

## ITEM No ...5.....

**REPORT TO: CHILDREN AND FAMILIES SERVICES COMMITTEE - 31 OCTOBER 2022**

**REPORT ON: MENTAL HEALTH AND WELLBEING SUPPORT AND SERVICES**

**REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES**

**REPORT NO: 278-2022**

### **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to provide the Children and Families Service Committee with an update on progress with Dundee Children and Families Service implementation of the Tayside Emotional Health and Wellbeing Strategy including approaches to improving mental health.

### **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Committee:

- i) Note that the priorities from the National Children and Young People's Mental Health and Wellbeing Joint Delivery Board's strategic framework have informed regional and local developments to improve support to children and young people
- ii) Note how measures for monitoring and improvement should be considered along with other measures related to Getting It Right For Every Child (GIRFEC); Trauma Informed Practice; Our Promise; and school attendance
- iii) Instructs the Executive Director to keep the implementation and outcomes of approaches under review and provide an update report in 12 months.

### **3.0 FINANCIAL IMPLICATIONS**

3.1 Financial implications arising from this report are covered by funding from the Scottish Government which has provided funding for Counselling, Community Mental Health and Wellbeing, and the Strategic Equity Funding (SEF). Dundee has been allocated £1,285,444 for counselling services for 36 months to 31 Oct 2023 which has been allocated on the basis of school clusters. In addition, two grants related to the Community Mental Health and Wellbeing (CMHWP) of Children and Young People were issued - of £333,750 (pandemic) and £111,250 (CMHWP Framework) payable in financial year 2020/21, with a further grant of £444,000 in 2021-22 and 2022-23 to be used to deliver new and enhanced community based mental health and emotional wellbeing supports and services for children, young people, their families and carers. Universally funded provision for Health and Wellbeing is through delivery of Curriculum for Excellence in the Broad General Education.

### **4.0 MAIN TEXT**

#### **4.1 Background**

The National Children and Young People's Mental Health and Wellbeing Joint Delivery Board was formed to continue to progress the aims of the Mental Health and Wellbeing Programme Board. The deliverables have been revised to meet new and ongoing priorities and include:

- continue to enhance community-based support for emotional wellbeing/mental distress through ongoing investment and support for local partnerships
- ensure crisis support is available 24/7 to children and young people
- support mental health pathways and services for vulnerable children and young people, aligned to the work of the Promise

- develop a support programme to enable the implementation of the Child and Adolescent Mental Health Service (CAMHS) specifications including implementation of a neurodevelopmental service specification/principles and standards of care
- developing a programme of education and training to increase the skills and knowledge required by all staff to support children and young people's mental health

4.1.2 These priorities are being taken forward through Connected Tayside Emotional and Wellbeing Strategy [Master-Final-Draft-Emotional-HWB-Strategy-October-2020.pdf \(taycollab.org.uk\)](#) which is the overarching framework to ensure that 'Our children grow up healthy, confident and resilient with improving physical and mental health and strengthened emotional wellbeing'. In accordance with Getting it Right for Every Child (GIRFEC) and UN Convention on the Rights of the Child (UNCRC) principles, the strategy was developed across the region following extensive consultation with both the partnership workforce and children, young people and families.

4.1.3 Locally, the implementation and progress in relation to the Emotional and Wellbeing Strategy workstreams is overseen by the Children and Families Executive Board and aligned to several areas in the Children and Families Service Plan including GIRFEC; Our Promise; UNCRC; the Alliance Partnership; Child Protection and Safeguarding; a Trauma-Informed Workforce; and Supporting Learners. These frameworks outline several key principles which are dependent upon building capacity, competence and confidence in identifying and appropriately responding to concerns, including the provision of support which is:

- Holistic and specifically addresses the factors which contribute towards concerns and needs
- Based on meaningful relationships with children, young people and their parents/carers
- Involves children, young people and parents/carers in the design of support.

