

Children's Rights and Wellbeing Impact Assessment (CRWIA) for Covid-19 Mental Health Transition and Recovery Plan: Children and Young People's Mental Health

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Introduction

This Children's Rights and Wellbeing Impact Assessment (CRWIA) addresses the commitments made in the [Coronavirus \(COVID-19\): mental health - transition and recovery plan](#) and encapsulates the work of multiple policy areas which address children and young people's mental health.

This CRWIA has been carried out across multiple policy areas with shared priorities and work streams. It includes responses from the following policy areas:

- CAMHS Improvement and Eating Disorder Policy,
- Community Mental Health and Crisis Services,
- Perinatal and Early Years Mental Health,
- Children and Young People's Mental Health Improvement,
- Student Mental Health and Wellbeing,
- Children and Young People's Mental Health and Wellbeing Joint Delivery Board.
- National Trauma Training Programme

1. Which articles of the UNCRC does this policy/measure impact on?

T&R Plan – New policies requiring CRWIA	Which UNCRC Articles are relevant to the policy/measure?
Family Support. We will continue to support parents by developing a wider package of Covid-19 related family support, building on existing work, such as the introduction of Solihull Online.	Article 3, 4, 5, 12, 13, 16, 17, 18, 19, 23, 24, 25, 27
Signposting to Help and Support. We will continue our work to ensure that children, young people and their families will be clearly and quickly signposted to the right help and support where necessary. We will enhance and build on digital support developed during lockdown, such as Aye Feel and Parent Club.	Article 1, 2, 3, 4, 5, 12, 13, 16, 17, 18, 23, 24, 25
Emotional Wellbeing. We are working with children, young people and families to understand the factors that have impacted on emotional wellbeing as a result of the pandemic and lockdown. Within this we will consider wider factors such as body image, screen time, disrupted sleep, worries about education, employment, toxic masculinity, or relationship issues. We will develop policy and actions in response to what we have heard and continue to deliver work already underway in these areas, such as the Mind Yer Time guidance for healthy social media use, and the work of the Body Image Advisory Group.	Article 1, 2, 3, 4, 5, 12, 13, 16, 17, 18, 23, 24, 25
Students. We will continue to ensure that university and college students have access to the right mental health support. We will build on our existing investments such as our commitment to provide 80 additional counsellors in colleges and universities, and the refocusing of the National Union of Students' Think Positive project to respond to Covid-19 mental health need. We will also continue to target our messaging on the availability of resources such as NHS 24 and Breathing Space to ensure they are well publicised in universities and colleges. We will develop a response to support children, young people and families experiencing heightened distress.	Article 1, 2, 3, 4, 5, 12, 13, 16, 17, 18, 23, 24, 25, 28, 29
Emotional Distress. We will develop services to respond to the damaging impacts on unregulated emotional distress in under 16s and the parents of	Article 1, 2, 3, 4, 5, 6, 12, 13, 16, 17, 18, 19, 23, 24, 25, 39

<p>children experiencing distress, as well as to women in the perinatal period.</p>	
<p>Perinatal and Infant Mental Health Programme Board. The ongoing work of the Perinatal and Infant Mental Health Programme Board will be responsive and sensitive to the phases of this pandemic. It will consider the longer term impacts on young children and families associated with Covid-19. This includes establishing perinatal mental health services as a priority area for the roll out of Near Me services, providing dedicated support around Covid-19 to our existing third sector funded organisations, and building Covid-19 responsiveness into the applications for the recently launched Perinatal and Infant Mental Health Third Sector Fund.</p>	<p>Article 3, 5, 6, 18, 31, 39</p>
<p>Access to Perinatal and Infant Mental Health Services. In line with the 2020-21 Delivery Plan for the Perinatal and Infant Mental Health Programme Board, we will establish a working group to gain a more detailed understanding of issues raised in the Perinatal and Infant Mental Health Programme Board EQIA through further consultation and analysis. We will consider how recent Covid-19 driven innovations in mental health services can improve access for people with protected characteristics, and will seek to further embed these within services.</p>	<p>Article 3, 5, 6, 18, 31, 39</p>
<p>Expanding the National Trauma Training Programme: recognising the increased risk of people experiencing psychological trauma as a result of the Covid-19 pandemic, we will continue to fund the National Trauma Training Programme, led by NHS Education for Scotland, to ensure that all sectors of the workforce have the resources they need to help embed trauma informed approaches. This includes a focus on systems, services and organisations which support children and young people.</p>	<p>Articles 3, 6, 12 ,24, 25, 31, 39</p>

2. What impact will your policy/measure have on children's rights?

Policy leads across the work streams of CAMHS Improvement and Eating Disorder Policy, Community Mental Health and Crisis Services, Perinatal and Early Years Mental Health, Children and Young People's Mental Health Improvement, Student Mental Health and Wellbeing and the Children and Young People's Mental Health and Wellbeing Joint Delivery Board agree that these policy development, both individually and together, will have an overall positive impact on children's rights.

