that the Scottish

Government provide an update on progress with implementation of the "Right to Act" plan. This should include an evaluation of the impact the plan has had so far in encouraging a shift to a preventative, early intervention approach towards supporting the health and wellbeing of children and young people from disadvantaged groups.

97. The Committee calls on the Scottish Government to set out how, building on the foundations of its mental health and wellbeing transition and recovery plan and the Mental Health Strategy 2017-2027, it intends to develop and bring forward an integrated long-term strategy to support, improve and sustain children and young people's mental health.

98. The Committee accepts that supporting the health and wellbeing of Scotland's children and young people needs to be underpinned by a universal approach, coupled with more specialist interventions for those children and young people who are disadvantaged or have particular needs.

99. The Committee highlights calls it has heard as part of the inquiry for better data collection to improve evaluation of the impact of universal interventions aimed at improving health and wellbeing of children and young people.

Introduction

100. In October 2021, the Committee agreed to undertake an inquiry into the Health and wellbeing of children and young people.

101. The inquiry aimed to look at key issues affecting the health and wellbeing of children and young people including:

- Child poverty (including the Scottish Government's current child poverty delivery plan), inequality and adverse childhood experiences
- Issues affecting care experienced young people;
- Mental health, access to Child and Adolescent Mental Health Services and the importance of early intervention; and
- Health and wellbeing in schools.

102. The Committee issued a general call for views on 2 November 2021 which consisted of four questions:

1. What are the key issues around health and wellbeing for children and young people in Scotland?
2. What are the current challenges with improving the health and wellbeing of children and young people over the next 5 years
3. What offers the best opportunity for improving the health and wellbeing of children and young people over the next 5 years
4. How does addressing poverty lead to improved health and social care outcomes?

103. The call for views was open until 7 December 2021 and received 97 submissions. [1] Following the closure of the call for views, word clouds were produced from the responses to each of the four questions. These can be viewed at Annex A.

104. The Committee also used the Your Priorities engagement platform to receive ideas from young people about the key issues facing them in relation to health and wellbeing. In total 31 ideas were submitted to the platform along with 187 ratings and 92 users including 15 MSYPs who discussed and rated ideas on platform as part of a session held on 13 December 2021.

105. Given the relevance of the health and wellbeing of children and young people to a number of committees, the Convener wrote to other relevant committees requesting an update on any planned work in this area of policy. Responses were received from the Public Audit Committee and the Social Justice and Social Security Committee. The responses are included at Annex B.

106. Ahead of formal evidence beginning, the Committee held two informal evidence sessions.

107. On 11 January the Committee heard from Audit Scotland. This session allowed the

Committee to discuss the current public policy landscape affecting the health and wellbeing of children and young people. Audit Scotland also highlighted the related work it had undertaken in this area.

108. On Monday 17 January 2022, the Committee held an informal evidence session with young people to discuss their experiences of health and wellbeing. Supported by Barnardo's, Who Cares? Scotland and Carers Trust Scotland, this session provided an opportunity for the Committee to hear first-hand accounts of individual experiences. A collated note of the session is included at Annex C.

109. The Committee also held six formal evidence sessions, taking evidence from:

- stakeholders (focusing on general health and welbeing)
- stakeholders (focusing on mental health and CAMHS)
- stakeholders (focusing on care experienced children and young people)
- stakeholders (focusing on health and wellbeing in schools and education)
- the Minister for Public Health, Women's Health and Sport and the Minister for Mental Wellbeing and Social Care;
- the Minister for Children and Young People and the Cabinet Secretary for Social Justice, Housing and Local Government.

110. The Committee would like to thank all those who engaged with the inquiry, particularly the young people who provided first-hand accounts of their experiences.

111. Minutes of these meetings are available to view at Annex D. The Official Reports can be viewed at Annex E.

Background

112. Priority 2 of the Public Health Priorities for Scotland is "A Scotland where we flourish in our early years". This states:

> We want Scotland to be the best place for a child to grow up. Addressing the health and wellbeing issues of our children and young people and recognising, respecting and promoting their rights is essential to achieving this outcome. This priority places particular emphasis on our early years, recognising the impact that early childhood poverty, disability and adverse childhood experiences can have on health outcomes throughout a person's life.

113. The Committee found this to be a useful starting point for its inquiry. Is Scotland the best place for a child to grow up? What are the issues hampering this priority being a reality and what can we do to improve the early years of children, thus improving their later years?

114. The Session 4 Health and Sport Committee held an inquiry into health inequalities in Scotland including a short inquiry on early years. In this inquiry the Committee heard from Professor Marmot from University College London's Institute of Health Equity. He argued: "If we are to do better globally, we must address not just the poor performance of those at the bottom, but the gradient". He suggested that the gradient implied a need for "proportionate universalism" because "a health service for the poor is a poor health service, and an education system for the poor is a poor education system". He said that he wanted people to "have the entitlement to be part of the mainstream", and "to bring them into universalist systems in education, healthcare or society in general".

115. In November 2017, the Scottish Parliament passed the Child Poverty Bill which sets a number of statutory targets and requires Scottish Ministers to publish child poverty delivery plans at regular intervals. Local authorities and health boards must also jointly publish annual reports on what they are doing to reduce child poverty in their local area.

116. The Scottish Government's first child poverty delivery plan runs until 2022. This plan aims to:

> prevent children and young people in poverty now becoming poor parents by 2030. This means taking preventative action to improve children's quality of life and helping families manage the impacts of poverty…So we will help children and families to participate in their communities, take action to address adverse childhood experiences, and provide support in mental health and other settings.

117. The plan focuses on families most at risk of poverty, namely:

- Lone parent families, the large majority of which are headed by women;
- Families which include a disabled adult or child;
- Larger families;

- Minority ethnic families;
- Families with a child under one year old; and
- Families where the mother is under 25 years of age.

118. The plan has had a focus on addressing all Adverse Childhood Experiences (ACEs), following recommendations made by the session 5 Health and Sport Committee. ACEs are stressful and traumatic events in childhood that can have significant impacts on children's development and long-term outcomes into adulthood. The plan states:

> The Scottish Government is focused on addressing child poverty and ACEs, as we know that these childhood adversities present significant risks to health and wellbeing, attainment and economic participation.

119. On 24 March 2022, the Scottish Government published its second Tackling Child Poverty Delivery Plan, covering the period 2022-2026. Further details of the contents of this plan are provided later in this report.

120. In setting up this inquiry, the Committee has been very aware that the subject matter is extremely wide ranging and crosses into many different policy portfolios. The Committee's point of departure was to maintain a focus on the impact these different policy areas specifically have on children and young people's health and wellbeing.

Physical and mental health

121. During the inquiry, the Committee received extensive evidence of the fundamental interconnection between the physical and mental health and wellbeing of children and young people. The evidence highlighted the impact of experience as well as key issues around overall levels of physical activity and sexual and reproductive health. In relation to mental health, the inquiry has identified specific issues around the impact of the pandemic and access to services and support as well as specific impacts on certain groups including girls and young women, disabled children and young people and those from minority ethnic backgrounds.

122. Dr Josie Booth from the University of Edinburgh highlighted the critical interrelationship between mental and physical health and the importance of taking a holistic approach towards supporting both. Dr Booth's written submission to the inquiry states:

> Physical activity is one aspect of our physical health which plays a vital role in our mental HWB [health and wellbeing]. There is strong evidence that children and young people who meet the physical activity guidelines of an average of 60 mins of moderate to vigorous intensity activity each day, have lower risk of developing depression, lower anxiety, greater self-esteem, and indeed have better cognitive skills and academic attainment. There is strong evidence of a bi-directional relationship whereby physical health impacts mental HWB, but also that our mental health impacts on our physical health.

Improving physical health

123. The inquiry received a variety of evidence suggesting ways to improve the physical health and wellbeing of children and young people, particularly by encouraging greater physical activity. The Committee also heard about the benefits physical activity could have on the mental health and overall wellbeing of children and young people.

124. Evidence from the Royal College of Paediatrics and Child Health noted the following recommendation in the State of Child Health 2020 report:

> Physical education or activity should be in line with UK Chief Medical Officers' 2019 Physical Activity Guidelines.

125. As well as evidence highlighting the positive impact of physical activity, the Committee also heard about the negative impact of a lack of physical activity. Evidence from the Institute of Sport and Exercise at the University of Dundee highlighted the negative long term health impacts this could have:

> In the longer term, PA [physical activity] tracks from childhood to adulthood and therefore negative physical activity behaviour increases the risk of many diseases, including certain cancers, cardiovascular disease and diabetes.

126. Evidence from NHS Ayrshire and Arran suggested one way of increasing physical activity among children would be to make sure parents and carers had access to "advice, information and/or support" about the benefits of physical activity.

127. In its written submission, NatureScot makes the case for improved access to and design of green spaces to encourage greater physical activity by children and young people:

> As well as access to natural environments, we also need to consider how the design and quality and use of the school estate, in particular the outdoor spaces, and local greenspace can enhance physical activity and mental wellbeing in children and young people. This includes unstructured time for free play.

128. The Committee also heard from several organisations about the need to have a sustained focus on investing in sport and physical activity for children and young people. In written evidence, the Scottish Sports Association told the Committee:

> Investment in sport and physical activity has been cited as being the best buy in public health. Creating citizens who have lifelong participation in physical activity greatly reduces the burden on the NHS and the need for interventions on illness and other long-term health conditions.

129. The Observatory for Sport in Scotland's written submission suggested a "genuine national strategy for sport and recreation" would "lead to long-lasting health and wellbeing improvements across the population". As an example, it noted the creation by the Dutch Government of a 'National Sports Agreement' in 2016, which it argued has provided a focus for promoting physical activity amongst children and young people at a local level.

130. The Committee notes extensive evidence to the inquiry which demonstrates the multiple benefits to their health and wellbeing of encouraging greater physical activity and participation in sports by children and young people

131. The Committee believes that Scottish Government commitments to increase funding for sport and physical activity over the course of this Parliament need to be accompanied by an overarching national strategy with clear and measurable goals for achieving increased physical activity and improved physical health of Scotland's children and young people and a multi-year funding programme.

132. The Committee also believes that one explicit goal of this strategy should be to achieve a significant increase in physical activity and sports participation by children and young people from disadvantaged groups and deprived communities and by girls.

Sexual and reproductive health

133. Sandyford Sexual Health Service at NHS Greater Glasgow and Clyde submitted written evidence to the inquiry that focuses on issues around sexual and reproductive health of young people. It states:

> In our view the prominence of sexual health and wellbeing has been insufficient in relation to the clear evidence of need within policy and service planning in Scotland over the last ten years. This has meant that when the COVID 19 pandemic occurred there was little capacity or resilience in the system in Scotland to support young people with their sexual health.

134. Lucy Hughes from Who Cares? Scotland highlighted the particular needs of care experienced young people when it came to sexual and reproductive health. She told the Committee that:

> We can take quite a few actions to improve how young people in care are supported to understand sexual health, and to feel that they have autonomy and control of their bodies and that they are making decisions in a way that feels informed and safe.
>
> ...
>
> Young people need to know that they can share something that might be scary and that they are not sure about, or an experience that they might have had, without feeling that they are going to get in trouble or that there is a risk associated with it. There is a need for guidance and information and for people to be listened to in a judgement-free space [2] .

135. In light of evidence submitted to the inquiry, the Committee highlights the need for a renewed focus on supporting young people with their sexual health and wellbeing.

136. The Committee recognises the particular needs care-experienced young people will have to be able to access proactive support and advice with their sexual and reproductive health.

137. The Committee calls for a renewed focus on the delivery of health and wellbeing support in this area that is suitably pro-active, supportive, non-judgemental, rights based and trauma-informed.

Mental health

138. The Committee has heard extensive evidence that children and young people have seen significant mental health impacts resulting from factors including closure of schools and nurseries, problems arising from home schooling and care, reduced opportunities to stay active and socialise with peers. Many older children have issues with mental wellbeing, are anxious about COVID-19, family income, exam pressure and employment prospects.

139. During the inquiry a number of witnesses suggested that it would be helpful to have more data on both the needs of children and young people when it comes to mental health and on existing capacity across statutory and third sector organisations.

140. Dr. Mairi Stark told the Committee:

> We need data on the prevalence of mental health conditions in Scotland. How many children have anxiety? How many children are waiting? How many people see their GPs with their parents but are sent away and told that there is no point in doing a CAMHS referral, because they will just get bounced back? [3]

141. Joanne Smith emphasised the importance of mapping existing capacity across statutory and third sector services to ensure future investment is effectively targeted:

> We need to map our capacity—not in single disciplines, as is happening in some areas, but across disciplines—and determine the strengths and weaknesses in our local systems so that we can ensure that the investment that is made is targeted accordingly to deliver the best outcomes for babies, children and families [4] .

Impact of the pandemic

142. The Committee heard from many witnesses about the negative impact the COVID-19 pandemic has had on the mental health of children and young people. The Scottish Government's COVID-19: Mental health – transition and recovery plan identified young adults as having a higher risk of experiencing negative mental impacts due to COVID-19. Within the young adult population, certain groups have been disproportionately impacted – including young people with pre-existing health conditions, those who receive additional support with learning, young carers, and members of minority groups such as LGBTQ children and young people.

143. Susie Fitton from Inclusion Scotland highlighted that the pandemic could also have longer term impacts:

> ...evidence from previous pandemics—such as severe acute respiratory syndrome in 2003—has demonstrated the potential for long-lasting effects on children's mental health. The length of time that children felt lonely predicted mental health problems up to nine years later, particularly depression [5] .

144. The Mental Health Foundation was one of a number of organisations arguing for the impact of the pandemic on young people's mental health to be a key consideration in future development of policy on mental health. It stated that the impact of the COVID-19 on the mental wellbeing of children and young people "should not be understated and should be a key consideration for policy makers" as part of their COVID-19 recovery. Furthermore, The British Psychological Society said that future policies for children and young people's health and wellbeing "must consider the impact of the coronavirus pandemic on physical health, mental health, education, and social lives."

145. The Committee acknowledges the significant negative impact experience of the pandemic has had on the mental health of children and young people. It highlights concerns that the full extent of this impact and how long-lasting it will be have yet to be fully understood.

146. The Committee calls on the Scottish Government to ensure that the long-term impact of the pandemic remains a key consideration in the future design and development of mental health services and support for children and young people.

147. To inform that work, the Committee recommends that the Scottish Government commissions further research on the prevalence of mental health conditions amongst children and young people in Scotland[i] and undertakes a mapping exercise to determine levels of existing capacity spanning different disciplines across statutory and third sector mental health services.

Child and Adolescent Mental Health Services

148. Child and Adolescent Mental Health Services (CAMHS) are the main route to assessment and treatment for children and young people seeking help with their mental health.

149. In 2018, Audit Scotland published a report on children and young people's mental health. This highlighted the increasing pressures mental health services for children and young people are under. Following the publication of the report, the Children and Young People's Mental Health Taskforce was commissioned by the Scottish Government and COSLA in June 2018. Its recommendations were published in 2019. The recommendations stated that "transformational change" was needed to improve children and young people's mental health and the support services available.

150. The Programme for Government 2021-2022 committed to providing £120 million to support the recovery and transformation of mental health services following the COVID-19 pandemic. It outlined a "renewed focus" on prevention and early intervention, the implementation of the national service specification for CAMHS (published in February 2020 following recommendations in Audit Scotland's 2018 report), and stated the aim to clear historic CAMHS waiting lists. Furthermore, the Programme for Government also committed to increasing direct mental health investment by at least 25% over this Parliament and ensuring that 10% of frontline NHS spend goes towards mental health, with 1% going on child and adolescent services.

151. While a significant reduction in referrals to CAMHS was reported during the first COVID-19 lockdown (4,052 for the quarter ending June 2020), referrals increased following the easing of lockdown measures and the reopening of schools. There were 10,193 referrals for the quarter ending June 2021, 7,882 for the quarter ending 30 September 2021 and a further 10,021 referrals during the final quarter of 2021. Public Heath Scotland data shows that the number of patients waiting had

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i According to the NHS Scotland National Service Specification for CAMHS, CAMHS are available for children and young people aged 0-18. According to the Community Mental Health and Wellbeing Supports and Services Framework, community mental health services are provided for young people up to age 24 or 26 in the case of care experienced young people.

increased to pre COVID-19 levels with 11,722 waiting at the end of June 2021 (the highest in the trend) and 14.4% of patients waiting for more than 53 weeks.

152. This is echoed in an Audit Scotland blog on child and adolescent mental health services published in August 2021. Audit Scotland found "that the picture today is similar to 2018, despite significant investment."

153. The most recent CAMHS waiting times, covering the quarter ending 31 December 2021, were published by Public Health Scotland in March 2022. These showed:

- 10,452 children and young people in Scotland were waiting to be seen by CAMHS at the end of 2021, a decrease from 11,166 people in December 2020. Out of that number, 46% had been waiting over 18 weeks.
- 4,544 children and young people started treatment at CAMHS during the quarter ending December 2021. 70.3% of these children and young people were seen within 18 weeks. The Scottish Government standard states that 90% of children and young people should start treatment within 18 weeks of a referral to CAMHS.

154. The impact of waiting times for mental health services on children and young people was highlighted in many submissions. Social Work Scotland noted that "long delays" in accessing treatment can lead to "more entrenched difficulties" by the time a child or young person is able to access a service.

155. The impact of waiting times for mental health support was also the most commonly highlighted issue in the Committee's Your Priorities consultation . One individual stated:

> It is more important now than ever for people, especially young people, to be able to access mental health support services. Waiting times of 18 months is simply not good enough.

156. In its Programme for Government 2020-2021 , the Scottish Government acknowledged that, while investments have "helped to substantially increase the CAMHS and psychological therapies workforce", the "impact on performance has been slower and less comprehensive than expected and needed."

157. A lot of evidence submitted to the inquiry pointed to lengthy waiting times as an indicator of increasing demand from children and young people for mental health support and made the case that additional funding is needed to address this backlog. The written submission from the NSPCC stated:

> Increasing children's access to support at no threshold and funding CAMH services to cope with increased demand – already identified as urgent priorities pre-pandemic - is critical.

158. The need to ensure CAMH services can meet demand was also raised by Shelley Buckley from the Mental Health Foundation who argued:

> The big thing is to take the pressure off statutory services. At the moment, we have a real bottleneck in crisis services, whereby we are almost having to up-threshold or up-tariff families in order to get a service. That is a really big problem [6] .

159. The Minister for Mental Wellbeing and Social Care acknowledged the need to reduce CAMHS waiting times and waiting lists as a priority:

> We get fixated about the statistics, but all of this is about people and their families, and I recognise that this is a particularly stressful time for folk who are waiting. I want to ensure that we have a service whereby we reduce those times and those lists [7] .

160. Witnesses also highlighted the role other services could place in easing the pressure on the statutory services provided by CAMHS. Witnesses warned, however, that budget cuts have had an impact on the wider support system beyond CAMHS, making it more difficult for that system to help ease pressure on CAMHS. Joanne Smith from the NSPCC said:

> ...CAMHS is one element of a system of support around children and families, and we know that the wider support system has been undermined by cuts to local authority budgets. On behalf of the NSPCC, Susan Galloway carried out research that looked at the availability of family support provision in Scotland. The research was initially carried out in 2013 and revisited in 2020, and we saw a decline in availability in both the third sector and statutory services [8] .

161. The Committee heard evidence on the benefits of a specific early intervention tool, the Distress Brief Intervention (DBI) programme, and its potential to ease pressure on CAMHS. The programme was initially piloted over a 53-month period from November 2016 to March 2021. As part of its Programme for Government for 2020-21, the Scottish Government announced that the pilot programme would be further extended across Scotland for a transition period until 2024. The programme is open to 16 and 17-year-olds across the four pilot areas (Aberdeen, Inverness, Scottish Borders and North and South Lanarkshire) and the Committee was advised that the service is also now being piloted for under-16s. From 2024, it is expected to be fully embedded by NHS Boards across Scotland.