4.2 Key highlights where progress has been made in the last 12 months include Community Mental Health and Wellbeing Support Services to children and families; Counselling in Schools; and the partnership between CAMHS, the Third Sector and Children and Families Service to build capacity and improve support for vulnerable children and young people including those with neurodevelopmental needs and those in crisis.

Having completed the national Health and Wellbeing Census in all of our schools (March/April 2022) we now have baseline data available which can provide us with an indication of how children and young people from P5 to S6 perceive different aspects of their own health and wellbeing including their mental health. Overall, most children and young people reported feeling confident and liking who they are, while some reported feeling worried about things in their life. The mental health data requires further analysis in relation to other aspects of health and wellbeing in the census in order to ensure whole school approaches are targeted appropriately.

### 4.3 **Community Mental Health and Wellbeing Supports/Services**

4.3.1 Community mental health and wellbeing services continue to be at capacity and are well used by children, young people and families. We have seen a gradual increase in the number of males accessing services over the last 12 months. The services are balanced in terms of Scottish Index of Multiple Deprivation (SIMD) demographics with the community services being accessed by more families in those areas. As family relationships are a common predominant theme which providers tell us are being brought to them, these parent/family-based community services are essential. Over 1100 children and young people and over 400 families have been supported by services in the last 12 months. The work of these services was recognised this year an Outstanding Service and Commitment Awards (OSCA's) award for 'improved services through partnership working'.

#### **4.3.2 Enhanced Support for Children and Families with Complex Needs and barriers to accessing services**

In response to the recommendation from Joint Inspection of Services to Children and Young People at Risk of Harm published in January 2022, regarding families who experience barriers to accessing mental health supports, we have commissioned four of our current community mental health and wellbeing services to provide enhanced and more accessible services. These include Young Carers; Parent-2-Parent; Tayside Council on Alcohol; and Speech and Language Company. In addition, we have a third sector provider to co-deliver a holistic programme of support for children and families with complex social and emotional needs in partnership with Longhaugh Support Group.

#### **4.4 Counselling in Schools**

4.4.1 Counselling in Schools which is now in place in all school communities with evaluations in the last 12 months indicating a positive impact on young people's capacity to understand and better manage their own mental health. Over 1000 children and young people have received counselling since January 2021. As a result almost all children and young people who have received counselling report being better able to cope and understand their mental health. Common themes which young people address in counselling relate to anxiety; exam stress; relationships; and family issues. See Appendix 2 for more details.

4.4.2 The most predominant outcomes being worked towards in counselling were: be able to cope better; be more aware of feelings/behaviour; be more positive; have more confidence/self-esteem.

Of those most predominant outcomes being worked towards, the % of young people who met those outcomes were:

- Be able to cope better – 71%
- Be more aware of feelings/behaviour – 75%
- Have more confidence/self-esteem – 64%
- Be more positive – 64%

4.4.3 Pilots with Kingspark School and a separate pilot within the Offsite Education Service are underway to provide bespoke interventions for children and young people with complex needs. Both have a focus on developing capacity for staff to support children, young people and their families.

#### **4.5 Partnership with Child and Adolescent Mental Health Services (CAMHS)**

Two related strands of work are underway in partnership between CAMHS, Children and Families Service and partner providers in order to strengthen and make more accessible the pathway for children and families in need of mental health and wellbeing support.

##### **4.5.1 Neurodevelopmental (ND) Portal**

An online programme of support for children and families across Tayside whilst they wait to be seen by CAMHS is being funded through the community mental health and wellbeing programme. The creation of an online one stop point of information and guidance will cover main areas of concern identified by families. The ND Portal has arisen from analysis of CAMHS data which shows that some children, particularly those who present with behaviours that challenge and other influencing factors, are likely to function better with early interventions that guide and support parenting, family relationships and active skill building with children. Parents and carers have been included as valued partners in the co-creation of the resource.