It is not anticipated that this policy will have any negative impact on children's rights. The policy is underpinned by children's rights; therefore, it is assessed that the policy will have a positive impact on children's rights. For example:

Perinatal and Early Years Mental Health: Positive impact. This work meets Article 3 (best interests of the child), Article 5 (parental guidance and a child's evolving capacities), Article 6 (life, survival and development), Article 18 (parental responsibilities and state assistance), Article 31 (leisure, play and culture), Article 39 (recovery from trauma and reintegration). Additionally, it puts a specific focus on increasing awareness of infants' rights across Scotland.

Student Mental Health and Wellbeing: Positive Impact. This meets Article 3 (best interests of the child), Article 6 (life, survival and development), Article 18 (parental responsibilities and state assistance), and Article 39 (recovery from trauma and reintegration).

National Trauma Training Programme: Positive impact. The commitment to expanding the Programme will help to raise awareness of the impact of psychological trauma and Adverse Childhood Experiences (ACEs), to identify the earliest opportunities to prevent childhood adversity occurring and to ameliorate the negative impacts where such experiences have occurred, where possible, through trauma-informed approaches (since not all adversity can be prevented). GIRFEC provides the anchor for how we support and nurture our children and improve the way we respond in an integrated way to the needs of children and families. Action to address trauma and ACEs is fundamentally related to the work to progress children's rights in Scotland. In particular, the UNCRC Article 19 (protection from violence, abuse and neglect), Article 24 (right to possible best health), Article 34 (protection from sexual abuse and exploitation), and Article 39 (recovery from trauma and reintegration).

3. Will there be different impacts on different groups of children and young people?

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

Positive Impact for all groups of children and young people. The work of the Board will focus on prevention and early support as well as promotion of good mental health and effective services for children, young people and their families to access. The voices and experiences of children, young people and their families are key to the development of all aspects of work relating to the Children and Young People's Mental Health and Wellbeing Joint Delivery Board. This includes decision making, service design, delivery and evaluation.

The Joint Delivery Board has developed a [Principles for Participation and Engagement paper](#) to ensure that meaningful participation and engagement with children and young people is embedded within our processes and actions as the work of the Board progresses.

The principles are underpinned by Article 12 of the [UN Convention on the Rights of the Child \(UNCRC\)](#), ensuring every child has the right to be heard in matters affecting them and to participate in the life of their family, community and society; as well as the commitment to The Promise, which is aligned with the [National Performance Framework](#) and embeds as its vision the commitment that Scotland's children should grow up loved, safe and respected so that they realise their full potential.

An [addendum](#) to support engagement with 3-5 years old has also been developed which aligns to the Principles for Participation and Engagement.

CAMHS Improvement: The CAMHS Improvement programme of work will support improvements to both CAMHS and Neurodevelopmental services for children and young people. These services should be available from 0-25 years. This Improvement programme will affect children and young people within the CAMHS system, and those with a neurodevelopmental profile of need.

Eating Disorder Policy: Eating Disorder policy and service improvement is included in the CAMHS improvement programme. Improvements made through this programme will positively impact children and young people with an eating disorder. CAMHS should be available from 0-25 years.

Community Mental Health: The Community Mental Health and Wellbeing Community Services Grant (5-24 year olds) provides young people and families with additional support for mental and emotional distress and support for their wellbeing and resilience, delivered in a community setting. The fund provides Local Authorities with an additional £15 Million per annum to provide new and enhanced supports and services for children and young people. Services are guided by a supporting [Framework](#), developed by the Scottish Government and COSLA chaired Children and Young People's Mental Health and Wellbeing Programme Board, and now overseen by the Joint Delivery Board. By provide an increase in services providing prevention and emotional distress support these services will positively impact on 5-24 year olds (up to 26 care levers), their parents and carers.

Perinatal and Early Years Mental Health: The aim of the Perinatal and Infant Mental Health Programme Board is for positive impacts to be experienced not only directly for infants but indirectly by helping to support their parents and families. The policy work being undertaken by the Programme Board will allow the Scottish Government, Third Sector organisations and NHS to work collaboratively together to help identify any infants that may need help and support either directly or indirectly.