162. Sam March of the Association of Scottish Principal Educational Psychologists suggested DBI shows promise as an early intervention approach that could ease pressure on CAMHS but needed to be properly evaluated:

> Conversations that we have had suggest that DBIs can provide support, which is key, and prevent escalation to CAMHS. That service needs to be independently evaluated [9] .

163. Ministers acknowledged the important role wider services play in supporting the mental health of children and young people. The Minister for Public Health, Women's Health and Sport highlighted the role of both school nurses and the type of partnership working seen between SportScotland and the Scottish Association for Mental Health as an examplar in making a positive impact on the mental health of children and young people.

164. The Minister for Mental Wellbeing and Social Care also highlighted the importance of a preventative community based approach in reducing CAMHS waiting times. He cited Grampian as an example of good practice:

> If we look at CAMHS waiting times and lists, we see that Grampian has done fairly well even during the pandemic. A decade ago it was not in a good place, but it has modernised the service. It is much more community focused, with much more emphasis on helping folk in communities, and that has made a real difference [10] .

165. The Scottish Government has committed to invest £30 million in community mental health services. This was welcomed by witnesses but they also highlighted the importance of promoting these services effectively. Alex Cumming from the Scottish Association for Mental Health said:

> The big thing for me is how we are marketing and communicating on those services, particularly to the new colleagues in primary care..., because, if all those things are not connected, we will not make the best use of the resources [11] .

166. Notwithstanding recent investment to increase capacity, the Committee has heard extensive evidence of persistently long waiting lists to access CAMHS and the compounded negative impact this is having on the mental health of those children and young people affected.

167. The Committee recognises the turnaround in performance achieved by NHS Grampian with respect to CAMHS provision over the past ten years and would like to see this example of good practice replicated across all Health Board areas in Scotland.

168. Based on the evidence it has received, the Committee believes that, in the short term, there is an ongoing need to prioritise investment to further increase the capacity of CAMHS and reduce waiting times. At the same time, the Committee calls on the Scottish Government, in partnership with providers of mental health services, to continue to explore opportunities to expand the use of community mental health services, third party services and preventative programmes that will further ease pressure on CAMHS.

169. The Committee requests regular updates from the Scottish Government on progress in piloting the DBI programme with under-16s and, towards the end of the transition period, an overview of lessons learned from the pilot, its impact and what opportunities its wider roll-out offers to ease pressure on CAMHS.

Mental health workforce

170. The Committee received extensive evidence of the significant pressures currently facing the mental health workforce, including challenges with recruitment and retention and long term workforce planning and the impact this has had on the availability of and access to child and adolescent mental health services. Evidence also highlighted the impact the pandemic has had on the health and mental wellbeing of the mental health workforce itself.

171. Some organisations submitting evidence to the Committee highlighted in particular

the need for better integration across different segments of the mental health workforce. Dr Mairi Stark from the Royal College of Paediatrics and Child Health told the Committee:

> At the moment, CAMHS are separate from paediatrics, but perhaps they need to be joined up so that we can work closely together. We should look at what different bits can do so that we have a more unified service and better links with community services. Most paediatricians do not know what is available in the community for families. We need to join things up and we need single-point contacts in the community for people so that we can support families in a better and more robust way [12] .

172. Meanwhile, Glasgow City Health and Social Care Partnership identified ongoing recruitment challenges facing the mental health workforce including "particular pressures within the fields of Psychiatry, Psychology and Nursing" and problems with workforce development "due to the challenge of recruiting to supervisory roles".

173. The written submission from the British Psychological Society highlights the importance of having a "well-planned and sustainable mental health workforce to meet the needs of the Scottish population, children and adults alike". It concludes:

> Expanding and developing the psychological professions as an integral part of the public sector workforce should be a priority, as well as staff trained in psychological knowledge and skills or working within governance frameworks.

174. In April 2021, NHS Education for Scotland published a knowledge and skills framework for the Scottish mental health workforce which "sets out the levels of knowledge and skills required by staff, across agencies, to deliver wellbeing and mental health supports and interventions within the framework of Getting it right for every child (GIRFEC)."

175. Making reference to the framework, the written submission from Dr Josie Booth from the University of Edinburgh argues:

> Now that this framework exists, it is vital that we consider ways to ensure this knowledge and training is delivered across the whole Scottish workforce.

176. Published on 22 March 2022, the Scottish Government's National Workforce Strategy for Health and Social Care includes a commitment, "Following the refresh and re-focus [of] our Mental Health Strategy in 2022" to "develop a mental health workforce plan in the first half of this parliament".

177. While welcoming this commitment and acknowledging that the plan "creates the space for the staffing of CAMHS to be secured in the longer term", the written submission from RCPsychiS also argues:

> ...interventions are required now to ensure CAMHS and other settings are well staffed to meet the increased demand.

178. In its written submission, the Royal College of Speech and Language Therapists highlighted specific workforce challenges for this segment of the mental health workforce, citing "very significant workforce challenges for the profession in Scotland, particularly related to underfunding for posts and significant lack of graduates."

179. Social Work Scotland highlights similar challenges facing the mental health officer (MHO) workforce. Its written submission states:

> Social Work Scotland welcome the recent short term investment in MHO workforce from Scottish Government, but would note that the skills and experiences of a social worker are needed to fill the gaps of those MHOs leaving the profession. To effectively support critical and enduring mental health in the future, in line with legislation, we need to invest in social work workforce.

180. NHS Ayrshire and Arran draws attention in its written submission to the significant impact sustained high demand for CAMHS has had on the mental health workforce:

> ...the workforce across children's health and social care services is being stretched very thinly as demand exceeds resource. This in turn places increased stress on staff members, which in turn leads to sickness absence and further pressure on colleagues and services as a whole.

181. The written submission from COSLA makes the link between workforce pressures and the need for suitable levels of investment in the current and future mental health workforce:

> Services that support children and young people are subject to high demand and there are often challenges in recruitment and workforce capacity. Resolving these issues will require adequate resourcing to allow for long-term planning.

182. Giving evidence to the inquiry, the Minister for Mental Wellbeing and Social Care acknowledged the need to do more to break down barriers to greater diversity in the mental health workforce and to encourage a more diverse range of candidates to consider a career in school counselling and other mental health services:

> We have a job of work to do to ensure that we have the right mental health workforce for the future. That includes looking at the entry into the profession. It also includes getting the educational elements of this right and allowing folks to follow the career pathways that they may wish. We have some work to do there, but if we are truly serious about getting mental health services right and fit for the future—which I am—we need to recognise that we need more diverse folk in the profession [13] .

183. The Committee acknowledges ongoing challenges with building capacity within Scotland's mental health workforce and the urgent need to increase workforce capacity in CAMHS in light of current lengthy waiting lists.

184. The Committee highlights evidence submitted to the inquiry which makes the case for improved integration of the mental health workforce across multiple disciplines to optimise workforce capacity and reduce pressure on CAMHS. It suggests this approach should be a key consideration in developing the new mental health workforce plan, which has been promised in the first half of the current session of the Parliament.

185. At the same time, the Committee would argue that the urgent need to increase

CAMHS workforce capacity cannot wait for the new mental health workforce plan as currently timetabled.

186. The Committee therefore calls on the Scottish Government either to accelerate this timetable or to set out a separate short term action plan to expand the CAMHS workforce to meet existing high demand for these services.

187. The Committee acknowledges the significant time it takes to train competent mental health professionals who are accredited and qualified to professionally accepted levels. At the same time, as part of future workforce planning, the Committee believes that the Scottish Government must also prioritise training of the mental health workforce in line with the NES knowledge and skills framework and consider strategies for actively encouraging greater diversity in recruitment of mental health professionals.

Stigma

188. A number of written submissions to the inquiry highlight stigma as a key barrier to some children and young people seeking support with their mental health. Written evidence from the Association of Scottish Principal Educational Psychologists suggests that, while children and young people might be increasingly comfortable talking about mental health in general, this does not necessarily translate to talking about their own mental health, particularly for boys. The evidences says that children and young people:

> ...may feel anxious, shy or embarrassed. Gender differences also exist in help-seeking behaviour. This shows up in disproportionate engagement with counselling type services, which tend to have around two thirds of referrals or more from girls.

189. See Me is Scotland's national programme to end mental health stigma and discrimination. Its written submission describes its work with young people as being undertaken "in collaboration with our team of Youth Champions: volunteers aged 16-25 with experience of mental health problems, who work with us on an ongoing, equal-stakes basis to co-produce and design research, campaigns, anti-stigma approaches, tools and resources, and policy". As detailed in its written submission, See Me has undertaken extensive work to tackle mental health-related stigma in schools as well as providing resources to support youth workers.

190. See Me's written submission goes on to describe the challenge of addressing stigma around mental health of children and young people:

> Mental health is part of everyone’s day to day life: it affects all of us. But there is still a stigma around it. To tackle this properly we need children and young people to understand that it is okay not to be okay and you can talk about it. We need to create a culture where no one, whatever their age, has their experiences belittled or is treated in a condescending way.

191. Several pieces of evidence suggested that the ability to access help and support

through existing networks such as schools or youth workers could help reduce stigma around seeking this support. The Mental Health Foundation argues that the Scottish Government should embed Mental Health Education (MHE) within the Curriculum for Excellence, concluding:

> Emerging evidence supports the effectiveness of school based MHE in reducing stigma and promoting children's mental health literacy , help-seeking attitudes, resilience, and emotional wellbeing.

192. The role of families in supporting children and young people with their mental health was also highlighted. NHS Ayrshire and Arran emphasised the importance of a whole family approach towards supporting children and young people with their mental health since there can be:

> ...stigma within families around acknowledging mental ill-health and a lack of understanding around what we can do to keep mentally well.

193. Witnesses also highlighted the importance of language in tackling stigma. Heather Connolly from the British Psychological Society told the Committee:

> ...the language that we use is so important. When we are thinking about a multi-agency whole-system approach, we all need to use the same language when engaging with children and young people in the services to reduce that stigmatisation...
>
> If children and young people feel stigmatised, that impacts on their basic need to feel safe and secure. If we lose those basic psychological principles, we will find it really hard to engage people in our services again. [14]

194. While welcoming the work of See Me, the Minister for Mental Wellbeing and Social Care acknowledged "we still have a way to go" in tackling stigma around mental health. He also highlighted the specific issue of self-harm and expressed his hope that a cross-party agreement on a self-harm strategy could be reached.

195. The Committee recognises the important role of See Me as Scotland's national programme to end mental health stigma and discrimination and commends the work it has done to date.

196. The Committee again acknowledges the positive impact the Scottish Government's commitment to roll out school counsellors to every secondary school in Scotland will have in reducing stigma around mental health.

197. The Committee highlights evidence submitted to the inquiry that embedding Mental Health Education into the curriculum would also make an important contribution to reducing mental health stigma and to encouraging children and young people to be more open about their mental health.

198. The Committee also welcomes cross-party efforts in the Parliament to reach agreement on taking forward a self-harm strategy that would help to reduce stigma around mental health issues arising from self-harm.

Eating disorder

199. A number of submissions to the inquiry highlighted a recent rise in demand from children and young people for support with eating disorders and the negative impact anti-obesity messaging and policies can have on children and young people living with eating disorders.

200. Eating disorder charity Beat recounted the experience of a person with lived experience of an eating disorder who said:

> Encouragement of calorie counting and fear of obesity in public campaigns was the main source of the beginning of my eating disorder. As someone growing up with a perfectionist mindset, it truly made the fuel behind the fire worse.

201. Beat also highlights evidence published in the Lancet which suggests public health messaging during the pandemic, coupled with "the rhetoric around the individual responsibility for weight loss" has aggravated negative behaviour of people with established eating disorders and increased "the risk of eating disorders developing in the general population".

202. Beat notes that there was already high demand for eating disorder treatment in Scotland prior to the pandemic and that this has placed CAMHS under further strain. It concludes:

> Eating disorder referrals for children and young people have tripled from 2018/19 to 2020/21.

203. Beat's written submission calls on the Scottish Government, as an immediate priority, to implement the recommendations of the 2021 Scottish Eating Disorder Services Review. It requests that this include the development and publication of:

> ...a fully funded and co-produced implementation plan, complete with timescales for the achievement of key milestones.

204. The Committee calls on the Scottish Government, in responding to this report, to outline what it is doing to respond to the recommendations of the National Review of Eating Disorder Services including details of any funding it is putting in place to support their implementation

Mental health of girls and young women

205. A number of written submissions note particular concerns over the mental health of young women and girls. The written submission from the Association of Scottish Principal Educational Psychologists identifies "a recognisable downward trend" in the mental health of children and young people in Scotland but goes on to highlight:

> Within this, the mental health of girls is overall judged as worse than boys, and the mental health of adolescent girls is particularly poor.

206. Evidence from NHS Grampian echoes this point and suggests possible underlying

causes of this disparity could be:

> Issues of body image and intense sexualisation of girls are impacting upon their wellbeing as seen in issues such as harmful aspects of social media, sexual bullying, revenge pornography etc.

It adds:

> However, these aspects should not be seen in isolation from broader gender inequities in society from which women by far suffer the greatest consequences.

207. Sexual harassment and abuse, social media use and body image concerns were areas highlighted by other witnesses as possible causes for the particular challenges young women and girls face with their mental health.

208. The Minister for Mental Wellbeing and Social Care highlighted the work of the Advisory Group on Healthy Body Image, which published its recommendation in March 2020. The report [56] has nine recommendations to improve body image among young people in Scotland.

209. The Minister for Public Health, Women's Health and Sport highlighted the important link between mental health and physical health of young women and girls:

> One of the reasons why women suffer health inequalities is the reduction in sport and physical activity. Before puberty the levels of sport and physical activity among children are pretty similar for boys and girls, but after puberty young women are less likely to participate and less likely to exercise. That has an impact on their physical health and, of course, on their mental health [15] .

210. The Minister went on to outline a number of actions the Scottish Government is pursuing to tackle the issue. As well as committing itself to double investment in sport and active living to £100 million by the end of the Parliament session, she highlighted another area where the Scottish Government is taking action:

> We are looking at things such as sports sponsorship to try to ensure that women's sport is supported equally with men's sport. We are hoping to hold a summit about media coverage of women's sport. One of the challenges is the focus on men's sport. We all know that you cannot be what you cannot see, so one of the reasons why young girls stop participating in sport is that they do not see it reflected in the world around them. We have some ideas on how to do that [16] .

211. The Committee has been concerned by evidence that, overall, the mental health of girls, particularly adolescent girls, is particularly poor and is deteriorating.

212. The Committee recognises that the mental health of girls can be vastly improved by encouraging participation in sport and physical activity.

213. The Committee believes the evidence it has received highlights the need for a concerted strategy to tackle poor mental health amongst girls and that this should focus, amongst other things, on addressing issues around body image.

214. The Committee also believes there should be a concerted effort to tackle sexual harassment and abuse of girls with a focus on addressing male behaviours.

215. The Committee calls on the Scottish Government, in responding to this report, to outline what progress it has made towards meeting the nine recommendations set out in report from the Advisory Group on Healthy Body Image for Young People and any areas where further progress is still needed.

Mental health service standards

216. While giving evidence to the inquiry, the Minister for Mental Wellbeing and Social Care acknowledged that, with particular reference to the treatment of LGBT young people, the standard of mental health services is not consistent across the country:

> ...I think that we do very well in those places where services listen to young folks with lived experience, where there is that communication, collaboration and co-operation. That does not work so well for others, I have to say. That is one of the reasons why we have put in place the child and adolescent mental health service standards that we have. There is work to do there, without a doubt, and we need to have young folk at the very heart of shaping those services in the future [17] .

217. The Scottish Government published a national service specification for Child and Adolescent Mental Health Services in February 2020. This sets out 7 minimum service standards under the following headings:

1. High Quality Care And Support That Is Right For Me
2. I Am Fully Involved In The Decisions About My Care
3. High Quality Interventions And Treatment That Are Right For Me
4. My Rights Are Acknowledged, Respected And Delivered
5. I Am Fully Involved In Planning And Agreeing My Transitions
6. We Fully Involve Children, Young People And Their Families And Carers
7. I Have Confidence In The Staff Who Support Me

218. In responding to this report, the Committee requests that the Scottish Government provide an update on progress towards fulfilling the seven minimum service standards set out in the national service specification for Child and Adolescent Mental Health Services, including any areas where those services are falling substantially short of meeting those standards.

The impact of poverty and inequality on health and wellbeing

219. During the oral evidence sessions, poverty and inequality were frequently raised as a main issue affecting the health and wellbeing of children. Heather Connolly of the British Psychological Society concluded:

> ...the biggest issue is child poverty...
>
> Tackling child poverty and poverty in general is very important, because poverty sits in the middle of all the wider determinants that impact our health and wellbeing. Not having the ability to access stuff and having the stress and burden of worrying about financial difficulties impacts on all our health and wellbeing [18] .

220. During oral evidence, Helen Happer from the Care Inspectorate highlighted the huge negative impact of poverty on levels of health inequality:

> We know that health inequalities in Scotland are huge and that, when children experience poverty and disadvantage from an early age, their health—not just their mental health but their physical health—is blighted. Some structural things really need to happen to address poverty and disadvantage for children and young people [19] .

221. Certain witnesses also expressed their view that the UK Government's decision to bring an end to the uplift in universal credit provided to families during the pandemic has exacerbated child poverty. Mary Glasgow from Children 1st told the Committee:

> The cut to universal credit has made a huge and significant difference. It has not only made a material difference to the amount of money in people's pockets, but has sent a message to children, young people and families about how society views their needs...
>
> The way the money was withdrawn was brutal and unfair and has had a huge impact on the children and families whom we support—not only practically and financially, but emotionally. [20]

222. Witnesses also emphasised that, at its most basic, poverty in families is a lack of disposable income. Mary Glasgow from Children 1st told the Committee:

> They simply do not have enough money in their pockets to manage a decent standard of living. We need to get money into the hands of children and families quickly. [21]

223. Whilst poverty and inequality can result in many obvious detriments such as lack of food or heating, the Committee heard of many much wider ranging negative impacts. In its written submission, the Royal College of Paediatrics and Child Health (RCPCH) set out the broad range of those impacts:

> ...poverty is a huge challenge to the health and wellbeing of young people and dominating factor in so many other areas of life...its potentially adverse effects on children's biological, social, cognitive and emotional development.

224. Heather Connolly from the British Psychological Society summed up the sense of urgency many of the Committee's witnesses felt when addressing the issue of tackling poverty. She warned that a failure to tackle poverty would have a knock-on impact on the use of services that support the health and wellbeing of children and young people:

> If we do not target poverty and child poverty, all the other money that we are spending on services and early interventions will not work as well. People will not be able to engage with those services, because they will still be too worried about getting food on the table or getting clothes for their kids in order that they can go to school. They will not feel safe and secure or a sense of hope that things will get better; therefore, they will be unlikely to engage with services or professionals.
>
> We need to consider that issue. There is no point in having all the other interventions without the cornerstone of supporting people and meeting their basic needs—including their basic psychological needs—to enable them to thrive and flourish [22] .

225. The Committee heard evidence that the pandemic has exacerbated issues with poverty. Professor Hazel Borland from NHS Ayrshire and Arran described Covid as "a disease of deprivation and poverty". She added:

> If someone was already on that journey and in that sphere, unfortunately, Covid will have exacerbated the situation beyond all belief. Prior to the Covid pandemic, child poverty levels were forecast to increase significantly, with relative poverty reaching 38 per cent by 2027-28. We have a short timeframe in which to make a difference, and the pandemic has brought the issue into sharp focus [23] .

226. Heather Connolly from the British Psychological Society highlighted reduced opportunities for social interaction brought about by the pandemic and in particular the closure of schools and nurseries, arguing:

> That inability to engage has impacted harder on the children and young people who have the most health inequalities and are in most poverty [24] .

227. Opportunities for interaction also featured in evidence from CELCIS with a focus on digital engagement. Their written submission states:

> The 'digital divide' exacerbates inequalities and risks fundamentally denying access to services, support and networks, all of which have a direct impact on health and wellbeing – from information and signposting to support, to GP appointments.

It concludes:

> There have been a range of positive practices from Scottish Government, local authorities, further education and the third sector to address this, however with more health and care services operating remotely, online and in the future, this issue requires sustained attention going forward.