#### 4.5.2 **Together to Thrive**

From July 2023 a new opportunity for flexible family support will be tested in Dundee through the Children and Families Services working with Child and Adolescent Mental Health Service (CAMHS) and The Mental Health Foundation to take forward actions from The Promise (accessing support at the right time from the right door with the right person). By inviting families to participate from feeder primary school communities across three cluster secondaries (Braeview, Baldragon and Craigie), the aim is to provide support for two distinct groups:

- Families who have a referral to CAMHS for a child and are awaiting consultation.
- Families who have no referral for a child yet but for whom the school and/or family may have a concern with regards to neurodevelopment and mental health.

4.5.3 Primary school communities were identified by analysing data from CAMHS; Fast Online Referral Tracking (FORT); and the Additional Support Needs (ASN) Census. By taking a preventative approach to supporting parents and families whose children's needs, one of the aims of the pilot is to reduce the need for formal measures of supervision/care.

A number of the services in Appendix 1 will be involved in the Together to Thrive pilot. Further information about CAMHS can be found on their updated website NHS Tayside ([scot.nhs.uk](http://scot.nhs.uk))

#### 4.6 **Adolescent Service Multiagency Oversight Group**

4.6.1 As an initial response to the findings of the Joint Inspection and identification of young people in crisis, a multiagency group including Social Work, Education, CAMHS and Police Scotland now meets on a monthly basis to have management oversight of individual cases where there is emerging risk that needs immediate intervention. To date this oversight group has managed to de-escalate and stabilise almost all cases. A wider review of approaches is also being progressed and will report to the Children and Families Executive Board in December 2022.

#### 4.7 **Trauma Informed Workforce and Trauma Risk Incident Management (TRiM)**

4.7.1 The Children and Families Service have an implementation plan for all of the workforce to reach Levels 1 and/or 2 of Trauma Informed Practice (appropriate to their role) during 2022-23 led by the Educational Psychology Service. Manager briefings have been provided along with briefings for Head Teachers and Social Work Team Leaders. Being trauma-informed provides a critical awareness of the social determinants which can affect children, young people and adult's mental health.

4.7.2 Training for Level 1 and 2 has already taken place for our specialist provisions and in our Children's Houses. It is now a feature of planning at individual level for all Care Experienced Children and Young People (CECYP) in these settings. Level 3 training is at a planning stage in collaboration with the council's Trauma steering group and our Educational Psychology Service which will then be delivered to all staff in our specialist and enhanced provisions as well as social work teams.

4.7.3 TRiM (Trauma Risk Incident Management) is the council-wide approach to supporting and responding to any member of staff who has experienced a traumatic incident which can be accessed by Head Teachers and Education Officers/Managers on behalf of their staff.

#### 4.8 **Emotional Wellbeing support for Head Teachers and Guidance Staff**

4.8.1 Head Teachers have participated in a session which focused on their emotional wellbeing with further sign-posting to supports which are available to them within and outwith the council; along with a feedback session of 'what works' and 'what do we need to improve or change' to support their

wellbeing. The importance of Peer Head Teacher and Education Officer support has emerged as a strong theme. Sign-posting for all staff and stakeholders: a padlet has been developed and widely circulated to provide a one-stop place for all information on emotional and mental wellbeing <https://padlet.com/traceystewart3/contay> Posters are also being designed and prepared for distribution across a wide range of services and places including GP surgeries and community centres.

- 4.8.2 Evaluation of workstreams within our Emotional and Mental Health and Wellbeing Strategy (Counselling and Community Mental Health & Wellbeing) has identified that providing direct counselling/support to those with complex trauma is not the most appropriate form of intervention. Rather, training the staff who directly support and work with our care experienced children and young people (CECYP) to respond to their social and emotional needs is a less intrusive and relational approach which is showing more impact following a pilot with one of our counselling providers and Rockwell Learning Centre. We are in the early stages of extending this to guidance staff in our secondary schools.