There will be a particular focus on children who fall in to groups identified in the Perinatal and Infant Mental Health EQIA, who may experience varying impacts depending on their individual set of circumstances. An Equalities Subgroup has been established to identify and discuss any gaps in the [Perinatal and Infant Mental Health EQIA](#). Where there are gaps and any inequalities identified, the group members will also consider if the child's rights have been affected. The actions that are identified by the members will be presented to the Infant Mental Health Implementation and Advisory group for their consideration. The actions completed by the group will aim to have a positive impact on infants that have experienced mental health problems due to the following factors and others that may be identified through discussions:

- Experience of domestic abuse in their family/homes
- Experience of substance abuse in their family/homes
- Poverty
- Perinatal mental health problems and relationship difficulties
- Barriers in accessing help and services relating to communication and cultural differences
- Trauma

Children and Young People's Mental Health: The policy exists to support the improvement of mental health in children and young people in Scotland, therefore all groups of children will be impacted. This includes children and young people with protected characteristics. The policy will also impact the families of children and young people. However, this is a complementary rather than competing interest. It is not anticipated that there will be any negative impact directly resulting from this policy.

In the development of new and existing policies, the Children and Young People's Mental Health Improvement policy team identify and consider groups of children and young people with protected characteristics who may be particularly affected by the policy area. This is done in line the wider approach to addressing equalities issues in mental health and wellbeing policy which is coordinated through the Mental Health Directorate Equalities and Human Rights Forum. In addition, regular consultation is undertaken with a wide variety of stakeholders and equalities groups to ensure that policy aligns with the needs of all of those who have specific protected characteristics such as LGBTI young people, young people from the gypsy traveller community and minority ethnic children and young people.

Along with other minority groups, we are aware that Young Gypsy Travellers experience higher risks of poor mental health than the general population, and often find it difficult to access community supports. As a result, we are funding MECOPP (Minority Ethnic Carers Of People Project) and Progress in Dialogue to ensure the needs of young Gypsy Travellers are met by community services and that they are accessible to this group.

Student Mental Health and Wellbeing: The student population in Scotland is diverse and we continue to work with partners to identify specific needs within this population and respond accordingly.

The National Trauma Training Programme (NTTP) includes a work-stream with a particular focus on developing tailored training and support for organisations who support care experienced babies, children and young people to support delivery of The Promise. The NTTP as a whole aims to benefit all children through a raised awareness of psychological trauma and the implementation of trauma informed approaches across all sectors of the workforce.

4. If a negative impact is assessed for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

Not applicable.

5. How will the policy/measure contribute to the wellbeing of children and young people in Scotland?

These policy areas exist to support the mental health improvement of children and young people in Scotland. The policy aims to support public bodies in Scotland to safeguard, support and promote the wellbeing of children and young people, defined by the following eight indicators from the Children and Young People (Scotland) Act 2014:

Safe	Protected from abuse, neglect and harm by others at home, at school and in the community
Healthy	Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices
Achieving	Being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school and in the community
Nurtured	Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting
Active	Having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community
Respected	Having the opportunity, along with carers, to be heard and involved in decisions which affect them
Responsible	Having opportunities and encouragement to play active and responsible roles in their schools and communities and, where necessary, having appropriate guidance and supervision and being involved in decisions that affect them
Included	Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn

Children and Young People’s Mental Health and Wellbeing Joint Delivery Board: The Board will continue the work of the Children and Young People’s Mental Health and Wellbeing Programme Board to ensure the development of a coherent, whole system approach with a focus on the pathways and journeys children, young people and their families may take. Developing this whole system approach will support public bodies to safeguard, support and promote the wellbeing of children and young people more consistently.

CAMHS Improvement: Implementing the CAMHS Improvement programme (including the successful implementation of the National CAMHS and Neurodevelopmental Service Specification and Standards for children and young people) will support public bodies in ensuring that children and young people who require mental health and/or neurodevelopmental support will have access to appropriate services and support in the right place, at the right time.

Eating Disorder Policy: Implementing the CAMHS Improvement programme and specific improvements to Eating Disorder services for children and young people will support public

bodies in ensuring that children and young people who require support and treatment for an eating disorder will have access to appropriate services and support in the right place, at the right time.

Community Mental Health: Provision of community supports and services in line with the Framework will enable local authorities and partners to ensure a wider range of support for children and young people's wellbeing. Local authorities are expected to measure the outcomes for funded services. In addition, Ministers have commissioned an independent evaluation of the services to assess if they are meeting the needs of children and young people.

Perinatal and Early Years Mental Health: The evidence so far has highlighted that where a parent(s) is experiencing mental health problems during the perinatal period, they may need some support and help during this time to help build strong loving relationships with their child and to support them with the daily responsibilities of parenting. The policy measure aims to have a positive impact on infants up to the age of 3 years in Scotland as parents with mental health problems will have the opportunity to access enhanced services, receiving help and support from fully trained specialists and professionals where appropriate.

Children and Young People's Mental Health: It is a Scottish Government priority that children, young people and their families are able to access the right help, support and guidance, without stigma, as early as possible, to support their mental health and wellbeing. This often means insuring those who work with children and young people and their families have the training and resources they need to provide support and assistance at the earliest stage.