228. The Committee has heard worrying evidence that the existing damage caused by poverty to children and young people's health and wellbeing has been made worse by the pandemic.

229. As covered in further detail later in this report, the Committee also notes the growing impact the current cost of living crisis is having on poverty and that this situation has worsened considerably since the inquiry took evidence earlier this year.

230. The Committee calls on the Scottish Government to further prioritise spending to mitigate the adverse impact of poverty on the health and wellbeing of children and young people.

Poverty and mental health

231. The Committee heard from many stakeholders and witnesses that poverty is one of the main drivers for poor mental health amongst children and young people. The Scottish Government also supports this view with the Minister for Mental Health noting during oral evidence that: "Poverty is the main driver of mental ill health".

232. Evidence provided to the Committee suggests that the wider impact of poverty on parents and the rest of the family is a key contributing factor to poor mental wellbeing of children and young people. Professor Hazel Borland of NHS Ayrshire and Arran argued that it is impossible to look at the mental health of children and young people in isolation. She noted the impact of parental mental ill health, stress and distress on children and young people, and the need to:

> ...ensure that we support families. The question of how we do that brings us back to the subject of poverty [25] .

233. A number of witness highlighted that poverty could both cause stress and anxiety within families and also, as set out in evidence from SAMH, “make it more difficult for children and their parent to identify mental health problems and access appropriate help.”

234. The stigma of poverty itself was also noted as something which could have a negative impact on families. Professor Hazel Borland from NHS Ayrshire and Arran told the Committee:

> Poverty is incredibly stigmatising for families because it reduces choice. It reduces options and means that a child, young person or family cannot say yes to things that they might want to say yes to. Therefore, their world becomes much narrower, which can ultimately create incredible stigma around them. That can affect how they feel about themselves and how others perceive them [26] .

235. One specific issue raised in relation to the pandemic was bereavement. The Mental Health Foundation also points to evidence that children and young people from disadvantaged backgrounds are significantly more likely to have been exposed to bereavement during the pandemic, further impacting negatively on their mental health:

> The National Records of Scotland found that for deaths caused by COVID-19, the figure for Scotland's least-affluent communities was 2.4 times the rate of those in the most-affluent communities.
>
> Differential death rates caused by COVID-19 between socioeconomic groups means that children and young people from Scotland's most deprived communities are most at-risk of experiencing bereavement and the long-term negative impact that this has on their mental health.

236. From the evidence submitted to the inquiry, the Committee has concluded that children and young people living in poverty are significantly more likely to have poor mental health. The Committee is clear in its view that this is because of the impact poverty has on family relationships, because their parents are anxious and stressed or they are unable to feel safe and secure. They may also experience stigma and shame from living in poverty. During the pandemic, children and young people living in poverty are also statistically more likely to have suffered bereavement within their family or local community.

Poverty and physical health

237. Poor mental health is just one effect of poverty and inequality on children and young people. The Committee also heard substantial evidence about the impact of poverty on physical health, particularly around nutrition, obesity and access to and participation in physical activity.

238. One of the six public health priorities for Scotland is "A Scotland where we eat well, have a healthy weight and are physically active". However, data released on 14 December 2021 by Public Health Scotland showed that between 2019/20 and 2020/21 there has been a marked increase in the overall proportion of Primary 1 children (those aged around 5 years old) who are at risk of being overweight or obese - rising from 23% in previous years to 29.5% this year.

239. Obesity Action Scotland noted in a blog that the inequalities gap in the BMI of Primary 1 children has been widening since records began and this is particularly the case in relation to those categorised as obese. The blog states:

> "While children living in the most deprived areas of Scotland are more likely to be at risk of overweight than children in the least deprived areas (14% vs 11%, respectively), they are *much more* likely to be at risk of obesity (13.3% vs 6.4% respectively); in fact, their risk of obesity more than doubles."

240. Dr. Laura Shapiro and Prof. Claire Farrow of Aston University highlighted in their written submission that there are "multiple and complex reasons for health

inequalities around diet and obesity. Unhealthy foods are cheaper and marketed aggressively, particularly in areas of greater deprivation (Food Standards Scotland, 2018) and at the household level families from more deprived areas are less likely to bring healthy foods such as fruit and vegetables into the home, despite the availability of low-cost options".

241. At the same time, many children and young people living in poverty will not be eating enough as families struggle to provide. Barnardo's Scotland gave some examples of the impact of poverty on families in written evidence. These examples included "…children not having enough food to eat. A lot of children talking about being hungry and on a regular basis".

242. In reference to the work being undertaken by writer Jack Monroe to document rising prices in supermarkets, shrinking product sizes and the reduction in value ranges, the Cabinet Secretary for Social Justice, Housing and Local Government was asked what conversations the Scottish Government is having with the retail sector about the impact of the reduction in value ranges, in particular on the cost of living among lower-income families. The Cabinet Secretary responded:

> On food costs, we have been supporting a number of initiatives on food poverty. We have been trying to take a cash-first approach in supporting people. The food banks have done an amazing job, and those who run them have been supporting our strategy towards a cash-first approach, which has become very important in the current climate.
>
> You are right that retailers have a responsibility, too. The profits of the supermarkets increased substantially during the pandemic, whereas that was not the case for other sectors. I would certainly call on them to do what they can to recognise that people are going to struggle to afford the increased prices of their food products. They have an important role to play [27] .

243. As well as issues around access to nutritious food, the Committee heard that poverty creates additional barriers for children and young people when it comes to participating in sport and physical activity and that this can have an impact on their physical health. The Royal College of Occupational Therapists noted that children can struggle to gain access to green spaces, outdoor activities and leisure facilities as a result of poverty because they cannot afford entrance fees or travel costs.

244. The written submission from the Observatory for Sport in Scotland highlights rising inequality of access to sport and physical activity with those children and young people living in poverty facing barriers to access and being less physically active as a consequence:

> Levels of general sport activity have been reducing in Scotland from 11 years old upwards across less affluent areas across the past two decades. Activity has changed, shifting from streets and local parks into facilities. At the same time, investment in community sport, leisure and recreation has been on a steady annual decline since the start of the 21st Century in Scotland. A third impact has come in education where school sport has witnessed a gap develop between state school and independent school provision.

245. During a recent evidence session on sport and physical activity, the Committee heard that a reduction in sport and physical activity from age 11 upwards

disproportionately affects those from more disadvantaged backgrounds as well as girls and disabled children and young people.

246. Witnesses suggested a range of possible solutions to the issue of poor physical health of children and young people living in poverty. Suzanne Shields from the Royal College of Occupational Therapists argued children and families should be given free access to physical and leisure activities and concluded:

> Let us give children and young people somewhere to play, to have fun and to thrive with support... [28]

247. While giving oral evidence to the Committee, the Minister for Public Health, Women's Health and Sport highlighted data collected by the Scottish Government which demonstrates a clear connection between poverty and childhood obesity:

> We have collected data that shows us the inequality gap, so we can see quite clearly that obesity is more of a problem in more deprived areas. It is a poverty issue—it is related to the level of poverty in the family and in the community as much as anything else [29] .

248. Asked how resources could be targeted towards more deprived communities to improve access to sport and physical activity for children and young people in those communities, the Minister for Mental Health and Wellbeing suggested that local authorities could look at targeting some funding for local mental health services towards sporting activities that support children's wellbeing. The Minister gave one specific example:

> ...one of the investments that East Ayrshire Council has made is in its vibrant communities project, which includes multidisciplinary community sport support, including sports coaches, for example. There is flexibility in that resource [30] .

249. The Committee has been concerned to hear evidence that children living in the most deprived communities in Scotland are at much higher risk of obesity and poor nutrition as well as being less likely to do regular sport or physical activity.

250. The Committee calls on the Scottish Government to work with local authorities to ensure all available opportunities are used to make healthy foods more affordable and available for families living in poverty.

251. The Committee calls on the Scottish Government to collect and share best practice on flexible use of funding for local mental health services towards improving access to sport and physical activity for children and young people living in poverty. This should include action to address existing barriers to accessing sport and physical activity across local authority boundaries.

252. The Committee also calls on the Scottish Government to make every effort to ensure additional funding committed over the course of this Parliament is channelled towards breaking down barriers to accessing sport and physical activity for children and young people living in poverty.

Disadvantaged groups and health

253. Alongside evidence about the impact of poverty on health and wellbeing for children and young people, the Committee also heard about specific impacts on health and wellbeing of children and young people from disadvantaged groups.

254. These disadvantaged groups can include children and young people from minority ethnic backgrounds, care-experienced children and young people and young carers, children and young people with a disability or who are neurodiverse as well as those from the LGBT+ community.

255. The Committee heard about specific issues affecting the health and wellbeing of children and young people from minority ethnic backgrounds.

256. Mary Glasgow from Children 1st reported seeing growing inequality for children and families with additional support needs such as mental health needs and disability. She noted:

> That is particularly the case for black children and families or families of colour, whose needs must be better represented and understood [31] .

257. Direct racial discrimination can be one factor affecting the health and wellbeing of minority ethnic children and young people. The written submission from the Mental Health Foundation highlighted the impact ethnic identity and exposure to racial discrimination can have on children and young people from minority ethnic backgrounds:

> Racial discrimination can have a negative impact on the mental health of minority ethnic children and young people, increasing their risk of experiencing anxiety and depression and decreasing their feelings of self-esteem and self-worth. Having a strong ethnic identity – that is, feeling a sense of belonging to one's ethnicity – may help to offset the negative effects of discrimination, though this varies across race and ethnicity.

258. There can also be other ways that children and young people from minority ethnic backgrounds face challenges to their health and wellbeing. A number of written submissions to the inquiry highlighted the reality that, alongside other disadvantaged groups, children and young people from ethnic minority groups are more likely to experience poverty, are therefore more likely to have their health and wellbeing negatively affected by that experience with a knock-on impact on the health and wellbeing support they need.

259. Many written submissions also highlighted evidence that the pandemic has had a disproportionately negative effect on children and young people from minority ethnic backgrounds. Some submissions also raised concerns around evidence that there has been a comparatively lower uptake in Covid vaccines in certain minority ethnic communities than in the population as a whole.

260. Shelley Buckley from the Mental Health Foundation highlighted the importance of demonstrating cultural sensitivity when developing and providing services. She told the Committee:

> The language that we currently use around mental health and wellbeing is westernised and culturally fixed in our United Kingdom communities and culture. We are doing some research and project work with young refugees. We are having to strip the language right back, because even the term "mental health" does not translate. From my perspective and that of, say, a young Vietnamese person, the way in which we articulate how we treat, assess and understand mental health is completely different [32] .

261. The Committee acknowledges that children and young people from minority ethnic backgrounds will have suffered particularly negative impacts on their health and wellbeing during the course of the pandemic.

262. At the same time, the Committee also acknowledges that, even prior to the pandemic, children and young people from minority ethnic backgrounds will have suffered particularly negative impacts on their health and wellbeing as a result of racial discrimination, a lack of cultural understanding by service providers and an increased likelihood of living in poverty.

263. In responding to this report, the Committee calls on the Scottish Government to set out how it intends to address these issues with the aim of improving health and wellbeing outcomes for children and young people from minority ethnic backgrounds.

264. The Committee also believes that the cumulative impacts experienced by those children and young people simultaneously affected by multiple disadvantages needs to be directly addressed in future policy development.

265. Many submissions to the inquiry raised the particular challenges disabled children and young people face with their health and wellbeing during their day-to-day lives as well as highlighting the particularly negative impact the pandemic has had on their health and wellbeing.

266. The written submission from the University of Edinburgh about the Road to Recovery project focuses on the needs of children and young people with intellectual disabilities and outlines the difficulties this group faces in accessing services.

267. The Committee also heard evidence of the particular challenges faced by neurodiverse children and young people in accessing assessments and support. Dr Mairi Stark from the Royal College of Paediatrics and Child Health told the Committee:

> Neurodiversity is a big issue. We need to have much more rapid assessments for young people and children, and then we need to provide school supports. [33]

268. Difficulty in accessing support could have an impact on children and young people in terms of both their own care and care for others in the family. Susie Fitton from Inclusion Scotland said:

> We found evidence of very concerning situations, in which children's and young people's mental health had been directly impacted because their own social care support had been stopped or reduced, or the social care support on which their parent or parents relied had been suddenly reduced [34] .

269. Susie Fitton also told the Committee:

> Disabled children and young people are more likely to experience social deprivation, social isolation and digital exclusion and to have poor mental health as a result. Children and adolescents with learning disabilities are over six times more likely to have a diagnosable mental illness or psychiatric disorder than children who do not have a learning disability, so timely access to child and adolescent mental health services is extremely important for disabled children and young people.
>
> ...
>
> Disabled parents and disabled children and young people are much more likely to be living in poverty, and we need to address the poverty that is experienced by children in families with disability. [35]

270. In its submission , Inclusion Scotland draws attention to the impact of the pandemic on disabled children. It argues that, due to the loss of essential services and educational support for disabled children and their parents:

> ...there will be many disabled children and young people left traumatised by their experiences during the pandemic and who will require long-term mental health support to deal with this.

271. Social Work Scotland also highlighted the additional pressure the pandemic has placed on the mental health of the parents of disabled children and young people. As evidence of the significant impact this has had, its submission notes that, in one local authority area, three quarters of care packages provided to young people with disabilities contained aspects related to the poor mental health of parents while, in another local authority area, there had been a 62% increase in children moving into residential school/care "due to their parents no longer being able to manager their care".

272. Jacquie Pepper from Social Work Scotland added that the impact of this experience is continuing to be felt as we move into the recovery phase of the pandemic:

> We are seeing a link to poor mental health in parents of children with disabilities because their packages of care have been withdrawn or they have withdrawn themselves from such support, with the result that they have become more isolated. Although those services are beginning to be reintroduced, they are tired and are still experiencing the distress of everything that they have experienced over the past 18 months [36] .

273. The Committee notes with concern the particular impact the pandemic has had on the health and wellbeing of disabled children and young people as a result of

increased social isolation and digital exclusion as well as increased difficulties accessing medicines and health and wellbeing support. The Committee is equally concerned that many disabled children and young people are continuing to experience barriers to accessing opportunities for social interaction and to improve their health and wellbeing as pandemic-related restrictions are being lifted.

274. The Committee also recognises the higher than average likelihood that disabled children and young people will be living in families experiencing poverty and social deprivation.

275. The Committee believes that addressing these impacts and supporting the health and wellbeing of disabled children and young people will need to be a long-term focus for the Scottish Government and service providers.

Tackling poverty

276. The Child Poverty Action Group defines child poverty as growing up in a family without the resources to "obtain the type of diet, participate in the activities and have the living conditions and amenities" which are the norm in Scotland today. Further information on Child Poverty in Scotland can be found in a recently published SPICe blog.

277. The Child Poverty (Scotland) Act 2017 set statutory targets for poverty reduction. These are set out in table 1 below together with the most recent data. Due to data quality issues, only the persistent child poverty estimate was updated in March 2022. The data set out in this table is therefore for the most recent period for which full data was provided (2019-2020).

Table 1: Child poverty targets and latest data

	Latest (2019-20)	Interim Target (2023-24)	Final Target (2030-31)
Relative poverty	26%	18%	10%
Absolute Poverty	23%	14%	5%
Low income and material deprivation	12%	8%	5%
Persistent poverty	16% (2015-19)	8%	5%

Scottish Government Child poverty update 2021

278. The 2017 Act requires the Scottish Government to publish Child Poverty delivery plans and report annually on progress. The first plan ran from 2018-2022 and focuses on the following areas of action:

- Increasing income – particularly through social security
- Reducing household costs – e.g. free early learning and childcare
- Increasing earnings from employment – e.g. through public sector pay policy
- and providing childcare so that parents can work. (Setting the national minimum wage is reserved)

279. Giving evidence to the inquiry, the Cabinet Secretary for Social Justice, Housing and Local Government described how the Scottish Government has looked at how it can support the six priority family types identified in the first Delivery Plan. She noted that these six family types account for around 90 per cent of all children in poverty in Scotland and concluded:

> ...if we can do better by those families and come up with solutions that are going to work for them, we can dig deep into child poverty [37] .

280. The Cabinet Secretary also highlighted the need to acknowledge the difference challenges that families in the six family types identified in the Delivery Plan would face. She told the Committee:

> We have published a series of evidence reviews alongside our first three annual child poverty progress reports. One of those is on lone parents, one is on black, Asian and minority ethnic families and one is on disability. We should not take a one-size-fits-all approach. I mentioned having more bespoke solutions for families. Each family is different, and those with different protected characteristics clearly face further challenges [38] .

281. The Cabinet Secretary for Social Justice, Housing and Local Government also told the Committee:

> Across the life of our first tackling child poverty delivery plan, we have strengthened the financial support that is available for low-income families across the early years. That includes support through our package of five family benefits, including the best start grant, best start foods and the Scottish child payment. That package will be further strengthened from April with the doubling of the Scottish child payment to £20 per week per child [39] .

282. In a written briefing to the Social Justice and Social Security Committee, the Poverty and Inequality Commission concluded with the following comments about the prospects of the Scottish Government meetings its targets for tackling child poverty:

> If the assumptions in the Scottish Government's modelling broadly hold true, Scotland will be in a position of only just reaching the interim 23/24 target for relative child poverty, and failing to reach it in the case of absolute child poverty. There will be more substantial reductions required, particularly in the case of absolute poverty, in order to reach the final 30/31 targets. This would be at the same time as the SG assessment suggests the effect of the policy packages contained in the Delivery Plan will have begun to slow down in terms of the degree to which they reduce child poverty. This projected tapering off of impact is something that needs to be planned for now, not in 2026 when the next Delivery Plan is due.

283. Giving oral evidence to the Social Justice and Social Security Committee on 21 April 2022, Bill Scott from the Poverty and Inequality Commission commented:

> There is a real danger if we trumpet from the rooftops that the relative poverty target has been achieved while forgetting the other targets. The material deprivation target is the one that will be missed, and probably by quite a large margin...
>
> If the rise in energy prices and food costs continues, as well as the even greater rises that are predicted because of the war in Ukraine, the impact on those families will be severe—real destitution will occur.
>
> ...
>
> There will be a real dissonance between people's lived experience, which will tell them that things are much worse, and the official figures that tell them that poverty is falling... We might just hit the target or just miss it, but poverty is deepening for real people at the sharp end. We will probably see people living in poverty for longer. That will have a lifelong impact on those children's health and attainment. [40]

284. While arguing that the Scottish Government has made good progress in implementing the first delivery plan, the Cabinet Secretary acknowledged to the inquiry the need to give the next delivery plan far greater cross-Government focus, advising:

> We cannot tackle child poverty through social security alone [41] .

285. At the same time, the Cabinet Secretary also highlighted ongoing challenges with achieving the Scottish Government's child poverty targets:

> ...we are looking at every possible way in which we can make the interim targets achievable. That is against a challenging backdrop in which cost-of-living pressures are building and in which the £20 a week cut to universal credit—the uplift had been given during the pandemic—is causing problems. We are doing absolutely everything that we can, but I cannot overestimate how difficult the backdrop is. [42]

286. In a letter to the Social Justice and Social Security Committee in October 2021, the Cabinet Secretary for Social Justice, Housing and Local Government outlined Scottish Government plans to start consultation on the second Tackling Child Poverty Delivery Plan covering the period 2022-2026.

287. In its response to the Cabinet Secretary, the Social Justice and Social Security Committee recommended that the new delivery plan "should set out clearly how the Scottish Government plans to reduce child poverty and meet the statutory targets". It also requested that the Scottish Child Payment (SCP) be doubled as soon as possible.

288. SCP is a top up for families on low income benefits such as Universal Credit. It started in February 2021 and is currently £10 per week for each child under six in qualifying families. The Scottish Government has now confirmed this will increase to £20 per week in April 2022, will extend to children under 16 in December 2022 and will increase to £25 per week by the end of 2022.