#### **4.9 Evaluation and Monitoring including the Health and Wellbeing Census**

- 4.9.1 The national Health and Wellbeing Census has just been completed for the first year which provides us with baseline data for all children and young people from age 10 and over. Out of the cohort of possible pupils, 74.9% completed the census.

Initial analysis of the Health and Wellbeing Census (Appendix 3 for details) in relation to mental health indicates the following:

- the majority, 84.2%, indicate they have an adult in their life they trust and can talk to about personal problems. In addition to this, 70.6% report they have an adult to talk to at school, while 9.3% say they do not. 20.1% neither agreed/nor disagreed.
- 78.8% of children and young people feel confident all or some of the time
- 74% like who they are
- 58.2% feel resilient – ‘ok even when things are difficult’
- 39.29% worry about things

This initial baseline analysis will be shared with Head Teachers in order to raise awareness of how important children and young people find having someone in school who listens to them and can address their worries; as well as further building on their confidence and resilience.

- 4.9.2 Targeted tracking and monitoring of children and young people’s mental health and wellbeing takes place through a range of other measures some of which are more established, e.g. individual monitoring through our Team Around The Child framework has been in place for some years. In addition use of the Glasgow Wellbeing Toolkit is being piloted in our schools which will provide a further source of evidence of the extent to which children and young people’s mental health and wellbeing is improving. Counselling in Schools data also provides another source of data which is indicative of some young people’s mental health and wellbeing. All of these measures are included in the TRIC ‘Emotional Health and Wellbeing Strategy for Children and Young People 2021-23’ (<https://www.taycollab.org.uk/priority-workstreams/health-and-wellbeing/>).

#### **4.10 Areas which continue to need improvement/addressing are:**

- The Alliance Partnership is in the early stages of exploring an Integrated Family Support Hub model of services and organisations comprised of a Virtual Hub and 6-8 physical Community Hubs linked to school cluster groups. The vision being to simplify and streamline access to family support for all families, regardless of where they live, providing support that is flexible, responsive, relational and adaptable to the changing needs of children and families. The

approach can benefit all families who have additional needs but is focused on those families with more complex needs and risks at community level (a targeted approach).

- Suicide Prevention: The Tayside Suicide Prevention Group has representation from Dundee officers and Educational Psychology Service. A mapping exercise has been undertaken to identify how preventative actions/approaches are aligned to our Team Around the Child framework in order to clearly identify risks and protective factors as early as possible. A virtual Dundee sub-group is being established which will connect suicide prevention practice to our Adolescence Review work; Trauma-Informed Practice training; and Child Protection Guidance.
- Attendance at school for children and young people, with mental health being an identified factor which has an impact on families, has been prioritised in the Children and Families Service Plan and is now a Transforming Change project and is likely to be integrated with the family support hub referred to above.

## **5.0 CONCLUSION**

- 5.1 Children and young people's mental health and wellbeing will continue to be a key priority for all services in the Dundee Partnership, with universal through to specialist services continuously engaging with children and families to know what matters to them and what works; and what could make things right for them.
- 5.2 Supports and services to address mental health and wellbeing in Dundee and Tayside must continue to operate under the principles that people who know children and young people best are fully supported in their work; and in doing so counselling and other therapeutic interventions can be provided within a continuum of a resilience-based approach which promotes least intrusive, most effective solutions. There is evidence in analysis of our data which shows that this relational-based approach within a continuum of support is making a positive difference. A range of qualitative and quantitative data needs ongoing analysis along with other indicators related to presence, participation and progress.
- 5.3 Alongside this governance of a clear pathway is required which is well understood between partners and parents, children and families and practitioners. Implementation of the joint Council, CAMHS and Mental Health Foundation initiative along with Connected Tayside: An Emotional Health & Wellbeing Strategy for Children & Young People 2020-2023 is enabling this to be developed within a clear and consistent framework

## **6.0 POLICY IMPLICATIONS**

- 6.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. No impacts on these issues, positive or negative, were identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment is included as an Appendix to this report.