Working with partners such as NHS Education for Scotland and The Mental Health in Schools National Working Group we continue to provide a range of training and support packages to ensure that the entire children and families workforce, across a range of public bodies, is equipped with the tools and knowledge needed to support the mental health and wellbeing of children, young people and their families. In addition, investment in specific supports for education settings such as school counsellors helps to ensure effective pathways exist for staff working in local authorities and public bodies to refer children and young people to the right support services at the right time.

Student Mental Health and Wellbeing: The development of a student mental health action plan will provide the framework to take forward and support our existing actions around providing additional counsellors in colleges and universities and embedding wellbeing in the curriculum. This work supports advanced learning institutions to meet their duties and responsibilities to the student bodies for whom they have a duty of support and care.

National Trauma Training Programme (NTTP): Experience of trauma in adulthood and/or childhood, including adverse childhood experiences (ACEs), increases the risk of experiencing poorer physical and mental health outcomes as well as poorer social, educational and justice outcomes. These risks can be greatly reduced if there is: widespread understanding of the prevalence and impact of ACEs and trauma, barriers to accessing services are reduced, and people are provided with support at the right time to help recovery and improved life chances. The SG is providing funding (£1.6m in 2021/22 and £1.6m in 2022/23) to support local authorities to work in partnership with health boards and other community planning partners to embed trauma informed approaches within the workplace, with implementation support provided through the NTTP.

6. How will the policy/measure give better or further effect to the implementation of the UNCRC in Scotland?

Children and Young People's Mental Health Improvement Joint Delivery Board:

The Board will continue the work of the Children and Young People's Mental Health and Wellbeing Programme Board to ensure the development of a coherent, whole system approach with a focus on the pathways and journeys children, young people and their families may take.

CAMHS Improvement: Implementing the CAMHS Improvement programme (including the successful implementation of the National CAMHS and Neurodevelopmental Service Specification and Standards for children and young people) will ensure that children and young people who require mental health and/or neurodevelopmental support will have access to appropriate services and support in the right place, at the right time. All work planned and delivered through the CAMHS Improvement programme (through the National CAMHS and Neurodevelopmental Service Specifications) is based on the child's best interest. This meets **Article 3 (best interests of the child)** – the best interests of the child must be a top priority in all decisions and actions that affect children. It also meets **Article 5 (parental guidance and a child's evolving capacities)** and **Article 6 (life, survival and development)**. Governments must respect the rights and responsibilities of parent, carers and families to provide guidance and direction to their child as they grow up, so that they fully enjoy their rights. This must be done in a way that recognises the child's increasing capacity to make their own choices. Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential. This works also supports **Article 12 (respect for the views of the child)** – every child has a right to express their views and have them given due weight in accordance with their age and maturity. Children should be provided with the opportunity to be heard, either directly or through a representative or appropriate body.

Eating Disorder Policy: Implementing the CAMHS Improvement programme and specific improvements to Eating Disorder services for children and young people will ensure that children and young people who require support and treatment for an eating disorder will have access to appropriate services and support in the right place, at the right time. All work planned and delivered through Eating Disorder Policy development is based on the child's best interest. This meets **Article 3 (best interests of the child)** – the best interests of the child must be a top priority in all decisions and actions that affect children. It also meets **Article 5 (parental guidance and a child's evolving capacities)** and **Article 6 (life, survival and development)**. Governments must respect the rights and responsibilities of parent, carers and families to provide guidance and direction to their child as they grow up, so that they fully enjoy their rights. This must be done in a way that recognises the child's increasing capacity to make their own choices. Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential. This works also supports **Article 12 (respect for the views of the child)** – every child has a right to express their views and have them given due weight in accordance with their age and maturity. Children should be provided with the opportunity to be heard, either directly or through a representative or appropriate body.

Community Mental Health: The Community Mental Health and Wellbeing funding for children and young people will ensure that children and young people have increased access and choice of support for their mental health and wellbeing in a community setting. This meets Article 24 (health and health services) Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.

The Community Mental Health and Wellbeing Framework makes clear that the needs and voices of children, young people and their families should be central to the design and delivery of the new and enhanced services. The Scottish Government has also commissioned the Scottish Youth Parliament to undertake a youth led independent evaluation of services. This evaluation will be used to inform future community mental health and wellbeing services for children and young people. This meets article 12 (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.

Perinatal and Early Years Mental Health:

The Infant Mental Health - Implementation and Advisory Group has been set up as part of the Scottish Government Perinatal and Infant Mental Health Programme Board to develop a model of infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, perinatal mental illness, parental substance misuse, domestic abuse and trauma.