289. On 24 March 2022, the Scottish Government published its second Tackling Child Poverty Delivery Plan, covering the period 2022-2026. The new Delivery Plan concludes:

> Taken together, with our actions to date combined with those set out in this plan, we anticipate that around 17% of children will live in relative poverty in 2023, with more than 60,000 fewer children living in poverty than when the Child Poverty (Scotland) Act was passed in 2017. Crucially, these actions also set us on a clear path to deliver the final targets in 2030.

290. The Cabinet Secretary told the Committee that supporting low-income families has been a key priority for the Scottish Government throughout the period of the pandemic:

> In 2020-21, we invested about £2.5 billion in supporting low-income households, and nearly £1 billion of that investment went directly to supporting children. In 2022-23, we are committing more than £3.9 billion in benefit expenditure, which will provide support to more than 1 million people. I note that that is more than £360 million above the level of funding that we received from the UK Government through block-grant adjustments. We have found money outwith that funding to put into benefit expenditure. We have had to make difficult choices, but trying to put as much money as possible into people's pockets at the moment is important [43] .

291. One of the interventions highlighted by the Minister for Children and Young People as a means of tackling child poverty was the expansion of free early learning and childcare. She noted:

> ...commitments include expanding the childcare offer by considering wraparound childcare, out-of-school childcare and holiday childcare. That will provide families with some of the support that is necessary to enable them to access services, education and work opportunities that will alleviate the poverty in which they find themselves [44] .

292. The Committee has been struck by the volume of evidence it has received showing the overriding impact poverty and deprivation has on the health and wellbeing of children and young people. This evidence demonstrates that tackling poverty has to be at the heart of an effective strategy to improve the health and wellbeing of children and young people.

293. The Committee has been concerned to hear evidence that, irrespective of concerted action to tackle child poverty and to ensure interim and final targets on child poverty are met, rates of material deprivation are expected to continue to increase as a result of the current cost of living crisis.

294. The Committee is particularly concerned that the impacts of the pandemic and the current cost of living crisis will make those targets substantially harder to meet and that this will have a negative impact on the health and wellbeing of children and young people currently living in poverty. Even if certain of these targets are technically met, evidence suggests that, without additional action, children and young people's experience of poverty on the ground and the

negative impact on their health and wellbeing are likely to continue to intensify in line with the intensifying impact of the cost of living crisis.

295. In responding to this report, the Committee calls on the Scottish Government to set out in greater detail how the new Child Poverty Delivery Plan will contribute to improving the health and wellbeing of children and young people currently living in poverty and how it will measure success against this parameter.

296. In an effort to tackle poverty, Mary Glasgow of Children 1st made a case for improved access to money advice services in deprived communities. She told the Committee:

> We need community-based, trauma-responsive and trauma-informed, and well-trained money advice workers in every community across Scotland to ensure that families get the help that they need and to get the money to which they are entitled in their pockets as quickly as possible [45] .

297. CPAG in Scotland supported this view in its written submission and further argued the case in favour of integrating money advice services into primary care settings:

> Work undertaken in Glasgow in 2018 to integrate money advice workers into primary care settings provided a £25 return in financial gains for families for every £1 invested. The integration of income maximisation work in healthcare services is effective and has the potential to significantly increase incomes for families living in poverty, improving health and wellbeing outcomes for children in those families. Recent investment in Welfare Advice and Health partnerships is welcome and should be built upon further to ensure that families accessing health services are receiving their full entitlements.

298. To deliver improved health and wellbeing outcomes for children and young people living in poverty, the Committee calls for continued and concerted efforts to help families access the cash they need to provide an adequate standard of living[ii]. In particular, the Committee calls on the Scottish Government to examine what can be done to enable the wider roll-out of money advice workers in deprived communities across Scotland to help families access benefit payments.

Young Carers

299. The written submission to the inquiry from Carers Trust Scotland focuses directly on issues affecting the health and wellbeing of young carers. It highlights the particular impact the pandemic has had on the mental health of young carers as well as identifying poverty as an issue that particularly affects young carers and outlining

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ii Article 11 of the United Nations International Covenant on Economic, Social and Cultural Rights defines the right to an adequate standard of living as "including adequate food, clothing and housing, and to the continuous improvement of living conditions".

the specific challenges young carers face with fragmented services. On the latter point, it states:

> A recurring issue raised by families is the lack of joint working between the different systems involved in a child's life. Repeating the same story to different agencies can be stressful for young people; while the lack of connectedness between services, may lead to some being missed altogether.

300. Jacquie Pepper from Social Work Scotland also highlighted the particular impact the pandemic has had on young carers:

> In the initial phases of the pandemic, with lockdown and the withdrawal of universal services, there was a significant impact on the mental health of young carers. Those are young people who face isolation and who often lack the support with which other children can engage. That has been a concern for us [46].

301. Many submissions to the inquiry pointed out that the burden of caring responsibilities placed on young carers also increased during the course of the pandemic, in turn creating additional strains on their mental health.

302. The written submission from Social Work Scotland highlights the particular mental health challenges that young carers face:

> There is evidence from carers groups of the impact of caring responsibilities on the mental health of young carers who face isolation and lack the same supports as other young people (Carers Scotland, Scottish Government Carers Strategy);

303. Rachel Thompson's written submission to the inquiry raised particular concerns about the treatment of young carers in schools:

> Some Schools still are not grasping the theory of having the child at the centre and making sure the child and family are supported effectively (Every child) For example young carers are still struggling in schools (being bullied, teachers penalising them for lateness or absence, being made to feel ashamed or sometimes invisible), their lives are not supported by education, recent local focus group activity highlighted how these families feel they are being failed.

304. The written submission from Carers Trust Scotland suggests that the creation of a National Care Service would be welcomed by young carers while emphasising:

> ...a new service must be fully funded and requires long term commitment and support.

305. In its written submission, Carers Trust Scotland argues that the anticipated incorporation into Scots law of the United Nations Convention on the Rights of the Child (UNCRC) will improve the situation of young carers in terms of their right to health. As part of this process, it highlights a number of "immediate and minimum" core obligations on the right to health which it would like to see addressed, including:

> (a) Reviewing the national and subnational legal and policy environment and, where necessary, amending laws and policies;
>
> (b) Ensuring universal coverage of quality primary health services, including prevention, health promotion, care and treatment services, and essential drugs;
>
> (c) Providing an adequate response to the underlying determinants of children's health; and
>
> (d) Developing, implementing, monitoring and evaluating policies and budgeted plans of actions that constitute a human rights-based approach to fulfilling children's right to health.

306. As well as supporting the planned incorporation of the UNCRC into Scots law, Carers Trust Scotland's written submission also calls for the creation of a dedicated online mental health service, a requirement for all education professionals and health and social care staff to undertake young carers awareness training and the introduction of a right to breaks from caring responsibilities for all unpaid carers.

307. Giving evidence to the inquiry, the Cabinet Secretary for Social Justice, Housing and Local Government acknowledged the particular difficulties young carers face in making the transition to adulthood:

> The transition period is difficult for young people, full stop, but young carers' transition into adulthood is even more impacted. [47]

308. Shirley Laing from the Scottish Government went on to provide details of the support the Scottish Government is providing to address this issue:

> We are investing more than £350 million in 2022-23 in support to eligible unpaid carers through the carers allowance, the carers allowance supplement and the young carer grant. Work is on-going on the development of Scottish carers assistance. We will consult on the proposals for that this winter [48] .

309. The Committee recognises the additional burden of caring responsibilities many young carers will have faced during the course of the pandemic and the impact this will have had on their health and wellbeing.

310. The Committee believes more work is needed to achieve better integration of the different services involved in providing health and wellbeing support to young carers. The Committee also draws the Scottish Government's attention to calls made by the Carers Trust Scotland during the course of this inquiry for:

- Creation of a dedicated online mental health service for young carers;
- Young carers awareness training to be rolled out to all education professionals and health and social care staff; and
- The introduction of a right to breaks from caring responsibilities for all unpaid carers.

311. The Committee notes that the Scottish Parliament has previously expressed its support for the incorporation of the United Nations Convention on the Rights of the Child (UNCRC) into Scots law but that this is currently subject to legal challenge by the UK Government. The Committee believes that incorporation of the UNCRC into Scots law would provide a means of legally enshrining the right to health of young carers and many other categories of disadvantaged children and young people and therefore calls for the matter to be resolved as a priority.

Adverse childhood experiences

312. Adverse Childhood Experiences (ACEs) describe stressful or traumatic events occurring during childhood, such as physical or verbal abuse or neglect; sexual abuse; parental separation; problem substance use; incarceration; mental ill health; or domestic violence. Such experiences can lead to an increased risk of ill health later in life. There is strong evidence that, without intervention, ACEs have life-long impacts on health, emotional wellbeing and other life outcomes.

313. In Scotland, one in seven adults reported four or more ACEs, with those in the most deprived areas twice as likely to experience this quantity of ACEs than those in the least deprived areas. [49]

314. In its written submission, the Mental Health Foundation highlighted the impact of ACEs on the health and wellbeing of children and young people and the extent to which those from more deprived backgrounds were disproportionately more likely to be affected:

> The impact of ACEs on the mental health of children and young people should not be understated...The Foundation's 'Tackling social inequalities to reduce mental health problems' report found that the impact of ACEs is cumulative: the greater number of ACEs one experiences, the more likely one is to have a mental health problem. Furthermore, a child is more likely to experience an ACE if they are of low socioeconomic status compared to their more-affluent peers. In England, people in the most deprived socioeconomic quintile were almost three times more likely to have experienced four or more ACEs compared to those in the most affluent quintile.

315. In its written submission, South Lanarkshire Children's Services Partnership argued there is a need to eliminate poverty as one of the main triggers compounding adverse childhood experiences and developmental trauma and as a means of improving inclusion, emotional wellbeing and resilience.

316. A number of submissions highlighted the impact of the pandemic on ACEs, highlighting the increased risk to exposure of ACEs. NHS Education for Scotland drew attention in its written submission to an increased exposure of children and young people to traumatic experience as a result of the pandemic, highlighting in particular:

> ...reports of increased rates of child abuse and domestic abuse emerging, increased level of fear and lack of perceived safety but also crucially reduced access to restorative relational opportunities which are the central predictor of better outcomes

317. In its written submission, the Health Improvement Department of NHS Lanarkshire goes so far as to argue that the pandemic itself "should be considered as an adverse childhood experience".

318. In addition to highlighting the need to tackle poverty, evidence also suggested additional approaches to tackling ACEs. The NSPCC suggested the integration of education and early years services is particularly important for the prevention of, and early intervention in, adverse childhood experiences, which put children at significantly increased risk of developing mental health problems later on. It explained:

> Centres often offer a range of family and parenting support, including evidence-based programmes, important in the development of infant mental health. Early years practitioners are in contact with Scotland's most vulnerable young children through the 2-year-old ELCC provision. They are regularly liaising with social work and have critical role to play in laying the foundations for children's future wellbeing and health.

319. The need for a trauma informed approach to address the causes and treatment of ACEs was highlighted in many submissions to the inquiry. Trauma-informed care is an approach to service delivery based on an understanding of the ways trauma affects people's lives, their service needs and service usage.

320. Written evidence from The Children and Young People's Commissioner suggested that practice should develop beyond a narrow focus on ACEs and should instead have a broader focus on the importance of a trauma informed approach in supporting children and young people and their families more generally. It argued:

> This recognises the complex nature of trauma, reduces the risk of particular experiences in childhood being stigmatised and recognises the impact on children of trauma in adult family members. It also puts the focus on the experience and effects of trauma, rather than on events.

321. Based on its work with children and young people experiencing poverty, Includem argued that there is a need for:

> ...a trauma informed approach to understand the distress they may be experiencing on a daily basis or adverse experiences in their childhood

322. The Scottish Government launched a Trauma Informed Toolkit in March 2021. The toolkit notes "trauma-informed organisations assume that people have had traumatic experiences, and as a result may find it difficult to feel safe within services and to develop trusting relationships with service providers. Consequently, services are structured, organised and delivered in ways that promote safety and trust and aim to prevent retraumatisation".

323. During oral evidence, the Minister for Public Health, Women's Health and Sport outlined the Scottish Government's approach to tackling adverse childhood

experiences. She argued:

> Preventing and responding to early adversity and trauma is essential to the getting it right for every child—GIRFEC—approach... That is a multidisciplinary and collaborative approach that involves putting services around the child and working together. [50]

324. The Minister went on to highlight multiple examples of this approach including measures contained in the tackling child poverty delivery plan, investment in childcare, investment in perinatal and infant mental health, support for children and families in their early years such as the universal health visiting pathway and the roll-out of family nurse partnerships as well as working with school nurses to ensure they focus on tackling adversity.

325. The Minister concluded by highlighting the major impact ACEs can have not only on mental wellbeing but also on physical health:

> It was always kind of obvious that what happens to a child in the early years will have an impact on their later mental health, but the studies into adverse childhood experiences gave us an understanding of the physical impact of early childhood adversity. Children who experience multiple adversities in childhood die younger. My job, as public health minister, in trying to increase life expectancy, starts decades before people reach adulthood by trying to improve the living environment for children and young people [51] .

326. With the aim of raising awareness of adverse childhood experiences, the Minister for Mental Health and Wellbeing told the Committee that the Scottish Government is

> ...investing in our national trauma training programme and providing some £4 million to support the development of trauma-informed workforces and services [52] .

327. The Minister went on to outline work South Ayrshire Council has done with its workforce and with elected members on trauma informed practice and noted "we have to ensure that such work is exported across the board.".

328. The Committee has heard evidence that children and young people living in more deprived areas are significantly more likely to have adverse childhood experiences.

329. The Committee has also been concerned to hear evidence that the number of children and young people experiencing adverse childhood experiences may have risen during the pandemic. It calls on the Scottish Government to undertake further research to establish exactly how far the pandemic has increased adverse childhood experiences and in what ways.

330. The Committee wishes to emphasise to the Scottish Government and other stakeholders involved in supporting those who have suffered adverse childhood experiences:

- The need to continue to prioritise a trauma-informed approach to supporting

people with ACEs that focuses on the experience and effects of trauma rather than the events that have caused them;

- The continued need to address the impact ACEs experienced by parents can have on the relationship with their own children and on their children's mental health;
- The importance of continuing to identify examples of best practice that apply the principles set out in the Trauma Informed Toolkit and exporting these more widely;
- The need for improved integration of education and early years services to support prevention of, and early intervention in, adverse childhood experiences;
- The particular need for improved access to CAMHS for those people affected by ACEs, as referenced more generally elsewhere in this report.

Care experienced children and young people

331. Local authorities have a responsibility to provide support to certain children and young people, known as 'looked after children' or, subsequently, 'care-experienced'. A child may become looked after for a number of reasons, including neglect, abuse, complex disabilities requiring specialist care, or involvement in the youth justice system. At 31 July 2020, there were 14,458 looked after children – an increase of 196 (1%) from 2019.

332. There are several types of care setting in which children or young people could be looked after, including:

- at home (where a child is subject to a Compulsory Supervision Order and continues to live in their usual place of residence)
- in kinship care (where they are placed with friends or relatives)
- with prospective adopters
- foster care
- residential unit or school
- a secure unit

333. When children become looked after, the relevant local authority is required to produce a care plan for them. This care plan should include detailed information about the child's care, education and health needs, as well as the responsibilities of the local authority, the parents, and the child.

334. A recent research study by the University of Glasgow has found that care experienced children in Scotland have poorer health and higher average rates of mortality when compared to children in the general population. The findings come from the Children's Health in Care in Scotland (CHiCS) study, which was set up to provide population-wide evidence on the health outcomes of care experienced children in the UK.

335. The study reported that between 2009-2016:

- Children who had experienced care were more likely to have been in contact with the health services, having had higher average rates of prescriptions and hospitalisations.
- Compared with children in the general population, care experienced children had more frequent contact related to mental, sexual and reproductive health.
- Care experienced children also had a higher rate of prescriptions for depression, psychiatric outpatient clinic attendances and acute inpatient admissions due to mental and behavioural disorders.
- The proportion of care experienced children hospitalised due to injuries, drug

poisoning and other external causes was also high compared to children in the general population.

- Although rare, mortality among care experienced children and young people was five times higher compared to children in the general population.

336. Lucy Hughes from Who Cares? Scotland directly addressed the issue of poorer health and higher than average mortality amongst care-experienced people:

> In relation to health and mortality, I want to acknowledge that, as a membership organisation that holds relationships with many care-experienced people of all ages, we have, personally, felt the impact of the loss of people who died far too young, who we worked with and supported. I want to take a moment to acknowledge that.
>
> In 2014, we began to create a record of those people because we felt that their lives and loss were not being recorded in the stats on deaths of care-experienced people. ...I wanted to raise the issue of the invisibility of some of the early deaths that we see [53] .

337. Following publication of the Independent Care Review findings in February 2020, The Promise Scotland was set up by Scottish Ministers as an independent organisation to drive reform. Its goal is to enable Scotland to 'keep the promise' to embed significant change in the care system by 2030 so that care experienced children have a voice in decisions about their care, feel loved and safe in their families and are supported to develop relationships, supported by a system that provides help and support for children, families and the workforce when required.

338. The Promise Scotland aims to reflect the voices of care experienced people in its work at every stage, including having care experienced board members and staff involved in its work. In a written answer published in March 2021, then-Minister for Children and Young People Maree Todd stated the Scottish Government will "underpin the work that needs to be done to make the real transformation to developing policy".

339. "The Promise" and its Plan 21-24 includes a commitment that:

> Every child that is 'in care' in Scotland will have access to intensive support that ensures their educational and health needs are fully met. Local Authorities and Health Boards will take active responsibility towards care experienced children and young people, whatever their setting of care, so they have what they need to thrive.

340. Sam March from the Association of Scottish Principal Educational Psychologists emphasised the importance of ensuring care-experienced young people are aware of counselling services and are able to access them. She also highlighted the importance of speaking and listening to care-experienced young people and involving them in the co-production of services:

> Co-production features strongly in all the mental health project board specifications, and we are doing it like never before. There is a great resource—from NHS Education for Scotland, I think—about evidence-based interventions. There is no point in configuring and planning such services without speaking to the young people who are the service users. There is absolutely no point in just plucking a service off the shelf and saying, "That looks great, because it worked in Connecticut", for example. We have to speak to young people and work out what the barriers are. We are doing work on that in local authorities. [54]

341. Jackie Brock from The Promise Scotland noted the impact of the pandemic on the ability to deliver on The Promise by 2030. She told the Committee that:

> It is fantastic that keeping the Promise is one of the key points in the Government's Covid-19 recovery programme, but the pandemic has not been at all helpful, and we still have a commitment to deliver by 2030. The committee's inquiry and evidence of building on the Promise and accelerating progress is desperately needed [55] .

342. The Promise Scotland also highlighted the Government's consultation on the creation of a National Care Service (NCS) . This asked respondents to consider whether they support proposals to include children's social work and social care services within the scope of the proposed National Care Service. The Promise Scotland has stated that the consultation has "interrupted and delayed both the process and pace of change", creating uncertainty which has "allowed inertia to thrive".

343. On behalf of Children 1st, Mary Glasgow called for a renewed focus on the Promise, including the necessary investment to ensure it is delivered:

> One way in which the committee can add value is to make sure that we deliver on The Promise that was made to children and young people that, where they are loved and safe, they must stay within their own families and that the country must do all that it can to ensure that parents, carers and families get all the emotional, financial and practical support that they need in order to fulfil that commitment [56] .

344. Jackie Brock from The Promise Scotland emphasised the importance of gathering and analysing data to enable progress towards meeting the Promise to be effectively measured:

> We simply cannot achieve sustainable progress until we get a grip on what data it is important for us collectively in Scotland to use, based on what children and young people tell us about their experience. In July, the Promise Scotland will publish, on behalf of and with our partners, a proposal for a central database and how we can use the data, based on what matters. That data is out there, but we need to pull it together, map it and collect it. That will start to make progress in linking what we want to achieve and our policy goals with the knowledge that it is having the right impact on individual children and young people [57] .

345. Giving evidence to the inquiry, the Minister for Children and Young People

recognised the important contribution of data to delivering the Promise:

We are working with partners to explore how to link existing data collections in order to provide a clearer picture of health and wellbeing outcomes for care-experienced young people so that we can make targeted interventions [58] .