## **7.0 CONSULTATIONS**

- 7.1 The Council Leadership Team and NHS managers were consulted in the preparation of this report.

## **8.0 BACKGROUND PAPERS**

- 8.1 None.

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Executive Director of Children and Families

Jennifer King  
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October 2022

## Appendix 1 Community Mental Health and Wellbeing Supports and Services

A	Activity	Outcomes
1	Dramatherapy Service	<p><i>Outcomes</i></p> <p>A specialist psychotherapeutic approach is now well-established in partnerships with schools and across the community. Increased wellbeing reported by over 40 service users.</p>
2	Parental Support Groups (Additional Support Needs) including Kinship Hub and Parent-2-Parent	<p>Expansion of service via GPs and hub for over 50 families living in kinship care as a result of problematic parental substance misuse and those families and children with Additional Support Needs (50). Decider skills approach is having a positive impact on parental confidence. Developed play and art therapy approaches to 1:1 support services. 93% uptake of services during Covid restrictions.</p>
3	Psychologist and central support for framework with Dundee Women's Aid	<p>More timely access to mental health support for children affected by domestic violence (over 25). Improved mental health for service users. Improved confidence of staff working with children and women with complex needs. Improved service provision and capacity.</p>
4	Services for young people who are LGBT+	<p>Expansion of evening/weekend services for over 200 young people. Partnerships across the community and NHS established. Developing bespoke counselling skills- based coaching approaches for people across the age range to tackle life challenges. Reported increases in wellbeing of service users.</p>
5	Young Carers and Care Experienced Young People	<p>Provision for over 70 primary-age carers established. Peer mentoring programme and materials developed. Support workers appointed. Young Carer Ambassadors Programme established across city. Expansion of programmes due to increased identification of young carers through strategic school systems networking.</p>
6	<p>Community Learning &amp; Development/Accessibility &amp; Inclusion</p> <p>Pupil Support Assistants to promote recovery and return to school for targeted vulnerable children and young people. <i>NB this provision is being mainstreamed through Children &amp; Families Service core funding from August 2022</i></p>	<p>Support for primary age children in transition to secondary school. Peer mentoring/ leadership residential experience for 36 young people in the community. Increased wellbeing reported among young people.</p> <p>Schools reported children who received targeted support settled more quickly returning to school.</p>
7	Co-creation and co-design of a neurodevelopment portal with CAMHS	<p>Parents and carers can use portal as a self-directed resource of evidence-based information, inclusive of support and guidance delivered by CAMHS clinicians. Portal designed in consultation with families as partners.</p>
8	Counselling, family mediation, social clubs and child contact for ASD/ADD children/ young people and families.	<p>Expansion of services and hiring of staff to address needs of over 40 families with children/ young people with ASD/ADD. Successful links to many services across city, including CAMHS and Police to identify and support individuals who struggle with speech, language and social communication.</p>
9	Targeted counselling, family mediation and child contact.	<p>Reported improvement in over 90 children, young people and parents' ability to cope with a family situation after engagement with service. Strengthening of family relationships reported.</p>

## Appendix 2 Counselling in Schools

January 2021 – July 2022

Number of children and young people supported	Dundee	
	Number	%
Primary	294	23%
Secondary	1012	77%
<b>Total number</b>	<b>1306</b>	

Groupwork sessions	Dundee
Number of schools where groupwork took place	20
Total number of groupwork sessions (all schools)	71
Total number of children and young people who attended (all schools)	405

1:2:1 sessions	
Face-to-face	4258
Virtual Online/phone/other	877
<b>Total</b>	<b>5135</b>

Drop-in sessions	Dundee
Number of schools where drop-in sessions took place	17
Total number of drop-in sessions (all schools)	149
Number of attendees (all schools)	250
Number of families supported (all schools)	55

Gender	Dundee	Dundee
		%
Male	417	33%
Female	779	62%
Other/Prefer not to say	52	4%
<b>Total</b>	<b>1248</b>	

## Appendix 3 Health and Wellbeing Census - Mental Health Summary (April 2022)

For reference, the total number of participants (P5 – S6) was 8940. Note some questions were not presented to all years.