All the work planned and completed by the Programme Board is based on the child's best interest. Throughout the decisions and actions, it is a priority to help all children to experience the best childhood so that they can reach their potential. This meets **Article 3 (best interests of the child)**. The best interests of the child must be a top priority in all decisions and actions that affect children. Each Health Board/Integrated Joint Board now has an Executive Lead responsible for the delivery of Perinatal and Infant Mental Health. The Board will also action suggestions from the working groups and sub groups to be able to establish services that will support both infants and their parents with any mental health problems. This meets **Article 5 (parental guidance and a child's evolving capacities)**. Governments must respect the rights and responsibilities of parent, carers and families to provide guidance and direction to their child as they grow up, so that they fully enjoy their rights. This must be done in a way that recognises the child's increasing capacity to make their own choices.

This will also include parental guidance and training to help parents learn the skills while encouraging them to build a strong loving relationship with their child. When the parents and families are supported and learn the best way forward they will be able to provide the best family life for their child and the child's rights will be met. This meets **Article 18 (parental responsibilities and state assistance)**. Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children.

The work overseen by the Perinatal and Infant Mental Health Programme Board aims for infants to experience leisure time where they can feel safe to relax and to learn through play. This can be within the home environment, baby and toddlers groups or outside at parks and leisure areas and activities. The policy and actions by groups and organisations working collaboratively can enable a wide variety of cultural and artistic activities for children to experience. This meets **Article 31 (leisure, play and culture)**. Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

Through the Programme Board work, all children who require help and support while recovering from trauma and reintegration will receive it from professionals who have been trained to a high standard in the specialist set of skills required. The support will help the children continue their lives while recovering their health, dignity and self-respect, by receiving the right help at the right time for their recovery.

This meets **Article 39 (recovery from trauma and reintegration)** Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.

Infant's Voice

The perspective of the infant has been identified as a gap in the design and delivery of Perinatal and Infant Mental Health Services. Recognising that this is no less important than listening to the experiences of their parents, a short-life working group has been established on the Voice of the Infant to address this and develop new guidance if required. The group will report back to the Infant Mental Health Implementation and Advisory Group (IMH-IAG). The group's aims are to produce a clear statement on the Scottish Government's position on the rights of the infant and how to include the infant's perspective in all Mental Health services within Scotland which support infants, parents and carers.

Children and Young People's Mental Health: Article 3 (best interests of the child)

Ensuring that children and young people have access to the right support and advice at the right time, without stigma, is a key priority for the Scottish Government. This aligns with our wider work to embed GIRFEC in all of the ways we design supports for Children and Young People and in taking a preventative approach to supporting their mental health and wellbeing. That is why we have supported a range of measures to ensure that children and young people have support in settings such as schools, universities and colleges and can access a range of advice and resources online.

Article 5 (parental guidance and a child's evolving capacities)

We support a range of resources for parents and carers of Children and Young People to ensure that they have the right advice, guidance and resources to support their children's mental health and wellbeing. This includes a range of resources and associated social marketing campaigns delivered through [ParentClub.scot](https://parentclub.scot).

Article 6 (life, survival and development) Through embedding support and resources in education and school settings, as well as providing a range of resources and support for children and young people which is age appropriate and tailored to their needs, we are supporting their development and equipping them with the skills and knowledge which will enable them to take more control of their wellbeing and mental health. This approach is aligned to our aims of focusing on early intervention and prevention as the most effective tool in supporting the mental health and wellbeing of children and young people.

Article 12 (respect for the views of the child) Through engagement with children and young people's organisations and continued support for a range of national surveys and data collection exercises we continuously monitor the views, opinions and wellbeing of children and young people and engage directly with them. In addition, we have supported a number of youth commissions, national conversations and data collection exercises to gather the views of CYP on new and emerging areas of policy and to respond to their needs.

Article 24 (health and health services) Through investing in embedding specific mental health focused support staff and counselling support in education settings, improving training for all staff in the children and families workforce so they are informed in supporting the mental health and wellbeing of children and young people and developing resources, information and support for children and young people, we are committed to supporting their health and wellbeing through prevention and early intervention.

Student Mental Health and Wellbeing: Article 3 and Article 12. The Mental Health Transition & Recovery Plan provides the platform to take forward the development of an evidence informed Student Mental Health Action Plan, building on existing actions such as the provision of 80 additional counsellors to support young people at college or university.

Expanding the National Trauma Training Programme: Supporting systems, services and organisations to embed and sustain trauma-informed approaches across every sector of the workforce is fundamentally related to the work to progress children’s rights in Scotland. In particular, the UNCRC **Article 19** (protection from violence, abuse and neglect), **Article 24** (right to possible best health), **Article 34** (protection from sexual abuse and exploitation), and **Article 39** (recovery from trauma and reintegration). This is related to the mitigating the consequences of adverse and traumatic experiences in childhood and ensuring support throughout the life-course for people affected – for children, young people and adults.