346. The Cabinet Secretary for Social Justice, Housing and Local Government also emphasised to the Committee the central contribution the Scottish Government expects the Whole-Family Wellbeing Fund to make towards keeping the Promise. Gavin Henderson from the Scottish Government told the Committee that contribution of the Whole-Family Wellbeing Fund towards delivering the Promise would be a key measure of its success:

> We will work with The Promise Scotland and other organisations on exactly what monitoring and evaluation methods will be required to ensure that we track and measure how we are properly keeping the Promise. That is the method that we propose to use [59] .

347. The Committee acknowledges evidence that care-experienced children and young people suffer higher than average rates of ill health and mortality. It therefore recognises the importance of a proactive and preventative approach to supporting their health and wellbeing that seeks to reduce cases of hospitalisation, acute care and, in the worst cases, death.

348. The Committee believes providing proactive, targeted and preventative health and wellbeing support to care-experienced children and young people should be a key area of focus for the Scottish Government as it seeks to accelerate progress towards keeping The Promise during Covid recovery.

349. In responding to this report, the Committee calls on the Scottish Government to provide an update on its work to improve data gathering related to the health and wellbeing of care-experienced children and young people to support improved measurement and evaluation of the impact of The Promise and enable better targeted interventions that support their health and wellbeing.

350. To ensure health and wellbeing support services are designed to meet their specific needs, the Committee calls on the Scottish Government to make further efforts to encourage co-production of those services with care-experienced young people. It further calls for improved awareness and understanding in GP practices and other healthcare settings of the specific needs of care experienced young people.

351. In responding to this report, the Committee also calls on the Scottish Government to set out what measures it is taking to raise awareness amongst care-experienced young people of available appropriate counselling services and to improve access to them.

Transition to adult services

352. In October 2013, the Scottish Government published Staying Put Scotland: Providing care leavers with connectedness and belonging . This is a guide for local

authorities and other corporate parents for supporting looked after children and young people to remain in care, as part of a staged transition towards adulthood and greater independence.

353. The publication emphasises that the transition out of care should take place at a time when young people are sufficiently skilled and emotionally and psychologically equipped to do so; that local authorities should ensure that looked after young people are aware of their right to remain in their placement' and, in addition, that young people should receive a needs-led and person-centred assessment, the outcomes of which should guide the provision of appropriate training and support for young people to transition into a successful adult life.

354. In its written submission to the inquiry, the Care Inspectorate stated:

> Care experienced children and young people are faced with poorer health and wellbeing outcomes, and children can find it difficult to transition to adults' services. Children and young people with a disability and care leavers are at the greatest disadvantage due to disconnected and complex processes to support transitions.

355. In its submission, CELCIS highlighted the critical importance of transitions and the very damaging impact poor transitions can have on the health and wellbeing of care-experienced young people:

> Despite developments in policy and practice to enable positive transitions for young people leaving care, for many this continues to be a time of acute vulnerability. In Scotland, the average age that care experienced children and young people leave home is 17, while the average age that their non-care experienced peers leave home is 26. This means that too often emotional, financial and practical support is suddenly ruptured, damaging relationships and social networks and leaving care experienced young people to cope with the complexities of independent living, which can lead to isolation and impact on wellbeing.

356. During oral evidence, Lucy Hughes from Who Cares? Scotland echoed this view and highlighted the longer term impact poor transitions can have on care-experienced adults:

> From the relationships with care-experienced people that we have held for a long period, we know that lack of support in transitions leads to many of them living in situations of poverty and continued inequality [60] .

357. As well as impacting care-experienced people, written evidence from Carers Trust Scotland highlighted transitions as one of a number of key issues negatively impacting the mental health of young carers.

358. A number of witnesses giving evidence to the inquiry pointed out that care experience is a lifelong experience that follows children and young people into their adult lives. In this context, they emphasised the particular importance of ensuring a smooth transition in access to services that support their health and wellbeing as they move into adulthood.

359. Lucy Hughes from Who Cares? Scotland suggested there may be a role for the

proposed National Care Service in developing a more joined up approach to providing health and wellbeing support to care-experienced people throughout their lives:

> ...it is important that we think about how we talk about transition, which is about lifelong support for care-experienced people. An important quote from one of our reports was that being care experienced does not leave you and does not just go away after a few months of support in a transition. Let us say that someone was having aftercare support for a few months and then it stopped. What would happen next? That is where the national care service could have an opportunity to link up how we view a social care service over a lifetime or how we view different support over the lifetime of a care-experienced person [61] .

360. In order for the Promise to be kept, Jackie Brock from The Promise Scotland highlighted the critical importance of providing appropriate support to care-experienced young people as they make the transition from children and families services to adult services:

> We need to home in on how we can get it right for the 16 to 17-year-old age group...because we know that services do not build themselves around young people and the transition that they face at that stage, together with the complexities of adolescence. There is the children and families service, in relation to which there are legal requirements, and there is a set of adult services, but when the scaffolding of school is lost, how do we help a young person to transition into that more complex system? [62]

361. Lucy Hughes from Who Cares? Scotland provided further illustration of the importance of addressing this issue in order to keep the Promise and the scale of the challenge currently being faced:

> We set up a Covid helpline and the majority of calls came from care-experienced people over the age of 20 who had absolutely no statutory support in place and were not known to adult social work, but had left care at some point in their teens or earlier in their childhood. The committee needs to acknowledge that those older care-experienced people, whether they are 16 or in their 20s or older, can also have significant mental health needs that are not being addressed. As a population, they are sometimes invisible to statutory services [63] .

362. Giving evidence to the inquiry, the Minister for Children and Young People recognised the vital role of positive and well-planned transitions:

> ...we recognise that planning can improve outcomes for young people who are in care and leaving care... [64]

363. When asked what the Scottish Government is doing to improve the planning process for care leavers, the Minister for Children and Young People responded:

> The Scottish Government, COSLA and many others have a shared ambition to have trauma-informed and trauma-responsive workforces across the country and to have transition and support planning in place for people with care experience. That is central to our commitment to keep the Promise. ...as part of our national trauma training programme, we are developing tailored trauma training, which will be rolled out in summer 2023 to members of the workforce who work most closely with care-experienced babies, children and young people, and their families. Focusing on having a trauma-informed workforce across all public services will help to support not only the general population but care-experienced children and young people [65] .

364. Asked about the role of the proposed National Care Service in addressing the issue of transitions, the Minister for Mental Wellbeing and Social Care acknowledged the importance of getting transitions right before outlining the role of a national quality standard in improving transitions:

> We know all too well from stakeholders that transition periods can sometimes be some of the most difficult times for people, and that there does not seem to be the link that should be there when people move from one service to another.
>
> ...
>
> Whether children's services are in or out of the national care service—the initial responses to the consultation show that the majority are in favour of them being in it—we have to make sure that the linkages are right and that we take a person-centred approach, as opposed to the current situation in which, in some cases, we have a bit of a postcode lottery. No matter what, we want a national quality standard so that folks know the service that they can expect [66] .

365. The Committee recognises the crucial importance of supporting care-experienced young people to make a smooth transition into adult services and regrets that too many care-experienced young people have a negative experience of transitions that can have a severe negative impact on their health and wellbeing.

366. The Committee highlights suggestions from certain witnesses that there is a need for improved integration and continuity of services to support the health and wellbeing of care-experienced people throughout their lives.

367. In responding to this report, the Committee would welcome further insight from the Scottish Government as to how it expects the development of a national quality standard for these services to deliver improved transitions for care-experienced young people.

Whole Family Wellbeing Fund

368. The Scottish Government's Programme for Government 2021-2022 committed to investing at least £500 million over the parliamentary term to create a Whole Family Wellbeing Fund. The fund "seeks to reduce crisis intervention and keep children and young people with their families". This will be achieved by "enabling the building of universal and holistic support services across communities in Scotland and by giving families access to the help they need, where and when they need it."

369. Kirsty-Louise Hunt from Barnardo's Scotland welcomed the Scottish Government's plans for a Whole Family Wellbeing Fund but added:

> ...what Barnardo's Scotland really wants is an urgent action plan for getting that funding to front-line services, to ensure that we build up the intervention approach [67] .

370. In oral evidence, Mary Glasgow outlined the positive experience Children 1st has had in designing and developing multi-agency family wellbeing teams, applying a whole family approach towards addressing the health and wellbeing impacts of poverty and disadvantage. At the same time, she also highlighted key obstacles to rolling this approach out more widely:

> We designed a service to offer very quick, early help and preventative support to children and families. The GP can refer them directly to our wellbeing team and we make a commitment to make contact with the parent or carer and family within two weeks. We have offered a whole-family support response, which has led to children not needing to be assessed by CAMHS, and to parents and carers feeling much more confident because they have support and they feel heard. They have somebody that they can talk to who is skilled in understanding the impact of poverty, adverse childhood experiences and trauma, and who can take a very recovery focused and social approach. That can have a real impact.
>
> One of the challenges that we have is that these test, learn and develop initiatives, which can produce good evidence, are really difficult to take to scale because of a lack of funding or because funding is very short term [68] .

371. Mary Glasgow also told the Committee there are currently "two or three whole-family wellbeing services in Scotland" which she described as "not enough".

372. Asked what the Scottish Government is doing to support a whole family approach towards tackling poverty, the Cabinet Secretary for Social Justice, Housing and Local Government outlined details of the Scottish Government's commitment to the Whole-Family Wellbeing Fund:

> ...the impetus for the fund was the need for early intervention and prevention rather than crisis intervention, and it will help with making what needs to be a transformational shift towards those types of services. In 2022-23, £50 million will be deployed, with a focus on building capacity for more significant investment from 2023-24 onwards [69] .

373. During oral evidence, the Minister for Public Health, Women's Health and Sport noted holistic whole-family support is central to the Scottish Government's strategy. She advised: "It is central to keeping the Promise and it builds on work that has been done for years" but noted "There is not a one-size-fits-all solution".

> It is central to keeping the Promise and it builds on work that has been done for years [70] .

At the same time, she also noted:

> There is not a one-size-fits-all solution... [71]

374. The Minister went on to state:

> We have a lot of investment in that area, but we have a long way to go before we get to that genuine holistic preventative family support. Too many families in Scotland reach crisis before support is there [72] .

375. During the same evidence session, the Minister for Mental Wellbeing and Social Care advised of a

> ...need to change the culture around how we support families, because we know that where there are too many interventions... sometimes the trust factor is not there and you do not get the positive results that we want [73] .

He further advised:

> Sometimes, we have situations where families have a huge amount of interventions but there is not that holistic approach [74] .

He concluded:

> Holistic whole-family support and the whole family wellbeing fund are absolutely vital in getting this right as we move forward [75] .

376. In reference to the Whole-Family Wellbeing Fund, the Cabinet Secretary for Social Justice, Housing and Local Government emphasised:

> It is a cross-portfolio budget. It looks at how we provide early support, and the six priority family types are obviously key to that. It is not about supporting business as usual and doing the same thing; it is about enabling a shift in the way that we deliver family support services [76] .

377. The Minister for Children and Young People told the Committee that the Scottish Government is working closely with partners across local government, social justice, health and the third sector to design and deliver support via the Whole Family Wellbeing Fund. She explained:

> We are expanding our engagement to test ideas about where the funding will have the most sustained impact [77] .

378. In addition to the Whole Family Support Fund, Gavin Henderson from the Scottish Government told the Committee it is:

> ...we are working towards an ambition of using 5 per cent of community health and social care spend by 2030 for preventative whole family support [78] .

379. The Minister for Children and Young People also highlighted that, through the children, young people and families early intervention fund (CYPFEI), the Scottish Government provides funding to more than 100 organisations to promote wellbeing, prevention and early intervention activities and improve parenting and family support. The Scottish Government has committed to funding those organisations until 2023.

380. Given the extensive evidence submitted to the inquiry in support of a whole family approach to supporting the health and wellbeing of children and young people from disadvantaged groups, the Committee strongly supports the creation of a Whole Family Wellbeing Fund.

381. The Committee recognises the good work already carried out by a number of stakeholders to develop and deliver whole family support services on the ground. However, the Committee has also heard evidence that availability of these services across the country is limited and they can be hard to keep going long-term due to a lack of sustainable funding.

382. The Committee therefore calls on the Scottish Government to accelerate progress towards developing and delivering an action plan to use the Whole Family Wellbeing Fund to prioritise making whole family support services more widely and sustainably available across the country.

383. The Committee further calls on the Scottish Government, in responding to this report, to set out what it plans to do to properly evaluate the impact of the Whole Family Wellbeing Fund and to measure the success of specific interventions.

The role of schools and youth services in supporting health and wellbeing

384. Health and wellbeing is a key part of the learning experience of young people in education. This can encompass a broad range of learning, support, activities, experiences and outcomes. Under the Schools (Health Promotion and Nutrition) Scotland Act 2007 schools have a duty to be health-promoting. The intention is that "health promoting" schools adopt a whole-school approach to integrating health promotion into every aspect of school life.

385. As part of its Mental Health Strategy 2017-2027 strategy, The Scottish Government committed to investing over £60 million in additional school counselling services with the aim of ensuring that every secondary school in Scotland has counselling services. The Scottish Government published a summary report on access to counsellors in schools in September 2021.

386. Another action included in the 2017-2027 Strategy was to "roll out mental health training for those who support young people in educational settings." Teachers have been provided with improved access to mental health training by Education Scotland and through the Scottish Mental Health First Aid training programme.

387. Witnesses highlighted to the Committee the pivotal role schools have to play in contributing to a "whole systems" approach to addressing health and wellbeing of children and young people, particularly as this relates to mental health.

388. Dr Josie Booth of the University of Edinburgh said:

> Schools are at the forefront in supporting pupils even before they get to CAMHS. While pupils are on the waiting lists for both assessment and treatment and, perhaps, after they have had a diagnosis, it is schools that support young people. We need whole-systems approaches to doing that. We need to support young people and their families, with schools working with CAMHS and across the whole system to develop positive change [79] .

389. Dr Booth went on to explain that such a holistic approach could have preventative benefits:

> One of the strategies that we think is important is taking cross-diagnostic views. Rather than taking the traditional approach that often has to be followed through CAMHS of thinking about children who might have particular areas of difficulty, we can look across a particular child's difficulties, see the individual young person, and think about where their challenges are and how we can support them individually. Rather than just reacting when there are challenges, we need whole-school approaches for supporting positive health and wellbeing [80] .

390. Dr Booth also highlighted the importance of taking a whole-systems approach in relation to data gathering for the purposes of evidence-based policymaking:

> It is important that we take a holistic view in thinking about both physical and mental health and wellbeing, and how we measure that and try to determine the impacts.
>
> That is why we need a whole-systems approach that brings together schools, families, CAMHS and health professionals to look at what is happening. We need not only more qualitative data... but more quantitative data to provide a representative picture. That will enable us to know which groups of young people are more resilient and where there are particular risk factors in order for us to support those young people as best we can [81] .

391. On behalf of YouthLink Scotland, Kevin Kane highlighted youth workers' strong support for a collaborative whole systems approach to supporting health and wellbeing in schools:

> Youth workers tell us repeatedly that they want to be part of a holistic approach to wellbeing [82] .

392. The Committee recognises the central and pivotal role schools have to play in coordinating a whole systems approach to supporting the health and wellbeing of children and young people.

393. The Committee calls on the Scottish Government to do all it can to facilitate multi-agency cooperation and to break down barriers to whole systems approaches to supporting the health and wellbeing of children and young people.

394. While hearing about the crucial role schools play in supporting the health and wellbeing of students, the Committee heard evidence of constraints on the capacity of teachers to effectively deliver health and wellbeing support to children and young people, including a lack of resources and training.

395. Dr Josie Booth of Edinburgh University told the Committee:

> One of the key challenges is that schools lack resources. Teachers often lack both pre-service and in-service training, and they do not really have the support to promote positive health and wellbeing [83] .

396. Witnesses further highlighted the negative impact the pandemic has had on teachers' own health and wellbeing and, the knock-on impact on their capacity to support children and young people with their health and wellbeing.

397. Mike Corbett of the National Association of Schoolmasters Union of Women Teachers said:

> ...I would mention that teachers feel under enormous pressure at the moment. Many of them have suffered physically and mentally during the pandemic and they are sometimes not in an optimum position to give what they used to give to their pupils [84] .

398. Mike Corbett also called for specific actions to free up teachers' capacity so they are

able to commit more proactive support to the health and wellbeing of children of young people:

> The OECD review pointed out that Scotland's teachers have more class contact time and larger class sizes than almost any of our competitor nations. I appreciate that there has been a commitment to reduce pupil contact time for teachers, but the commitment is to do that by the end of the parliamentary session. We are pressing for that to be done sooner rather than later.
>
> A reduction in class size is also needed to create the space to allow teachers to meet and collaborate with all the other great organisations that we have been talking about. If that time is not available, and there are stressed-out teachers who have excessive workloads, a lot of the good work that is being done could be lost unless that commitment is met [85] .

399. Witnesses welcomed the expansion of school counsellors and additional funding to support health and wellbeing either through pupil equity funding or additional funding provided to schools to support recovery from the pandemic.

400. Giving evidence to the Committee, the Minister for Mental Wellbeing and Social Care also highlighted the important role of school counselling services, describing them as:

> ...an important move forward in terms of mental health service delivery [86] .

401. The Committee reiterates the important role of school counsellors and other wellbeing practitioners in schools in supporting the health and wellbeing of children and young people and welcomes the additional support provided by the Scottish Government to enable school counselling services to be rolled out to every secondary school in Scotland.

402. Once these services are in place and fully operational, the Committee looks forward to receiving an evaluation of their impact from the Scottish Government.

403. The Committee calls on the Scottish Government to develop a dedicated plan to deliver targeted training to teachers in order to give them the requisite skills and capacity to be able to continue fulfilling their responsibilities to work with children and young people in school with a view to monitoring, supporting and improving their health and wellbeing.

Impact of home schooling during the pandemic

404. There is widespread evidence of the significant impact the pandemic and the closure of school buildings to pupils during periods of national lockdown in particular have had on the health and wellbeing of children and young people.

405. In December 2020, the Scottish Government published a report "Scotland's Wellbeing: The Impact of COVID-19" [65] . This summarised the impact of COVID-19, at that stage of the pandemic, on health and wellbeing of children and young people as follows:

> On the wellbeing of children and young people, though there is some suggestion that the experience of lockdown may have held positives for some, most research indicates a generally negative impact, particularly among 12 to 14 year old girls.

406. With specific regard to the health and wellbeing of children and young people in a school context, the report makes reference to a series of surveys of 8-14 year olds carried out during the course of 2020 by the Children's Parliament. These surveys found:

> Most children struggled with home learning and were increasingly worried about school work as time went on. Over the first three surveys, there was an increase in levels of boredom and a decline in children reporting having fun things to do in their days, although there was an improvement in these measures in the September survey.

407. The report also suggests:

> The personal and social development of children and young people may also have been impacted by a period of detachment from the school environment.

408. The report highlights that school closure during lockdown is likely to have had a particularly negative impact on the health and wellbeing of children and young people from more deprived backgrounds:

> Students from poorer backgrounds are likely to have had less active engagement with teachers or school services and less space to learn in.

The report adds:

> A survey of 1,000 disadvantaged pupils across Scotland showed that two thirds were unable to do school work during lockdown.

409. The written submission from Karri Gillespie-Smith from the University of Edinburgh adds further weight to the evidence that children and young people from more deprived backgrounds experienced particular challenges with home schooling during the pandemic:

> It has been noted that children from lower SES families are more likely to live in poorer conditions, often involving overcrowding and poor/no access to computing devices or IT facilities, which may have hindered their ability to complete home-schooling during pandemic related restrictions; with educational attainment critical to later life prospects.