The provided summary does not mention percentages from the categories 'Prefer not to say', 'Neither agree nor disagree', or where no response has been received, accounting for the gap to 100%.

### Mental Health

Half of pupils, 49.6%, report they felt confident all the time or often over the 2 weeks prior to the Census. The majority of remaining students, 29.2%, felt confident some of the time, while 18.6% rarely or never feel this way.

Similarly, 47% are happy with their body and the way they look, while 19.4% are not. When asked whether their body and the way they look affects how they feel about themselves, 37.3% agreed and 24.1% disagreed.

Below are responses to other mental health indicators.

Category	In general, I like who I am	I am proud of the things I can do	When I do something, I try my hardest	I feel like I can make decisions in my life	Generally, I feel cheerful and I am in a good mood	There are lots of things that I worry about in my life
-	3.09%	3.27%	3.29%	4.25%	4.47%	5.69%
Agree	36.61%	37.85%	38.09%	39.70%	37.27%	22.63%
Disagree	4.97%	2.85%	2.87%	4.27%	6.34%	22.13%
Neither agree nor disagree	15.16%	10.57%	14.21%	15.88%	22.27%	23.98%
Strongly agree	37.49%	44.19%	40.56%	34.04%	27.00%	16.66%
Strongly disagree	2.69%	1.28%	0.98%	1.86%	2.65%	8.90%

### Life Satisfaction

Over half of students, 57%, report they have what they want in life, and feel their life is just right, while 10.5% disagree with the former, and 11.5% disagree with the latter statement. When asked if they wished for a different kind of life, most respondents disagree (54.4%), however 18.1% agree. Below is a breakdown of responses for this section.

Category	My life is just right	I wish I had a different kind of life	I have what I want in life
-	2.60%	3.81%	3.67%
Agree	35.06%	12.10%	32.87%
Disagree	8.23%	23.29%	7.60%
Neither agree nor disagree	24.79%	18.10%	24.87%
Prefer not to say	3.58%	5.55%	3.71%
Strongly agree	22.47%	6.02%	24.36%
Strongly disagree	3.28%	31.13%	2.92%

### Resilience

Over half of young people, 58.2%, feel they will be okay even if they are having a difficult time, but 13.4% disagree with the statement.

In terms of being able to confide in someone, the majority, 84.2%, indicate they have an adult in their life they trust and can talk to about personal problems, with 4.8% finding they do not. In addition to this, 70.6% report they have an adult to talk to at school, while 9.3% say they do not.

Categories	Q4.5. I have an adult to talk to at school if I am worried about something	Q17. Even if I am having a difficult time, I feel like I will be OK
-	1.87%	3.51%
Agree	36.58%	39.18%
Disagree	6.09%	9.21%
Neither agree nor disagree	15.00%	23.47%
Prefer not to say	3.24%	1.39%
Strongly agree	33.98%	19.03%
Strongly disagree	3.24%	4.22%

Category	Q50. Do you have an adult in your life who you can trust and talk to about any personal problems?
Yes, I always do	61.87%
Yes, I sometimes do	22.30%
Not indicated	11.05%
No, I don't	4.78%