7. What evidence have you used to inform your assessment?

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

The Joint Delivery Board's focus is to deliver the recommendations of the Children and Young People's Mental Health and Wellbeing Programme Board, the Children & Young People's Mental Health Taskforce, the Youth Commission on Mental Health, the Audit of Rejected Referrals and Child and Adolescent Mental Health Services (CAMHS) Audit Scotland Report.

CAMHS Improvement: Recommendations made in the Audit Scotland: Audit of Rejected Referrals; Children and Young People's Mental Health Task Force; Youth Commission; CAMHS waiting times data.

Eating Disorder Policy: National Review of Eating Disorder Services in Scotland.

Community Mental Health: The Framework on which services are based was developed through two years of engagement with stakeholders and a response to recommendations from the Children & Young People's Mental Health Taskforce, Youth Commission, Audit Scotland report on Children and Young People's Mental Health and the Audit of Rejected Referrals.

Perinatal and Early Years Mental Health: The World Association of Infant Mental Health has produced a position paper on the rights of the infant which, alongside UNCRC, has informed our approach to both Infant Mental Health service provision/awareness and how the rights of the infant are respected within other services. A rapid review of infant mental health has also informed this ongoing work including reference to prevalence (Skovgaard, 2010), Infant Mental Health within the context of wider systems (Zeanah et al, 2005), IMH within the context of childhood (Parent Infant Foundation 2021), and the long term implications from an international perspective (Lyons Ruth et al, 2017).

Children and Young People's Mental Health:

We monitor a range of sources of continuous evidence gathering to build a picture of the needs and health and wellbeing trends of children and young people in Scotland. Among others this includes: the Growing Up in Scotland Survey, Young People in Scotland Survey, School Health and Wellbeing Census, Lockdown Lowdown Study, Thriving Learners Study. This data provides us with a range of insights in to the mental health and wellbeing of children and young people and of new and emerging trends. We also engage directly with children and young people regularly through children and young people's organisations to listen to their voices and gather feedback directly.

Student Mental Health and Wellbeing: The Student Mental Health Action Plan will be informed by research and evidence such as the recent Thriving Learners Study which highlighted an increase in students presenting with mental health issues and increasing demand for university services.

The National Trauma Training Programme: Over recent years there has been increasing awareness and evidence about the impacts of trauma and adversity, including the adverse childhood experiences (ACEs) studies. There is also increasing understanding about the importance of relationships, positive childhood experiences, and trauma-informed approaches for supporting resilience and recovery. The Transforming Psychological Trauma Knowledge and Skills Framework, on which the National Trauma Training Programme is based, has been informed by this research evidence, as well as the views of experts with lived experience of trauma.

8. Have you consulted with relevant stakeholders?

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

Yes – via the recommendations of the Children and Young People's Mental Health and Wellbeing Programme Board, the Youth Commission on Mental Health, the Audit of Rejected Referrals and Child and Adolescent Mental Health Services (CAMHS) Audit Scotland Report.

CAMHS Improvement: Yes – via Children and Young People's taskforce; Youth Commission; Children and Young People's Programme Board; Children and Young People's Joint Delivery Board.

Eating Disorder Policy: Yes – via National Review of Eating Disorder Services in Scotland and eating disorder charity, Beat.

Community Mental Health: The Framework on which services are based was developed through two years of engagement with stakeholders and a response to recommendations from the Children & Young People's Mental Health Taskforce, Youth Commission, Audit Scotland report on Children and Young People's Mental Health and the Audit of Rejected Referrals. The Framework makes clear that the needs and voices of children, young people and their families should be central to the design and delivery of the new and enhanced services.

Perinatal and Early Years Mental Health: Scottish Government works closely with Third Sector organisations that support the NHS by providing quality services across Scotland to women, children and families. They work directly with the women, children and families and are able to provide an invaluable insight in to what is required to help enhance the services already in place. In addition, members of the programme board have also had early discussions with specialists on Children's Rights and aim to continue these discussions during the period of this work.

Children and Young People's Mental Health:

We work closely with a range of third sector partners to understand the specific needs of children and young people and to directly gather their voices and feedback.

Student Mental Health and Wellbeing: In developing the guidance in respect of our commitment to provide 80 additional counsellors in colleges and universities we have worked with a Short Life Equity Group made up of stakeholders. The Student Mental Health and Well Being Working Group will help shape the Student Mental Health Action Plan.

National Trauma Training Programme: The Scottish Government ambition for a trauma informed workforce and services across Scotland is shared with COSLA and a number of other partners as demonstrated by this [public pledge of support](#). The NTTTP is overseen by a National Steering Group with representations across many sectors of the workforce and supported by a Reference and Implementation Group which includes experts by experience. The Programme also supports collaborative learning across a multi-agency network of Trauma Champions, representing local authorities, health boards and community planning partners across Scotland.