410. Dr Mairi Stark from the Royal College of Paediatrics and Child Health drew attention to those children and young people who will have missed out on important developmental milestones at school as a consequence of the period of lockdown and home schooling imposed by the pandemic:

> There is a whole group of children who are in second year at school and who have missed their primary 7 and secondary 1 residential trips. That might have been the only time that those children would have had the opportunity to go away from the family home and do activities and team building with their friends. That opportunity is gone and there are no plans to catch up on opportunities. They are just told, "Oh, well, you missed that—tough luck." Those children feel that they are not being prioritised by the Government [87] .

411. Suzanne Shields from the Royal College of Occupational Therapists outlined the impact school closures during the pandemic will have had on the development of motor skills of younger children who have:

> ...been missing out on things like running around the gym hall, which sounds like a simple thing, but it develops balance and co-ordination. You need balance to get dressed—you need to be able to stand on one leg to put a sock on or to pull up your trousers—so that lack of physical development has an impact. People need to practise the gross motor movements that we then develop and refine into finer motor skills. Children need to be able to handwrite and to use cutlery. The developmental sequence means that they have to do all the gross motor activities before they are refined into finer tasks [88] .

412. Giving evidence to the Committee, the Minister for Public Health, Women's Health and Sport acknowledged the impact school closures will have had on levels of physical activity amongst children and young people:

> Opportunities to be physically active have been prioritised throughout the pandemic, but they have been restricted. Even just not walking to and from school will have had an impact on many children [89] .

413. As a consequence of the COVID-19 pandemic, the Committee recognises the substantial impact the closure of school premises and the move to a prolonged period of home schooling has had on the health and wellbeing of many children and young people.

414. The Committee is particularly concerned by the disproportionately negative impact this experience has had on children and young people from more deprived backgrounds and from other disadvantaged groups.

415. The Committee calls on the Scottish Government and other key stakeholders to continue to monitor carefully the longer term impacts of schooling restrictions imposed by the pandemic on the health and wellbeing of children and young people, in particular those who will have struggled with or missed out on important milestones in their education as a consequence.

416. The Committee strongly supports development of an effectively targeted strategy to address and mitigate these longer term impacts as a key priority within the Scottish Government's COVID-19 recovery plan.

Personal and Social Education

417. In January 2019, the Scottish Government published a review of personal and social education which sets out 16 priority actions to improve the delivery of personal and social education (PSE) (the term used to deliver health and wellbeing education in schools) across schools in Scotland.

418. It was originally recommended that these actions should be delivered by the end of the previous Parliamentary term (March 2021). The written submission to the inquiry from the Children and Young People's Commissioner in Scotland notes that the review:

> ...found significant differences in experience between years groups, with older young people responding that PSE was not meeting their needs.

It goes on to conclude:

> Unfortunately the pandemic has impacted on the delivery of these recommendations.

419. The Committee notes that the pandemic has resulted in delays to completion of the 16 priority actions to improve delivery of personal and social education in schools, as set out in the Scottish Government's 2019 review.

420. In responding to this report, the Committee calls on the Scottish Government to provide an update on progress towards completing these actions and to set out in particular how this will help to improve PSE provision for older pupils so it better meets their needs and contributes to their improved health and wellbeing.

Children with additional support needs

421. The written submission from NHS Ayrshire and Arran points to a rising number of children and young people with additional support needs and rising demand for specialist support services as a consequence:

> This in turn sees an increase in the number of referrals being made to specialist services such as speech and language therapy, paediatrics for example, who are already experiencing significant service pressures due to staffing, capacity and the impact of the pandemic.

422. The written submission from South Lanarkshire Children's Services Partnership highlights the particular challenges children with additional support needs face with their health and wellbeing:

> Amongst many key issues for children with Additional Support Needs and Autism relate to sustainable health and wellbeing outcomes are, the provision of reasonably adjusted services and supports. These are a necessity if the systemic and structural inequalities faced by our autistic/ASN children and YP are to be eliminated. These inequalities are directly linked to pervasive and significantly poorer quality of life outcomes including shorter life expectancy, suicide and mental health problems, prevalence within youth justice, much greater vulnerability to abuse and exploitation as well as poorer access to employment, further education and training adjustments to achieve positive destinations and greater wellbeing into young adulthood.

423. The written submission from Includem points to a "recognised intersectionality" between poverty, additional support needs and being a looked after child (LAC) and that these children are particularly at risk of developing mental health problems:

> Of the 77,450 Scottish school pupils who fall within the lowest decile of the SIMD in 2016, around one third also have ASN and/or are LAC. They are more likely to be informally or formally excluded from school or be placed on part-time timetable because of their needs.

424. Within schools, the number of pupils identified as having mental wellbeing issues leading to an additional support need has risen in recent years. In 2020, 2.3% of female mainstream secondary school pupils and 1.8% of male mainstream secondary school pupils were identified as needing additional support due to their mental health. In 2015, the corresponding figures were 0.6% for both male and female mainstream secondary school pupils. It should be noted that these data are measures of identification; this means that the extent to which the increase could be attributable to changing identification or reporting practice or underlying trends in mental wellbeing is not clear.

425. Evidence submitted to the inquiry also highlights the particular impact the pandemic has had on the health and wellbeing of children with additional support needs and their families. In its written submission, Inclusion Scotland states:

> Numerous respondents reported that the children and young people they care for were experiencing increased anxiety which was sometimes resulted in violent behaviour or self-harm. Others told us that their children were exhibiting behaviours such as vocal tics, very low mood and other forms of challenging behaviour. Much of this was attributed to the removal of structure, daily activity, routine, face-to-face contact with friends, and access to the outdoors, and no help was provided to replicate these features at home.

426. The written submission from the NASUWT also points to increasing workload pressures on teachers resulting from the growing number of pupils with identified additional support needs (ASN). Over and above this, the submission highlights the additional challenges the pandemic has created with delivering ASN support and the negative impact this has had on the health and wellbeing of children with additional support needs. It concludes:

> In 2018, 30.9% of children and young people in Scotland's schools had an identified ASN: additional support provision cannot continue to be viewed as a minority area of interest, nor can it continue to be considered separately within the framework of Scottish education.

427. A number of submissions to the inquiry argue that there is a general lack of funding to identify and support children with additional support needs. NHS Ayrshire and Arran's written submission points in particular to a lack of specific community supports such as respite services and befriending services.

428. In September 2019, the Scottish Government commissioned an independent review of additional support for learning implementation which concluded with the submission of a report and recommendations to Scottish Ministers and COSLA in June 2020. In October 2020, the Scottish Government published an Additional Support for Learning Action Plan which accepted the recommendations of the independent review in full.

429. The Committee has been struck by evidence of the growing number of children and young people in Scottish schools with additional support needs including those with mental wellbeing issues leading to an additional support need.

430. The Committee has heard clear evidence of the negative impact the pandemic has had on the health and wellbeing of children and young people with additional support needs and their families.

431. In order for the health and wellbeing of children and young people with additional support needs to be safeguarded, the Committee is convinced that resources for the provision of reasonably adjusted services and supports, for additional community supports and to ease workload pressures on teachers need to be further prioritised.

432. In responding to this report, the Committee calls on the Scottish Government to provide an update on implementation of its Additional Support for Learning Action Plan and to set out, in particular, what impact the Action Plan is expected to have on health and wellbeing outcomes of children and young people with additional support needs.

Promoting physical health

433. The Scottish Government has targets for the amount of PE in schools. These are at least 120 minutes of physical education per week in primary and 100 minutes per week in secondary. The Scottish Government publishes statistics on these targets; the most recent statistics from 2021 show that 97% primary schools were meeting this target. For pupils in S1 to S3 around 99% of secondary schools were meeting the target, for S4 pupils, 92% met the target. However, the 2018 Health Behaviour In School-Aged Children 2018 survey found—

> Less than one in five (17%) of adolescents in Scotland meet the current physical activity recommendations for 60 minutes a day of moderate-to-vigorous physical activity (MVPA). Participation in leisure time vigorous physical activity was higher among boys than girls (47% versus 41%), with the greatest gender difference at age 15. Less than half of adolescents in Scotland usually walk to school and very few pupils cycle.

434. In its written submission to the inquiry, SportScotland outlines the multiple benefits of promoting physical activity at school:

> Tackling physical inactivity among children is a key health and wellbeing issue, as there is robust evidence that regular physical activity provides a range of physical and mental health benefits; reducing the risk of many long-term conditions, managing existing conditions, maintaining musculoskeletal health, developing and maintaining physical and mental function, supporting social inclusion, and helping to maintain a healthy weight.

435. However, the Committee has received evidence that there is a growing disparity between children and young people who are physically active and those who are not and that this has been further exacerbated by the suspension of extracurricular sports programmes due to the pandemic.

436. Judy Edwards from Stirling Council told the Committee:

> We are trying to get the most inactive children to be active and we have a focus on girls in sport, but we hear evidence from our schools and nurseries that the gap is growing. Our inability to run the extracurricular programme that provided support services in schools is having an impact on young people's wellbeing [90] .

437. In its written submission, the British Psychological Society argues that more needs to be done to prioritise and free up time for physical activity in schools, particularly primary schools, and to promote improved health and wellbeing more generally:

> Despite the wealth of psychologically-informed evidence demonstrating the value of play for school children, the time assigned for play in the school day has been eroded in recent years across the whole of the UK to the detriment of children's wellbeing. The pandemic has shown that the current school system and how the school day is organised is not fit for purpose. It would be worthwhile to investigate the possibility of schools sacrificing some 'learning' time to promote better health and wellbeing issues.

438. The written submission from the Scottish Sports Association argues that long-standing issues with access to the school estate are hampering the capacity of schools to act as effective community hubs for physical activity and sport. To address this issue, the Scottish Sports Association concludes:

> ...barriers to access such as cost and operational management issues must be collectively overcome.

439. The Committee has also received evidence that cost of participation has been further exposed by the pandemic as a key barrier to accessing sport and physical activity.

440. Jacqueline Lynn of sportscotland told the Committee:

> During the pandemic, the gap between the children and young people who can and cannot afford to take part in sport and physical activity has widened [91] .

441. This view was echoed by Mike Corbett of the National Association of Schoolmasters Union of Women Teachers who argued that this was an issue that applied more widely than participation in sport:

> In the past, we have done research into problems with the cost of the school day, including things such as school uniform, equipment and money for school trips. The same applies to sport. Money for sports kit and equipment and for travel to where sporting activity is taking place is an issue for many. The past campaign about poverty proofing the school day could be applied more widely to sports activities and other areas [92] .

442. Witnesses highlighted the important role schools have to play in promoting physical activity not only through participation in physical education in school but also by encouraging greater physical activity outside of school and throughout the day. Dr Josie Booth of the University of Edinburgh said:

> ...we know that if we want to encourage our young people to be more physically active, for example, it is not just about what they do in school; it is about what they do out of school, not only through taking part in sport but through things such as active commuting. If we do not have good infrastructure, young people will not cycle or walk to school. They will not be physically active out of school and, similarly, they will not do the same during break times and so on [93] .

443. Dr Booth went on to argue that the traditional separation between physical activity and academic attainment needs to be broken down by exploring innovations such as physically active lessons. She explained:

> The old idea that children need to sit down to learn is being challenged. We know from evidence that children can learn just as well when they are doing physical things; indeed, sometimes they learn in a better way when they are out of their seats. Such approaches are often down to the innovations of teachers, who are getting pupils outside and moving around, or are using sport halls to engage pupils in movement and pairing that with learning outcomes [94] .

444. In its written submission, the Scottish Sports Association supported the views expressed by Dr Josie Booth where she emphasised the crucial role of good quality, accessible facilities and infrastructure for sport and physical activity in improving the health and wellbeing of children and young people - be that existing facilities, such as the school estate or Local Authority/Leisure Trust run facilities, or active travel infrastructure to enable physical activity to be built into every day:

> Making access to facilities affordable and accessible to all requires joined up thinking between local and national government, education, transport, planning and more sustainable and long-term interventions and investment are required in the sport and physical activity space, working very much in partnership with other support measures including youth work and justice programmes, to ensure that children and young people are provided with the opportunities to look after their own health and wellbeing.

445. SportScotland advised the Committee it has recently signed a partnership agreement with PHS around the eight investments for physical activity. It is looking at how it can take a whole-system approach to general health and wellbeing, as well as a whole-school approach.

446. The Committee is concerned by evidence that only a small minority of children and young people are currently meeting daily physical activity recommendations and that the average rate of physical activity is particularly low amongst teenage girls.

447. The Committee is similarly concerned by evidence that fewer than half of adolescents engage in active travel to school.

448. The Committee is equally concerned that, partly due to the scaling back and suspension of extracurricular sport programmes during the pandemic, there has been a widening gap between those children and young people who are physically active and those who are not.

449. The Committee has also heard evidence that, during the pandemic, there has been a widening gap between those who can afford to take part in sporting activities and those who cannot.

450. The Committee calls on the Scottish Government to set out what actions it intends to take to increase rates of physical activity by children and young people throughout the school day, including encouragement of active travel and active lessons as well as poverty proofing access to sport and physical activity for those from more deprived backgrounds.

Healthy eating

451. A number of written submissions to the inquiry highlight diet and nutrition as one of the key issues affecting health and wellbeing of children and young people in Scotland.

452. In its written submission to the inquiry, Food Standards Scotland describes current progress towards meeting the Scottish dietary goals, published by the Scottish Government in March 2016, concluding:

> ...the data shows that there has been little progress towards achieving them; the Scottish diet is too low in fruit, vegetables and fibre and too high in saturated fat, salt and sugar.

453. The Schools (Health Promotion and Nutrition) (Scotland) Act 2007 makes a number of provisions in relation to the nutritional value of foods in schools and the promotion of school lunches. New regulations on food in schools were made in 2020. Guidance on the 2020 regulations outlines the specific role of schools in encouraging healthy eating amongst children and young people:

> A good diet is essential for good health and it is important that children (defined in this guidance as primary school age) and young people (defined in this guidance as secondary school age) are provided with a solid foundation for establishing healthy life-long eating habits. Although schools alone cannot be expected to address poor eating habits, schools can make a valuable contribution to improving the nutritional quality of diets and promoting consistent messages about healthy eating within a health promoting schools environment."

454. The Scottish Government has plans to expand the offer of universal free school meals to all primary pupils by August 2022. The Government is also taking forward plans to introduce free breakfasts in primary and special schools in the future.

455. In its written submission, St. Andrew's Children's Society highlighted the negative impact poor nutrition has on the capacity of children and young people to learn in school:

> The foundations for any child to feel cared for and safe consist of- safety, belonging/love, food heat and shelter. Some children, in 2021, they go to school hungry, probably not well slept, poor clothing and an unsettled home environment. How can they apply themselves to learn and interact with friends?

456. While giving evidence to the Committee, the Minister for Public Health, Women's Health and Sport highlighted early data from the period of the pandemic which showed "an alarming increase in childhood obesity levels" including "some worrying statistics relating to children entering primary 1 who had heavier weights than ever before". The Minister went on to outline the Scottish Government's broader approach to tackling childhood obesity:

> We set some challenging targets pre-pandemic to tackle childhood obesity and significantly reduce diet-related health inequalities, and we will undoubtedly have to look at that programme in detail to ensure that we are achieving what we want to achieve. We want to make it easier for people to make healthy choices and to reduce the health harm that is caused by diet and unhealthy weight.
>
> However, the problem is a complex one. There is no single one-size-fits-all answer that we can simply pick off the shelf and make a difference with. We will have to do multiple things. We will have to start looking at the problem from before children are even conceived and look at women's health. We will have to support women during the antenatal period and support children from birth right up to their starting school [95] .

457. This report has already highlighted the strong interrelationship between poverty and poor diet and nutrition as well as significantly increased risks of obesity and

makes a number of recommendations to encourage healthier eating amongst children and young people living in more deprived communities.

458. At the same time, encouraging healthy eating is a common goal throughout Scottish society and evidence suggests there is still significant work to be done to meet the Scottish dietary goals. In this context, the Committee recognises the critical role local authorities and their schools have to play in encouraging healthy eating by all children and young people, notably in terms of providing access to healthy foods in school.

Youth work

459. The Committee heard many examples of how youth workers are working in close collaboration with schools to support improved health and wellbeing of children and young people. Kevin Kane of YouthLink Scotland cited a specific example of a project in Fife supporting children making the transition from primary to secondary school:

> Kirkcaldy high school used outdoor adventure days to support and enhance the transition between secondary 1 and secondary 2 and the transition for primary 7 pupils who missed out on residential experiences because of Covid. More than 500 young people benefited. The key thing for the committee, again, is that they all said that they had improved physical and mental health and wellbeing as a result of those experiences [96] .

460. Kevin Kane went on to highlight a number of funding streams which have helped youth workers to support improved health and wellbeing outcomes for school-aged children:

> We have to pay homage to the youth work fund, the education recovery fund and the outdoor learning and play fund, which have been fantastic. They have brought practitioners together under the umbrella of getting the best out of a young person in a manner that suits them [97] .

461. In its written submission, YouthLink Scotland draws attention to the preventative benefits of further investment in youth work services as a means of improving long-term health and wellbeing outcomes for children and young people:

> The social return for spending in youth work is clear. Therefore, we would encourage the committee inquiry to seriously consider the preventative spend potential on youth work as a real opportunity to bring about the best long-term results for a young person's physical and mental health.

462. In April 2014, the Scottish Government, Education Scotland and YouthLink Scotland jointly published a National Youth Work Strategy for the period 2014 to 2019. A follow-up Strategy, originally intended to cover the period 2020-2025, has yet to be published.

463. In reference to the National Youth Work Strategy, Public Health Scotland's written

submission to the inquiry states:

> PHS welcomes the development of a new National Youth Work Strategy and hopes that this provides an opportunity to ensure a well-resourced and suitably skilled youth work sector. This could help to prevent or mitigate some of the wider impacts of the pandemic, support young people towards positive destinations and reduce pressure on services such as Child and Adolescent Mental Health services.

464. The Committee recognises the important role youth workers are already fulfilling in supporting work to improve health and wellbeing in schools. It calls on the Scottish Government to continue providing support to enable examples of best practice in collaboration between youth workers and schools to be more widely disseminated across the country.

465. The Committee calls on the Scottish Government, in responding to this report, to provide an update on progress towards producing a follow-up National Youth Work Strategy. While accepting the impact of the pandemic, given the original Strategy officially expired in 2019, the Committee believes publication of the follow-up Strategy is now overdue.

Co-production

466. Witnesses generally recognised the importance of actively involving children and young people in the co-production of policy in schools to support their health and wellbeing. The Committee understands the term 'co-production' to mean the proactive involvement of children and young people in decisions around the design and delivery of policies that directly affect them and the services they use. Judy Edwards of Stirling Council said:

> As a local authority, Stirling Council strongly believes—I am sure that others do, too—that we have to listen to our young people and involve them in policy and decision making. Earlier, I mentioned the health and wellbeing census, and that is one way that we can do that.
>
> A few years ago, in collaboration with our health colleagues, we had what we call a gathering of our young people, in order to really listen to them about what they need and want, what would help them and how we can involve them more. Obviously, we must have discussions with our partners about the practicalities of that, but we need to hear from our young people what we are getting right, what we are not getting right and what they think that we can do to help with that.
>
> Going forward, whether data comes from a census or an event such as a gathering—or however else we get it—as leaders and citizens, we have to take that information with us into our work and find ways in which to co-produce with our young people. They are the future. They will tell us what they need and want, and it is our job to take that information, as I said, into everything that we do and find ways—and there are ways—in which to include them and co-produce with them [98] .

467. A number of written submissions to the inquiry highlighted the benefits of co-producing services and support for children and young people, not only by involving children and young people themselves but also their families and carers. RCPsychiS argued this:

> ...would ensure these services better reflect the needs of those who call upon them.

468. The written submission from See Me emphasised the importance of ensuring mental health education in schools is co-produced with children and young people:

> All training, resources, and legislation focused on mental health and wellbeing in education must be co-produced with children and young people with lived experience of mental health problems—through FeelsFM we found that young people want to be directly involved in making and taking decisions that affect them.

469. Action for Children goes so far as to call for a national youth engagement strategy to boost co-production of health and wellbeing services for children and young people:

> Scotland also needs to boost its co-production approach by investing in a national youth engagement strategy to proactively include children in spending and service delivery decisions and designs. Children should not be passive bystanders with regards to developing child-centred policies.