## Acronyms included in this report

ADD	Attention Deficit Hyperactivity Disorder.
ASD	Autism Spectrum Disorder
ASN	Additional Support Needs
CAMHS	Community Child and Adolescent Mental Health Service
CECYP	Care Experienced Children and Young People
CMHWP	Community Health and Wellbeing
FORT	Fast Online Referral Tracking
GIRFEC	Getting it Right for Every Child
ND Portal	Neurodevelopmental Portal
SEF	Strategic Equity Funding
SIMD	Scottish Index of Multiple Deprivation
TCA	Tayside Council on Alcohol
TRIC	Tayside Regional Improvement Collaborative
TRiM	Trauma Risk Incident Management
UNCRC	United Nations Convention on the Rights of the Child

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# Integrated Impact Assessment

Committee Report Number: 278-2022

Document Title: Committee Report on Mental Health and Wellbeing Supports and Services 278-

2022 Document Type: Strategy Description:

12 month update report to Children and Families Service Committee

Intended Outcome:

Further implementation and monitoring of Mental Health and Wellbeing Strategy

Period Covered: 01/11/2021 to 24/10/2022

Monitoring:

Through the Children and Families Executive Board and Tayside Regional Improvement Collaborative Priority Group 3 (Connect Tayside) Lead

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City Square East

# Equality, Diversity and Human Rights

## Impacts & Implications

Age: No Impact

Disability: Positive

The supports, services and strategy for mental health and wellbeing is not age-specific and is open to those of all ages across children and families. In the last 12 months there has been an increased focus on the mental health and wellbeing of children and families with disabilities and complex needs.

Reassignment: Positive

Universal and targeted services are in place for young people who may be in transition of gender reassignment.

Marriage & Civil Partnership: No Impact

Pregnancy & Maternity: No Impact

Race / Ethnicity: Not Known

The strategy, services and supports are not designed or focused on marriage/civil partnership, nor pregnancy/maternity. While we do not know the impact on race/ethnicity, we will monitor the involvement of recent groups such as some Ukrainian children and families whose mental health may be affected by their experiences.

Religion or Belief: No Impact

Sex: No Impact

Sexual Orientation: Positive

For those whose Religion/Belief is a factor, the services are not likely to have an impact. We have noted an increase in the uptake of counselling for young men although numbers remain lower than for young women. Therefore other community-based services have increased access to young men and we have seen a resulting increase in the last 12 months. Services for those who are LGBT+ are well promoted and have high uptake with community-based organisations.

Are any Human Rights not covered by the Equalities questions above impacted by this report?

No

## Fairness & Poverty

### Geographic Impacts & Implications

Strathmartine:	Positive
Lochee:	Positive
Coldside:	Positive
Maryfield:	Positive
North East:	Positive
East End:	Positive

The Ferry: Positive

West End: Positive

Positive Implications (Strathmartine): The services andn supports referred to in the report cover all wards in Dundee

Positive Implications (Lochee): The services andn supports referred to in the report cover all wards in Dundee

Positive Implications (Coldside): The services andn supports referred to in the report cover all wards in Dundee

Positive Implications (Maryfield): The services andn supports referred to in the report cover all wards in Dundee

Positive Implications (North East / Whitfield): The services andn supports referred to in the report cover all wards in Dundee

Positive Implications (East End / MidCraigie): The services andn supports referred to in the report cover all wards in Dundee

Positive Implications (The Ferry): The services andn supports referred to in the report cover all wards in Dundee

Positive Implications (West End): The services andn supports referred to in the report cover all wards in Dundee

## Household Group Impacts and Implications

Looked After Children & Care Leavers: Positive

Delivery of services are strongly connected to Our Promise; some targeted services focus specifically on LAC/ care experienced children and young people.

Carers: Positive

Young Carers are one of the community-based organisations who provide a very well used service for carers

Lone Parent Families: Not Known

We do not have enough information about the update from lone parent families to all of our services which allows for analysis at this stage. It is a question which will be included in future monitoring cycles.

Single Female Households with Children: Not Known

We do not have enough information about the update on single female households to all of our services which allows for analysis at this stage. It is a question which might be included in future monitoring cycles.

Greater number of children and/or young children: Positive

The strategy focus primarily on children and young people therefore affecting them positively in greater numbers.