9. Have you involved children and young people in the development of this policy/measure?

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

Yes – via Children and Young People's Mental Health Taskforce; Youth Commission; Children and Young People's Mental Health and Wellbeing Programme Board. Two new Engagement Officers are now in post and are working across all Task and Finish groups to make connections and identify whole system and more targeted engagement needs with children and young people, including those with lived experiences and seldom heard groups. The Board and associated Task and Finish groups currently have Members of the Scottish Youth Parliament (MSYPs) representatives. In addition, the Board is currently undertaking an engagement survey through YouthLink Scotland and other partners with children and young people across Scotland age 12 – 25yrs to help improve mental health and wellbeing support to ensure they receive the support they need when they need it. Following this, further more in-depth facilitated conversations with CYP will take place. The survey and facilitated discussions are asking a broad range of questions related to mental health which will be used by the Board's Task and Finish groups within the Board to influence decision-making, design, delivery and improvements.

In addition, engagement with young children 3-5, and early primary, their families and the workforce is also underway. A grant has been awarded to Early Years Scotland (EYS) and this engagement will find more, new and different ways to support, young children and their families more effectively.

CAMHS Improvement: Yes – via Children and Young People's taskforce; Youth Commission; Children and Young People's Programme Board; Children and Young People's Joint Delivery Board.

Eating Disorder Policy: Yes – via National Review of Eating Disorder Services in Scotland and eating disorder charity, Beat.

Community Mental Health: Yes – via Children and Young People's taskforce; Youth Commission; Children and Young People's Programme Board; Children and Young People's Joint Delivery Board. Ministers have also commissioned a youth led Independent evaluation of the impact of services.

Perinatal and Early Years Mental Health: The Perinatal and Infant Mental Health Programme Board have 2 Participation Officers, who are employed by Maternal Mental Health Scotland. Their main role is to engage with women and families who have used services, or have felt they would have benefitted from more support with their mental health around pregnancy and as a new parent, to gather evidence to support service development.

Children and Young People's Mental Health:

Yes - children and young people are engaged in the development of all policy on an ongoing basis. This includes through the Young Scot Health Panel, through a range of youth commissions and national conversations and by working with a range of Children and young people's organisations.

Student Mental Health and Wellbeing: NUS Scotland are members of the Equity Group referred to and will be members of the Student Mental Health and Well Being Working Group.

The National Trauma Training Programme: organisations which support and advocate for care experienced children and young people are supporting the development of a package of tailored trauma training resources for the sector.

10. Sign & Date

David Leitch, Neil Guy, Della Rob, Harriet Waugh - Children, Young People and Families Unit, Improving Mental Health and Wellbeing

Debbie Browett - Equalities and Student Wellbeing, Student Support and Participation

Sharon Glen - Trauma Training, Trauma, Adverse Childhood Experiences (ACEs) & Resilience

28/04/2022

Angela Davidson, Deputy Director, Improving Mental Health & Wellbeing -
28/04/2022

Annex 1 – UNCRC Article Clusters

[CRC Clusters \(unicef-irc.org\)](http://www.unicef-irc.org)

I General measures of implementation

[Article 4](#) implementation obligations

[Article 41](#) respect for existing standards

[Article 42](#) making Convention widely known

[Article 44\(6\)](#) making reports widely available

II Definition of a child

[Article 1](#)

III General principles

[Article 2](#) non-discrimination

[Article 3\(1\)](#) best interest to be a primary consideration

[Article 3\(2\)](#) State's obligations to ensure necessary care and protection

[Article 3\(3\)](#) standards for institutions services and facilities

[Article 6](#) the right to life, survival and development (see also: [VI Basic health and welfare](#))

[Article 12](#) respect for the views of the child

IV Civil rights and freedoms

[Article 7](#) right to name, nationality and to know and be cared for by parents

[Article 8](#) preservation of child's identity

[Article 13](#) freedom of expression

[Article 14](#) freedom of thought, conscience and religion

[Article 15](#) freedom of association and peaceful assembly

[Article 16](#) protection of privacy

[Article 17](#) child's access to information, and role of mass media

[Article 37\(a\)](#) [right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment](#)

V Family environment and alternative care

[Article 5](#) parental guidance and child's evolving capacities

[Article 18\(1\) and \(2\)](#) parental responsibilities and State's assistance

[Article 9](#) separation from parents

[Article 10](#) family reunification

[Article 11](#) illicit transfer and non-return

[Article 27\(4\)](#) recovery of maintenance for the child

[Article 20](#) [children deprived of their family environment](#)

[Article 21](#) [adoption](#)

[Article 25](#) periodic review of placement and treatment

[Article 19](#) protection from all forms of violence

[Article 39](#) rehabilitation and reintegration of victims of violence (see also: [VIII - Special protection measures](#))