470. The Committee calls on the Scottish Government to set out how it is supporting and encouraging co-production of services in and around schools to support improved health and wellbeing of children and young people.

471. The Committee calls on the Scottish Government to give close consideration to bringing forward a national youth engagement strategy to boost the proactive involvement of children and young people in the design and delivery of health and wellbeing support and services.

Data

472. While health and wellbeing is a key part of the curriculum, a number of reports and reviews over the past two years have criticised the level of data collected on health and wellbeing in schools (e.g. Audit Scotland, OECD) compared to other aspects of the curriculum. In 2021, the Scottish Government launched the health and wellbeing census in schools. Results are expected to be published this year, albeit there has been some debate about the questions included in the census on sexual health. It is not clear to what extent the data will be comparable to previous surveys.

473. A lack of nationally representative data was highlighted by some witnesses as a key barrier to evaluating the effectiveness of policy interventions to improve health and wellbeing of children and young people in schools.

474. Dr Josie Booth of Edinburgh University told the Committee:

> The "2021 Active Healthy Kids Scotland Report Card" that was published last year showed that there was inconclusive data to report on many of our health challenges. For example, we were not able to report on factors such as fitness, diet and obesity, because we do not have nationally collected data that is representative of our population [99] .

475. Other witnesses highlighted the inherent challenge in assessing health and wellbeing and the impact of specific interventions to improve health and wellbeing as part of a holistic approach towards assessing all aspects of a young person's development. Judy Edwards of Stirling University said:

> ...it is sometimes difficult to evidence that one thing in particular has made a difference. For example, I am thinking of the impact that sport has on other aspects of a young person's development [100] .

476. Judy Edwards went on to suggest that the current health and wellbeing census being undertaken in Scottish schools would make a helpful contribution towards improving assessment of the impact of interventions to improve health and wellbeing of children and young people.

477. Witnesses also highlighted the particular challenges associated with measuring mental health of children and young people. As a specific example of these challenges, Dr Josie Booth said:

> A recent study in Scotland looked at neurodiverse young people and included a large group of children with autism. The rates of depression among them varied hugely from nothing to 83 per cent, which seemed to be due to the way in which that was measured [101] .

478. While recognising that health and wellbeing is one of three areas where teachers have a specific responsibility to assess progress as part of the Curriculum for Excellence, witnesses highlighted the particular challenges teachers face in seeking to assess health and wellbeing with certainty. Mike Corbett of the National Association of Schoolmasters Union of Women Teachers said:

> It is not a percentage—it is not as simple to measure as that. Consequently, there is probably not quite as much confidence among some teachers about what the standards are, or what the expectations are for the assessment of progress in, for example, mental health [102] .

479. In this context, Mike Corbett went on to highlight the need to give teachers improved support and guidance to be able to assess progress against health and wellbeing outcomes as part of the Curriculum for Excellence. He said:

> We have been looking for some time for additional support from Education Scotland on establishing a standard. There is an opportunity, though, in the forthcoming review of assessment. The headlines have been all about national qualifications, but the review will be of broader assessment in curriculum for excellence. That seems to me to be one of the key areas that we need to dig down into, and one in which we could get more support to understand how to measure outcomes and give teachers a bit more confidence [103] .

480. More fundamentally, witnesses also highlighted the importance of evidence-based policy-making and argued there was a need for greater research to inform a more proactive and strategic approach to future policy development to support the health and wellbeing of children and young people in schools.

481. Mike Corbett of the National Association of Schoolmasters Union of Women Teachers told the Committee:

> There is still room for a more comprehensive approach to researching exactly what the issues are before we decide what the response could be. The USA and the Netherlands in particular seem to have committed quite significant funding to research and evidence gathering—developing questionnaires, carrying out diagnostic assessments and so on—to identify what the issues are for pupils across the board before deciding what to do in response...
>
> Many things have been left to individual local authorities, which are doing good work, but there needs to be more of a national approach first of all to gathering evidence, and then to formulating strategies and getting the appropriate resourcing behind that to help pupils [104] .

482. The Committee calls on the Scottish Government to set out how it plans to address current significant gaps in available nationally representative data to

support accurate evaluation of specific interventions to support the health and wellbeing of children and young people in schools.

483. The Committee also recommends that the Scottish Government should commission further research to help inform future evidence-based policy development in this area.

484. The Committee recognises the particular challenges teachers face in measuring health and wellbeing outcomes as part of the curriculum, particularly in relation to mental health.

Long-term strategy and universality

485. The importance of integrated services and collaborative working was raised in many written submissions to the inquiry. Audit Scotland stated :

> Improving the health and wellbeing of children and young people needs a collaborative and participative approach across sectors, including health, social care and education.

486. Amongst those giving oral evidence to the inquiry, there was also a general consensus in favour of providing additional support to early intervention, moving away from a crisis response towards more preventative measures. In this context, Suzanne Shields from the Royal College of Occupational Therapists made reference to the "Ready to Act" transformational plan brought out by the Scottish Government in 2016:

> That is partly about ensuring that children and young people access services at the right time and in the right place, as well as what the right opportunities for them might be. It also sets out a much more tiered approach, with universal, targeted and specialist services. That is where we can look at having early intervention and prevention before families, children and young people reach crisis point [105] .

487. The Christie Commission on the future delivery of public services reported in 2011. It identified prevention as one of its four key “pillars” and noted it was imperative public services adopt a much more preventative approach to address persistent problems of multiple negative outcomes and inequalities being faced by far too many.

488. The Commission took the view that there is no magic solution to the problem of resources being tied up in dealing with short-term problems to the exclusion of efforts to improve outcomes in the longer term. It saw no alternative but to switch to preventative action to avoid what it termed “failure demand” swamping the capacity of public services to achieve outcomes.

489. Published in January 2016, the Scottish Government's "Ready to Act" Plan is described as "the first children and young people's services plan in Scotland to focus on the support provided by allied health professionals (AHPs)". The plan "sets out five key ambitions for AHP services for children and young people based on the outcomes they, their parents, carers, families and stakeholders told us mattered to their lives". Prevention and ensuring children and young people have access to the services they need when they need them are a key part of Ready to Act.

490. The Scottish Government’s Mental Health Strategy, 2017-2027 acknowledged the contribution a preventative approach at Tiers 1 and 2 could make towards reducing the flow of referrals to Tier 3 (specialist multidisciplinary outpatient CAMH teams) and Tier 4 (Highly specialised inpatient CAMH units and intensive community treatment services). Around 200 community based mental health and wellbeing services were funded in 2020-2021. The Programme for Government 2021-22 stated that these will be established in all local authority areas this year, in addition to a commitment to double the budget for community based mental wellbeing

services for children and young people to £30 million.

491. Despite this, there was concern among a number of witnesses that not enough support was being given to preventative and early intervention work. Mary Glasgow from Children 1st told the Committee:

> ...we have not made the shift to prevention that we should have made, and we need to think seriously about that. As far back as the Christie commission, we identified the need to shift away from crisis management and take a public health approach to ensure that we address the pillars of inequality, which include poverty.

492. An individual submission said that "services are too stretched to provide effective early intervention." Meanwhile, the Association of Scottish Principal Educational Psychologists reflected:

> Access to early help / intervention and services generally remains a challenge. There is a pressure on specialist services for a range of reasons and work on single point of access is at an early stage in some areas, meaning referrals can sit on waiting lists without being redirected. All local systems are trying to balance early intervention support with more specialist and intensive support. There can be additional pressures in remote and rural areas where physical accessibility can add a layer of challenge.

493. The written submission from the NSPCC highlights the tension between addressing short-term critical need to support children and young people's mental health and progressing a longer term strategy based on early intervention and prevention. While supporting the need for short term action to improve access to CAMHS, it concludes:

> We would stress, however, that we consider it imperative that enhanced provision to meet immediate need is accompanied by the development of a long term, integrated strategy for improving children and young people's mental health and responding to problems. The absence of such an integrated strategy represents a core challenge to improving child mental health.

494. During oral evidence, the Minister for Public Health, Women's Health and Sport acknowledged the crucial importance of early intervention to address children and young people's mental health:

> We recognise how important it is for children and young people to be able to access mental health and wellbeing support at the earliest possible stage, which is why early intervention is a key focus of our mental health and wellbeing transition and recovery plan, and why children and young people's focused activities make up a large proportion of the £120 million recovery fund that supports the plan [106] .

495. The Committee recognises the natural tension between achieving a longer term shift towards a more preventative, early intervention approach to supporting the health and wellbeing of children and young people from disadvantaged groups and the immediate short term need to provide services and support to those who are suffering a crisis with their health and wellbeing right now.

496. However, the Committee has heard evidence that breaking the cycle of investment in crisis intervention and refocusing towards a preventative, early intervention approach will ultimately yield benefits by reducing the overall need for crisis intervention in the longer term.

497. In responding to this report, the Committee requests that the Scottish Government provide an update on progress with implementation of the "Right to Act" plan. This should include an evaluation of the impact the plan has had so far in encouraging a shift to a preventative, early intervention approach towards supporting the health and wellbeing of children and young people from disadvantaged groups.

498. The Committee calls on the Scottish Government to set out how, building on the foundations of its mental health and wellbeing transition and recovery plan and the Mental Health Strategy 2017-2027, it intends to develop and bring forward an integrated long-term strategy to support, improve and sustain children and young people's mental health.

499. Witnesses giving evidence to the Committee spoke in generally supportive terms about the positive impact on the health and wellbeing of children and young people of universal interventions such as targets for physical education, universal provision of free school meals and access to school counsellors. At the same time, they also reiterated a view that there is a need for better data in many areas to be able to measure the impact of universal interventions more clearly and accurately.

500. In its written submission to this inquiry, Public Health Scotland made the case in favour of a universal approach to tackling health and wellbeing of children and young people while also targeting specific groups for additional support:

> No single intervention will improve the health and well-being of all children and young people. However, a few interventions are likely to give good returns on investment at different points in children's lives and help reduce inequalities. We would recommend an approach that attempts to undo those unhelpful to children's development and well-being, that helps prevent children from seeing a reduction in their well-being and that mitigates harm that has already been done. Such an approach needs to be a universal offer to all children and their families with the ability to target additional resources where they are needed. This ensures that responses are both universal and proportionate to need and recognises the need to support and improve the health of all children, whilst also identifying those groups and populations who will need greater support. Approaches should also be informed by the evidence about interventions which are effective.

501. In this context, many witnesses spoke about the importance of "filling the gap" between universal services and more specialist support and acute services some children and young people need. At the same time, witnesses were keen to emphasise the importance of a universal approach underpinning that more specialist care.

502. Dr Mairi Stark from the Royal College of Paediatrics and Child Health told the Committee:

> It is not just about one group...—there are difficulties across society. We might think that some children are fine because they have professional parents, when they might in fact be having difficulties, too. No child should be excluded, and we should be looking at the universal picture. Nonetheless, some groups—children who are care experienced and children who are living in poverty, in particular, are good examples—definitely require more intervention [107].

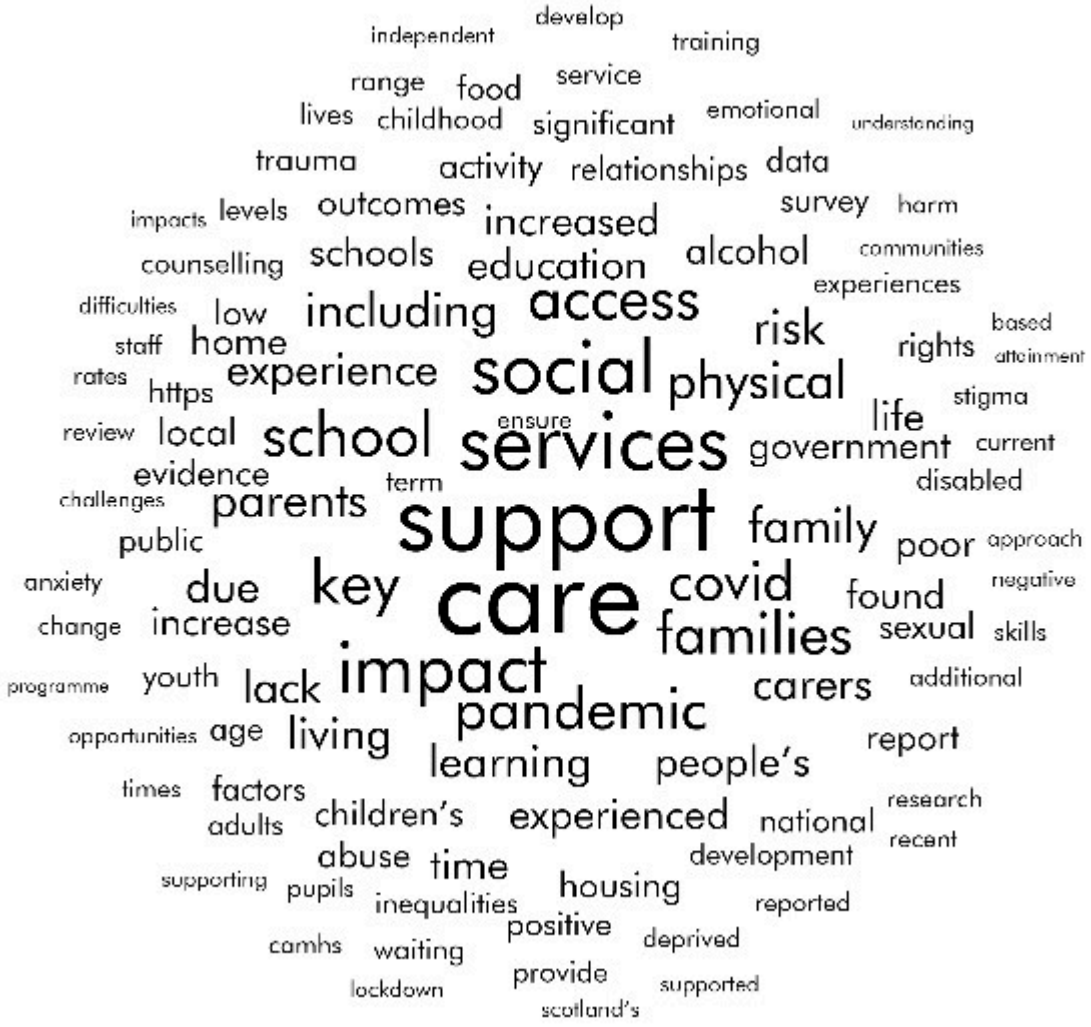
503. The Committee accepts that supporting the health and wellbeing of Scotland's children and young people needs to be underpinned by a universal approach, coupled with more specialist interventions for those children and young people who are disadvantaged or have particular needs.

504. The Committee highlights calls it has heard as part of the inquiry for better data collection to improve evaluation of the impact of universal interventions aimed at improving health and wellbeing of children and young people.

Annex A - Word clouds compiled from the responses to the four questions in the call for views

Question 1 word cloud

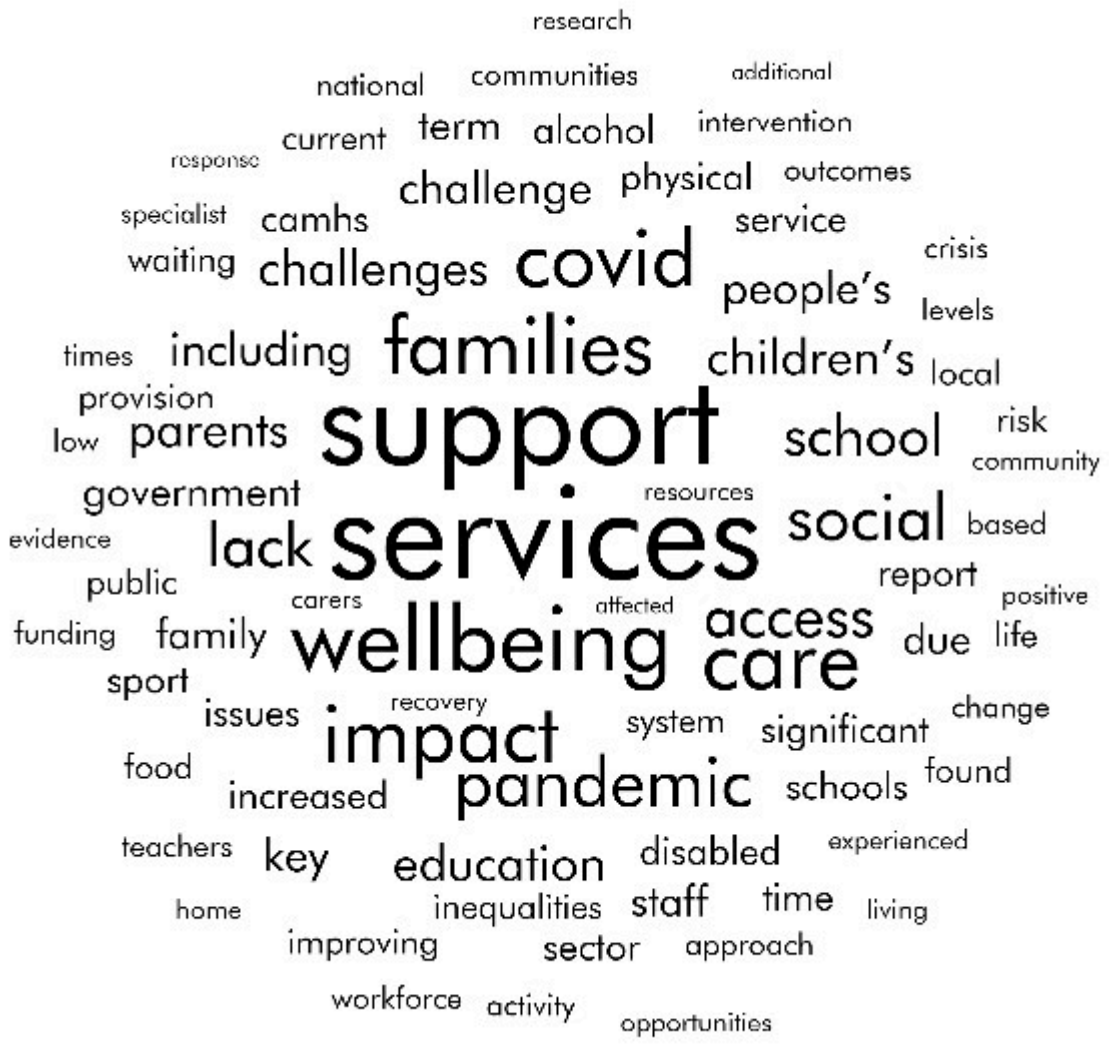
What are the key issues around health and wellbeing for children and young people in Scotland?



Source: Scottish Parliament Information Centre

Question 2 word cloud

What are the key issues around health and wellbeing for children and young people in Scotland?