Pensioners - single / couple: No Impact

Unskilled workers or unemployed: No Impact

Serious & enduring mental health problems: Positive

The services are not designed or targeted at pensioners or unskilled workers.  
They are designed around children and young people including those with enduring mental health problems.

Homeless: Not Known

We do not have information about the update from children and families who may be homeless to any of our services which allows for analysis at this stage. It is a question which will be included in future monitoring cycles.

Drug and/or alcohol problems: Positive

TCA (Tayside Council on Alcohol) are one of the community-based organisations providing mental health and wellbeing services.

Offenders & Ex-offenders: No Impact

## Socio Economic Disadvantage Impacts & Implications

Employment Status: No Impact

Education & Skills: Not Known

## Socio Economic Disadvantage Impacts & Implications

Employment status is not relevant to the mental health services for children and young people. The services and supports outlined in the report are likely to have a positive impact over time on their education and skills.

Income: No Impact

Caring Responsibilities (including Childcare): No Impact

Affordability and accessibility of services: No Impact

Fuel Poverty: No Impact

Cost of Living / Poverty Premium: No Impact

Connectivity / Internet Access: No Impact

Income / Benefit Advice / Income Maximisation: No Impact

Employment Opportunities: No Impact

Education: Positive

As many of the services are located within education settings they are having a positive on children and young people's wellbeing including their education. Many young people say that they have someone in school who listens to them.

Health: Positive

There are positive impacts on mental health

Life Expectancy: No Impact

Mental Health: Positive

The strategy, supports and services are designed and delivered with mental health and wellbeing as the main focus. The last 12 months have shown they are having a positive impact.

Overweight / Obesity: No Impact

Child Health: No Impact

Neighbourhood Satisfaction: No Impact

Transport: No Impact

## Environment

### Climate Change Impacts

Mitigating Greenhouse Gases: No Impact

Adapting to the effects of climate change: No Impact

### Resource Use Impacts

Energy efficiency & consumption: No Impact

Prevention, reduction, re-use, recovery or recycling of waste: No Impact

Sustainable Procurement: No Impact

### Transport Impacts

Accessible transport provision: No Impact

Sustainable modes of transport: No Impact

### Natural Environment Impacts

Air, land & water quality: No Impact

Biodiversity: No Impact

Open & green spaces: No Impact

### Built Environment Impacts

Built Heritage: No Impact

Housing: No Impact

Is the proposal subject to a Strategic  
Environmental Assessment (SEA)?

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the  
Environment Assessment (Scotland) Act 2005.

## Corporate Risk

### Corporate Risk Impacts

Political Reputational Risk: Positive

The supports, services and strategy are designed, delivered and monitored across the council partnership (Children & Families Service; NHS Tayside; Third Sector) and having a positive impact. Any risks of services not being delivered is shared across service areas and governed by the Children and

Families Executive Board (with broad partnership membership)

Economic/Financial Sustainability / Security & Equipment: Not Known

Financial sustainability will depend on longer term national funding for targeted services. Funding for most areas is secure until March 2024 at the earliest.

Social Impact / Safety of Staff & Clients: Positive

Many of the supports are focused on staff mental health and wellbeing including the trauma-informed practice training.

Technological / Business or Service Interruption: Not Known

The provision of services if disrupted due to IT is unknown and likely to be the same as for all services who depend on IT for communication etc  
Environmental: No Impact

Legal / Statutory Obligations: No Impact

Organisational / Staffing & Competence: Positive

Several of the mental health and wellbeing services and supports focus on developing the skills and competence of staff

Corporate Risk Implications & Mitigation:

The risk implications associated with the subject matter of this report are "business as normal" risks and any increase to the level of risk to the Council is minimal. This is due either to the risk being inherently low or as a result of the risk being transferred in full or in part to another party on a fair and equitable basis. The subject matter is routine and has happened many times before without significant impact.