VI Basic health and welfare

[Article 6](#) right to life, survival and development (see also: [III - General principles](#))

[Article 18\(3\)](#) support for working parents

[Article 23](#) rights of disabled children

[Article 24](#) right to health and health services

[Article 26](#) right to social security

[Article 27\(1\)-\(3\)](#) right to adequate standard of living

VII Education, leisure and cultural activities

[Article 28](#) right to education

[Article 29](#) aims of education

[Article 31](#) right to leisure, play and participation in cultural and artistic activities

VIII Special protection measures

A - Children in situations of emergency

[Article 22](#) refugee children

[Article 38](#) children and armed conflict

[Article 39](#) rehabilitation of child victims (see also: [V Family environment and alternative care](#))

B - Children involved with the system of administration of juvenile justice

[Article 40](#) administration of juvenile justice

[Article 37\(a\)](#) prohibition of capital punishment and life imprisonment

[Article 37\(b\)-\(d\)](#) restriction of liberty

[Article 39](#) rehabilitation and reintegration of child victims (see also: [V Family environment and alternative care](#))

C - Children in situations of exploitation

[Article 32](#) child labour

[Article 33](#) drug abuse

[Article 34](#) sexual exploitation

[Article 35](#) sale, trafficking and abduction

[Article 36](#) other forms of exploitation

D - Children belonging to a minority or an indigenous group

[Article 30](#)

[Optional Protocol to the UNCRC on the Involvement of Children in Armed Conflict](#)

[Governments](#) should ensure that children under 18 who are members of the armed forces do not take a part in combat. Any recruitment of children under 18 must be voluntary and carried out with the full consent of the child's parents/carers. The UK Government has entered interpretive Declarations to this Optional Protocol. The UK would not exclude the deployment of under 18s who are members of the armed forces in direct combat if there is a genuine military need; it is not practicable to withdraw them before deployment; or doing so would undermine the operational effectiveness of their unit. The minimum age at which children may join the UK armed forces is 16 years, with parental consent required.

[Optional Protocol to the UNCRC on the Sale of Children, Child Prostitution and Child Pornography](#) [Governments](#) must prohibit the sale of children, child prostitution and

child pornography, and recognise the vulnerability of child victims, protect their privacy, provide appropriate support services and ensure their safety.

Annex 2 – General Comments

General Comments are non-legally binding interpretive aids issued by the UN Committee on the Rights of the Child to provide State parties with assistance regarding the interpretation of an article or issue relating to the UNCRC, and what actions governments should take to ensure its implementation. New General Comments appear at irregular intervals.

[Treaty bodies Search \(ohchr.org\)](#)

1. [The aims of education \(2001\)](#)
2. [The role of independent National Human Rights Institutions in the protection and promotion of the rights of the child \(2002\)](#)
3. [HIV/AIDS and the rights of children \(2003\)](#)
4. [Adolescent health and development in the context of the Convention on the Rights of the Child \(2003\)](#)
5. [General measures of implementation on the Convention on the Rights of the Child \(2003\)](#)
6. [Treatment of unaccompanied and separated children outside their country of origin \(2005\)](#)
7. [Implementing child rights in early childhood \(2005\)](#)
8. [The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment \(2006\)](#)
9. [The rights of children with disabilities \(2006\)](#)
10. [Children's rights in juvenile justice \(2007\)](#)
11. [Indigenous children and their rights under the Convention \(2009\)](#)
12. [The right of the child to be heard \(2009\)](#)
13. [The right of the child to freedom from all forms of violence \(2011\)](#)
14. [On the right of the child to have his or her best interests taken as a primary consideration \(2013\)](#)
15. [On the right of the child to enjoyment of the highest attainable standard of health \(2013\)](#)
16. [State obligations regarding the impact of the business sector on children's rights \(2013\)](#)
17. [On the right of the child to rest, leisure, play, recreational activities, cultural life and the arts \(2013\)](#)
18. [On harmful practices \(Joint General Comment with the Committee on the Elimination of Discrimination against Women\) \(2019\)](#)

19. [Public budgeting for the realisation of children's rights \(2016\)](#)
20. [Implementation of the rights of the child during adolescence \(2016\)](#)
21. [Children in street situations \(2017\)](#)
22. General principles regarding the human rights of children in the context of international migration ([Joint General Comment with the Committee on the Protection of the Rights of All Migrant Workers and Members of their Families \(2017\)](#))
23. State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return ([Joint General Comment with the Committee on the Protection of the Rights of All Migrant Workers and Members of their Families \(2017\)](#))
24. [General comment No. 24 \(2019\)](#) on children's rights in the child justice system
25. [General comment 25 \(2021\)](#) Children's Rights in relation to the digital environment.



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