Source: Scottish Parliament Information Centre

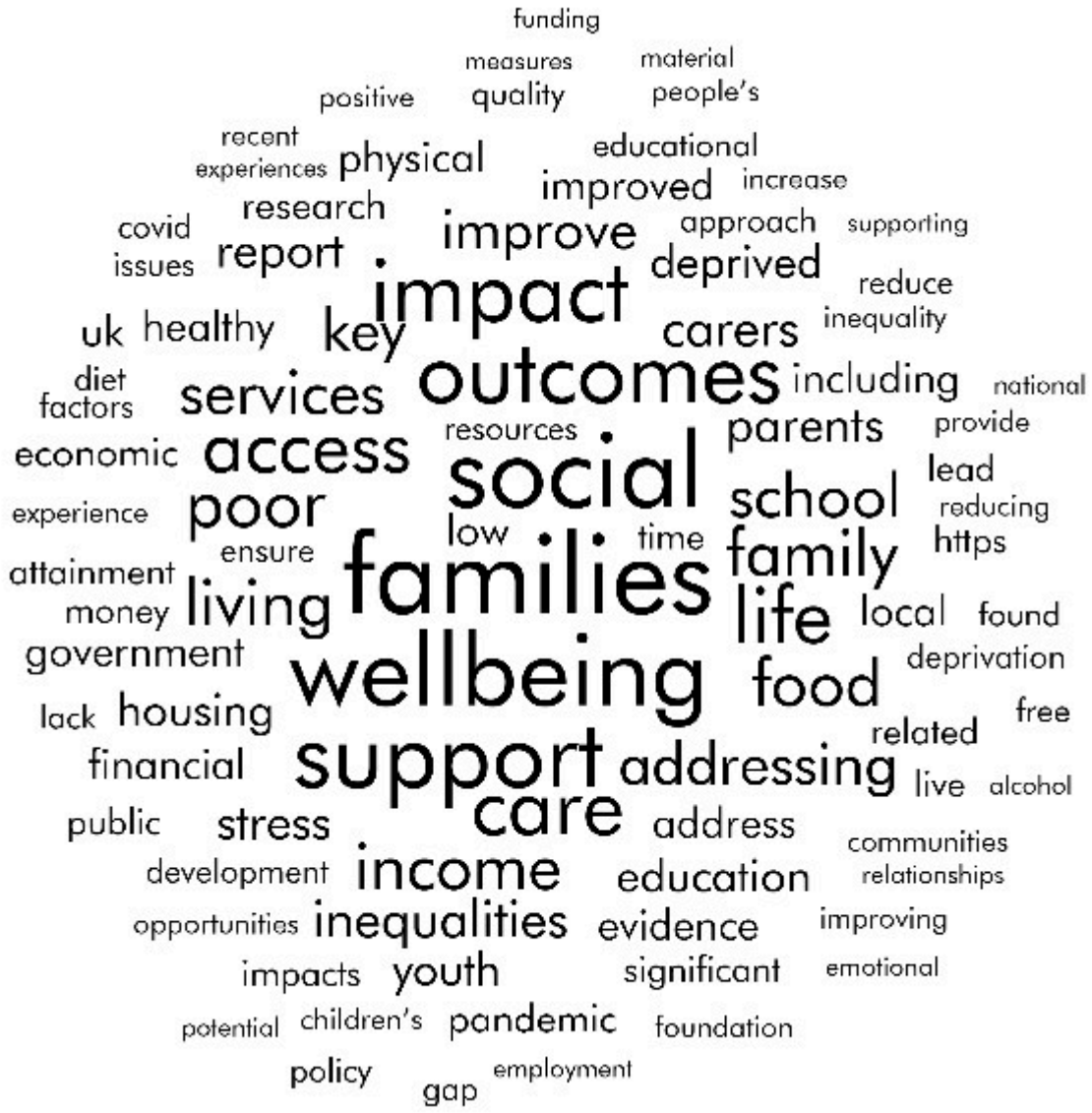
Question 3 word cloud

What offers the best opportunity for improving the health and wellbeing of children and young people over the next 5 years?

Source: Scottish Parliament Information Centre

Question 4 word cloud

What offers the best opportunity for improving the health and wellbeing of children and young people over the next 5 years?



Source: Scottish Parliament Information Centre

Annex B - Update of relevant Committees' planned work

Social Justice and Social Security Committee response (dated 29 November 2021)

Dear Gillian

Thank you for your letter of 3 November advising the Committee of your inquiry into the key issues impacting the health and wellbeing of children and young people.

You sought an update on any related work the Social Justice and Social Security Committee is planning to undertake in this area to allow the clerks to factor this information into your inquiry planning.

In the first instance the Committee would like to draw the Health, Social Care and Sport Committee's attention to recent work it has conducted relevant to child poverty.

The Committee's central theme for its pre-budget 2022-23 scrutiny is the Scottish Government's progress in meeting the interim child poverty targets for 2023. A wide range of evidence was gathered on 16 September and 7 October 2021 that could be useful for your Committee's purposes. The Committee's letter of 29 October 2021 sets out our conclusions and areas where the Committee has either asked the Scottish Government for more information, proposed taking a different approach, or asked for specific actions to be prioritised. The Committee will, like other committees, be continuing its 2022-23 budget scrutiny following publication of the budget.

Your letter references the Scottish Government's current Tackling Child Poverty Delivery Plan. You may wish to note that the Scottish Government wrote to the Social Justice and Social Security Committee on 19 October seeking our views on the second Tackling Child Poverty Delivery Plan 2022-26. We responded on 22 November 2021 drawing out relevant points form the Committee's pre-budget work and highlighting other work the Committee has undertaken around homelessness.

Other specific points we raised with the Scottish Government were, who had been consulted, how the effectiveness of policies included in the new delivery plan will be monitored, how the new delivery plan will incorporate the Social Renewal Advisory Board's recommendations, and what the funding comparison is between the first and second child poverty delivery plans.

On poverty and debt more generally, the Committee held an informal evidence gathering session on 18 November where it heard from people with lived experience. A note from this session will be available shortly on the Committee's webpage.

As well as this work, the Committee has considered some relevant pieces of subordinate legislation, which you may wish to take account of in your planning. These are:

The Welfare Foods (Best Start Foods) (Scotland) Amendment Regulations 2021 (2 Sept 2021)

- Best Start Foods is money to spend on healthy foods, for pregnant women and families with very young children. These regulations increased the amount provided.

The Committee wrote asking for clarification whether the scheme would be extended to those with no recourse to public funds, mirroring developments in the UK equivalent scheme.

The Winter Heating Assistance for Children and Young People (Scotland) Amendment Regulations 2021 (28 Oct 2021)

- Provides annual payment to families with severely disabled children recognising their additional requirement for heating. These Regulations remove the requirement to pay the benefit by a certain date and extend eligibility to include young people in receipt of Personal Independence Payment.

Regarding future Committee work in relation to the health and wellbeing of children and young people, we are still in the process of finalising our work programme for early 2022. The Committee is holding a series of one-off sessions to establish its priorities. As such, the Committee is not able to provide information on relevant planned work at this stage, however, we do note your inquiry and have asked the clerks to keep in touch should there be some subject cross-over.

Public Audit Committee response (dated 2 December 2021)

Dear Gillian,

Thank you for your letter of 3 November outlining your Committee's plans to undertake an inquiry into the Health and Wellbeing of Children and Young People.

The Public Audit Committee welcomes this important and very timely piece of work. So far in this session of Parliament, our Committee has taken evidence on a range of reports and online outputs published by the Auditor General for Scotland (AGS) relevant to the scope of your inquiry work. I outline some of the key messages from our work below.

Improving outcomes for young people through school education

The Improving outcomes for young people through school education report, published by the Auditor General for Scotland and the Accounts Commission in March 2021, recognises the important role of the school education system, together with other sectors, "to tackle issues which affect young people's life chances and outcomes, such as child poverty and health and wellbeing".

The report highlights that many young people have reported that their mental health has been affected by the impact of the Covid-19 pandemic. Audit Scotland welcomes the increased focus on supporting and monitoring wellbeing during the pandemic but cautions that this needs to continue. It also raises concerns that there is insufficient national data on some of the wider outcomes of school education, such as health and wellbeing.

The report also highlights that school education in Scotland is about more than just exam results. While there has been an increase in the types of opportunities, awards and qualifications available to children and young people, Audit Scotland reports that better data is needed to understand whether other outcomes, like wellbeing and confidence are improving.

The issue of insufficient data to measure outcomes is a consistent theme heard by our Committee. We would therefore encourage your Committee to consider what work is ongoing to develop better data on the health, wellbeing and confidence of children and young people as part of your inquiry.

As you will be all too aware, the Covid-19 pandemic has disrupted the life of every child and young person in Scotland. The report recognises that the impact of Covid-19 on outcomes for children and young people is influenced by their circumstances including their experience of poverty and deprivation. The report goes on to state that—

> "*Pupils living in very challenging circumstances have been most affected by the impact of school closures. These pupils were particularly affected by access to digital resources. The Scottish Government and its partners have taken action to address the digital gap, but it has taken time to implement these measures*".

Scotland's Colleges 2020

This "digital gap" was an issue drawn to the Committee's attention during its scrutiny of the

AGS's blog on Scotland's Colleges 2020 . During a roundtable evidence session in September 2021, the Committee heard directly from the President of the National Union of Students (NUS) Scotland, who stated—

> *"A striking moment this year was the realisation of just how many students were in digital poverty, particularly early in the pandemic, and struggled to access the laptops, equipment and internet connection that they needed to take part in their studies. The Government made some investment in the sector last year, which helped incredibly. It was not necessarily enough money, in that colleges were often topping up that investment from the Government. However, we still see digital poverty as an issue that is facing students this year".*

NUS Scotland also highlighted that students "are a demographic and a population that tend to struggle more with their mental health at that stage in life". They also highlighted the wider benefits of students attending college, including gaining confidence and building their social skills, which was significantly impeded by the pandemic.

We would therefore encourage your Committee to consider how students within the college system are being supported with their mental health, as well as the issue of digital poverty in schools and other education settings, and the funding available to narrow the digital gap.

In October 2021, our Committee took evidence from a range of stakeholders on the provision of child and adolescent mental health services (CAMHS) in Scotland. This session was prompted by the publication of a blog on this issue by Audit Scotland.

The evidence session provided the Committee with an up-to-date position on how CAMHS are operating in Scotland. The Committee heard compelling evidence that limited progress had been made to address the significant concerns raised in Audit Scotland's report on Children and young people's mental health , published in 2018. Indeed, rejected referral rates, waiting times for CAMHS treatment and the availability of robust data on mental health services for children and young people appear to be as much of an issue today as they were three years ago. It is clear that the Covid-19 pandemic has clearly exacerbated a system that was already under significant pressure.

Following the evidence session, the Committee agreed to write to the Director-General for Health & Social Care and Chief Executive of NHS Scotland to—

- seek further information about the significant variation in CAMHS waiting times across Scotland;
- establish how good practice is being shared to improve CAMHS across Scotland;
- provide a breakdown of the actions that have been taken against each of the 29 recommendations made by the Scottish Association for Mental Health and NHS NSS Information Services Division in its "Rejected referrals to child and adolescent mental health services audit", published in 2018.
- provide further information on work the Scottish Government is progressing with Public Health Scotland to improve the quality and scope of data on the provision of mental health services for children and young people.

The Committee also agreed to write to the AGS to stress its view that urgent action is required to address the systemic issues, as abovementioned, and to encourage him to

consider how Audit Scotland may seek to review its work programme in light of the evidence heard.

Responses have been received from the Director-General for Health & Social Care and Chief Executive of NHS Scotland and the AGS .

As regards the correspondence from the Director-General, the Committee was concerned by the limited level of detail provided on the action taken by the Scottish Government against the 29 recommendations of the "Rejected referrals to child and adolescent mental health services audit". The Committee therefore invites your committee to consider this area in more detail as part of your inquiry work, if time permits.

The Committee also noted concerns recently expressed by the Scottish Association for Mental Health in the media about plans to replace the term "rejected referrals" by the Scottish Government. The Committee is of the view that the current term should be maintained until there is clear evidence that children and young people are able to access the support that they need for their mental health. The Committee wishes to draw this to your attention, should you wish to follow it up as part of your inquiry work.

As you will note, the AGS has no immediate plans to do any further audit work on CAMHS. Instead, he plans to undertake audit work on adult mental health services, while closely monitoring the progress on the actions being taken by the Scottish Government on CAMHS, to inform future audit work in this area.

While the Committee is disappointed that further audit work on CAMHS is not in the scope of the AGS's work programme in the short term, it is encouraged that your inquiry on the health and wellbeing of children and young people will continue to shine a light on this important policy area.

We hope that this information is helpful to inform your inquiry work.

Annex C - Note of engagement session

The Committee met with young people on Monday 17 January as part of their inquiry into the Health and wellbeing of children and Young people. The young people were supported by the following organisations:

- Barnardo's
- Who Cares? Scotland
- Carers Trust Scotland

Below is a summary of the key points raised during the discussion.

How are schools supporting young people's health and wellbeing?

- More support needs to be available within the schools to support Mental health. Schools are good at referring on to other services but there isn't really anyone within schools, other than teachers, to reach out to. They seem to just want to quickly pass pupils on to counsellors.
- Mental Health issues are often not treated as a serious issue within schools.
- More training needed for teachers to know how to support young people in different situations. For example, young carers who see school as a safe space away from the stresses of home but don't get the understanding and support they need to open up about their mental health within the school.
- Peer support was suggested as a good approach if the young person providing support wasn't experiencing their own difficulties at the time and going unsupported.
- School bullying isn't always dealt with appropriately which can lead to Mental health difficulties.
- There is a lot of variation in how well-equipped schools are at dealing with care experienced young people and the relationship they have with teachers. Especially around sexual and reproductive health. Can't' always be a uniformed approach to this as everyone will have had different experiences and may need information and education at a younger age.
- Some young people have poor experiences in PSE classes at schools with classmates making jokes or offensive comments about things like Mental health.

Mental Health support

- Waiting times for Mental health support are too long. One young person spoke about waiting for 4 months to get support at a time when they were in a very bad place mentally. Although the support was great when they got it and did help them a lot.
- Another young person said that they were unable to get the support when they needed it and had to work through it themselves. They were then offered support Months later and this resulted in feelings of re-lived trauma as they were having thoughts about the experience all over again.

- Some young carers reported feelings of “selfishness” if they reached out for help because they felt the priority should be the person they cared for.

- Support only seems to be available for people with diagnosed mental health conditions rather than more general support for Mental health.

- The pandemic has had a big impact on the Mental health of young people with 94% of Barnardo’s staff in schools reporting young people having more worries now compared to before the pandemic and young people reporting high instances of self-harming and suicidal thoughts.

- The widespread use of the Mental Health support line set up after COVID shows that many young people had nowhere else to go.

- One young person reported using the phoneline because they had been unable to get help from their GP citing the receptionist as being the “gatekeeper” and causing problems accessing help.

- Many young people agreed that young people should be able to access mental health support through the health service and not rely on a phoneline or voluntary sector support.

- Support is inconsistent and only available when someone is in crisis. There should be lifelong support available when needed.

- It was acknowledged that for some young people the pandemic had a positive impact because they found in person schooling a stressful experience. For many others, however, it had a negative impact on their mental health due to isolation.

Sport and physical activity

- Access to sports activities is an issue if you aren’t interested in football. There aren’t enough options available in all areas.

- Sports activities have been impacted by the pandemic with lots of clubs closing activities shortly after reopening due to new restrictions.

- There are often other barriers to accessing sport such as financial barriers and the cost and availability of transport to get to activities.

- Pupils aren’t being consulted enough in schools about sports options with a lot of the choices still very “gendered” around boys liking football and girls liking dodgeball for example.

- Access to sport in different areas is variable with free access often not transferring across local authority boundaries.

Support for parents

- There is a lack of childcare options available for young care experienced parents.

- Care experienced parents aren’t able to just call their parents for help so it adds to mental health struggles.

- Offers of free dental care and extra child care for care experienced parents never

seemed to materialise.

Annex D - Minutes of meeting

1st Meeting, 2022 (Session 6) Tuesday, 11 January 2022

Inquiry on Health and Wellbeing of Children and Young People:

The Committee took evidence from—

Mary Glasgow, Chief Executive, Children 1st;

Jacquie Pepper, Chief Social Work Officer, Perth and Kinross Council, Social Work Scotland;

Suzanne Shields, Occupational Therapist and Care Group Lead for Occupational Therapy - Children and Young People , Royal College of Occupational Therapists;

Professor Hazel Borland, Interim Chief Executive, NHS Ayrshire and Arran;

Heather Connolly, Health Psychologist, Division of Health Psychology - Scotland, British Psychological Society;

Kirsty-Louise Hunt, Senior Policy and Public Affairs Lead, Barnardo's Scotland.

2nd Meeting, 2022 (Session 6) Tuesday, 18 January 2022

Health and Wellbeing of Children and Young People:

The Committee took evidence from—

Shelley Buckley, Programme Manager - Families Children and Young People, Mental Health Foundation;

Alex Cumming, Assistant Director of Delivery and Development, Scottish Association for Mental Health;

Susie Fitton, Policy Manager, Inclusion Scotland;

Sam March, Principal Educational Psychologist, South Lanarkshire Council, The Association of Scottish Principal Educational Psychologists;

Joanne Smith, Policy and Public Affairs Manager, NSPCC Scotland;

Dr Mairi Stark, Scottish Officer, Royal College of Paediatrics & Child Health;

and then from—

Lucy Hughes, Policy Development Coordinator, Who Cares? Scotland;

Kate MacKinnon, Policy Associate, CELCIS;

Jackie Brock, Chief Operations Officer (Interim), The Promise Scotland;

Helen Happer, Chief Inspector, Care Inspectorate.

3rd Meeting, 2022 (Session 6) Tuesday, 25 January 2022

Health and Wellbeing of Children and Young People:

The Committee took evidence from—

Dr Josie Booth, Senior Lecturer in Developmental Psychology, University of Edinburgh;

Mike Corbett, National Official (Scotland), NASUWT;

Kevin Kane, Policy and Research Manager, YouthLink Scotland;

Jacqueline Lynn, Head of School and Community Sport, SportScotland;

Judy Edwards, Service Manager, Stirling Council.

4th Meeting, 2022 (Session 6) Tuesday, 1 February 2022

Health and Wellbeing of Children and Young People:

The Committee took evidence from—

Kevin Stewart, Minister for Mental Wellbeing and Social Care,

Maree Todd, Minister for Public Health, Women's Health and Sport,

Angela Davidson, Acting Deputy Director, Improving Mental Health & Wellbeing,

Stephen McLeod, National Advisor for CAMHS and Neurodevelopmental Services,

Carolyn Wilson, Policy Adviser, Children And Families and

Mairi Macpherson, Deputy Director, Improving Health and Wellbeing, Directorate For Children And Families, Scottish Government.

7th Meeting, 2022 (Session 6) Tuesday, 8 February 2022

Health and Wellbeing of Children and Young People:

The Committee took evidence from—

Shona Robison, Cabinet Secretary for Social Justice, Housing and Local Government,

Clare Haughey MSP, Minister for Children and Young People,

Shirley Laing, Director for Housing and Social Justice,

Fiona Clements, Improving Lives for People with Care Experience Unit, Children and Families Directorate,

Gavin Henderson, Deputy Director, Keeping the Promise,

Laura Meikle, Head of Support and Wellbeing Unit and

Tom McNamara, Head of Youth Justice & Children’s Hearings, Scottish Government.

Annex E - Official Report

Health, Social Care and Sport Committee (Virtual) 11 January 2022

Health, Social Care and Sport Committee (Virtual) 18 January 2022

Health, Social Care and Sport Committee (Virtual) 25 January 2022 [Draft]

Health, Social Care and Sport Committee 01 February 2022 [Draft]

Health, Social Care and Sport Committee 08 February 2022 [Draft]

1 Health and wellbeing of children and young people published responses

2 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL94

3 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL9

4 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL8

5 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL12

6 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL4

7 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL36

8 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL8

9 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL30

10 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL15

11 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL3

12 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL30

13 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL32

14 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL18

15 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL35

16 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL35

17 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL31

18 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL3

19 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL39

20 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL28

21 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL25

22 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL38

23 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL27

24 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL29

25 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL11

26 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL17

27 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL20

28 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL40

29 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL23

30 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL16

31 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL24

32 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL29

33 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL16

34 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL25

35 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL5

36 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL7

37 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL5

38 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL12

39 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL3

40 Social Justice and Social Security Committee, Official Report 21 April 2022, COL19

41 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL4

42 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL4

43 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL19

44 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL6

45 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL26

46 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL6

47 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL28

48 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL29

49 Trauma-informed practice: toolkit - gov.scot (www.gov.scot)

50 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL10

51 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL10

52 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL11

53 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL37

54 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL15

55 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL35

56 Health, Social Care and Sport Committee, Official Report 11 January 2022, COL39

57 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL39

58 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL12

59 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL24

60 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL49

61 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL48

62 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL33

63 Health, Social Care and Sport Committee, Official Report 18 January 2022, COL35

64 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL11

65 Health, Social Care and Sport Committee, Official Report 8 February 2022, COL28

66 Health, Social Care and Sport Committee, Official Report 1 February 2022, COL7

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