

# Public Document Pack



## EXECUTIVE COMMITTEE TUESDAY, 18 OCTOBER, 2016

A MEETING of the EXECUTIVE COMMITTEE will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS, TD6 0SA on TUESDAY, 18 OCTOBER 2016 at 10.00 am

J. J. WILKINSON,  
Clerk to the Council,

11 October 2016

<b>BUSINESS</b>		
1.	<b>Apologies for Absence</b>	
2.	<b>Order of Business</b>	
3.	<b>Declarations of Interest</b>	
<b>EDUCATION BUSINESS</b>		
4.	<b>Educational Attainment.</b> Presentation by Chief Officer Education.	20 mins
5.	<b>National Improvement Framework.</b> (Pages 1 - 36) Consider report by Service Director Children and Young People (copy attached).	15 mins
6.	<b>Visit to Houses of Parliament.</b> Presentation by Education Executive Representatives.	20 mins
7.	<b>Scottish Youth Parliament Mental Health Campaign.</b> (Pages 37 - 76) Presentation by Members of the Scottish Youth Parliament Cian Cullen, Corran MacFarlane and Isabella Timmins (SYP report attached).	20 mins
8.	<b>Any Other Education Items Previously Circulated</b>	
9.	<b>Any Other Education Items which the Chairman Decides are Urgent</b>	
	<b>Education Theme Additional Membership of Committee:- Mr G. Donald, Mr J. Walsh, Mr G. Jarvie, Jeanette Aitchison (Parent Representative), Alison Ferahi (Parent Representative), Pupil Representatives</b>	

<b>OTHER BUSINESS</b>		
10.	<p><b>Minute</b> (Pages 77 - 82)</p> <p>Minute of Meeting of Executive Committee of 4 October 2016 to be approved and signed by the Chairman. (Copy attached.)</p>	2 mins
11.	<b>Any Other Items Previously Circulated.</b>	
12.	<b>Any Other Items which the Chairman Decides are Urgent.</b>	
13.	<p><b>Private Business</b></p> <p>Before proceeding with the private business, the following motion should be approved:-</p> <p>“That under Section 50A(4) of the Local Government (Scotland) Act 1973 the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in the relevant paragraphs of Part 1 of Schedule 7A to the aforementioned Act”.</p>	
14.	<p><b>Insurance Shared Service</b> (Pages 83 - 94)</p> <p>Consider report by Chief Financial Officer (copy attached).</p>	10 mins

#### **NOTES**

1. **Timings given above are only indicative and not intended to inhibit Members' discussions.**
2. **Members are reminded that, if they have a pecuniary or non-pecuniary interest in any item of business coming before the meeting, that interest should be declared prior to commencement of discussion on that item. Such declaration will be recorded in the Minute of the meeting.**

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**Membership of Committee:-** Councillors D. Parker (Chairman), S. Aitchison, S. Bell, C. Bhatia, J. Brown, M. J. Cook, V. M. Davidson, G. Edgar, J. G. Mitchell, D. Moffat, D. Paterson, F. Renton and R. Smith

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## **NATIONAL IMPROVEMENT FRAMEWORK**

**Report by Service Director Children and Young People**

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### **EXECUTIVE COMMITTEE**

**18 October 2016**

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#### **1 PURPOSE AND SUMMARY**

- 1.1 **This report proposes to update Members on the new Strategic Policy and to raise Members' awareness of the change in national policy to assessing and reporting children's progress.**
- 1.2 Raising attainment and achievement has been a key priority locally and nationally for a number of years. In 2016 a significant shift of emphasis occurred when the "National Improvement Framework for Scottish Education" was published. This document sets out a clear vision for both excellence and equity in Scottish Education. It also included the introduction of national assessment and reporting of attainment levels for primary aged children. This report outlines how Scottish Borders Council is taking forward the practice set out in the *National Improvement Framework*.

#### **2 RECOMMENDATIONS**

- 2.1 **I recommend that the Committee:-**
  - (a) **Note the contents of the *National Improvement Framework for Scottish Education*.**
  - (b) **Agree a communication is sent to all parents about the *National Improvement Framework*, including the changes taking place regarding the assessment and reporting of children's progress.**
  - (c) **Note the levels of achievement in schools across the Scottish Borders in respect of Reading, Writing and Numeracy as per the *National Improvement Framework*.**

### 3 BACKGROUND

3.1 Raising attainment and achievement has been a key priority locally and nationally for a number of years. In 2016 a significant shift of emphasis occurred with the publication of "National Improvement Framework for Scottish Education" (Appendix 1). This document addresses the need, identified by the OECD, for an integrated framework for assessment and evaluation at all system levels. It sets out a clear vision for both excellence and equity in Scottish Education and focuses on the following key priorities:

- (a) Improvement in attainment, particularly in literacy and numeracy.
- (b) Closing the attainment gap between the most and least disadvantaged children.
- (c) Improvement in children and young people's health and well-being.
- (d) Improvement in employability skills and sustained positive school leaver destinations for all young people.

3.2 In our schools in the Scottish Borders our Directorate Business Plans and School Improvement Plans continue to build on the positive work already underway regarding these priorities and ensure that strategic action planning supports the development of the key drivers for improvement, namely:

- (a) School leadership
- (b) Teacher professionalism
- (c) Parental engagement
- (d) Assessment of children's progress
- (e) School improvement
- (f) Performance information

#### 3.3 Assessment of Children's Progress

There will be significant changes in the assessment of children's progress in school session 2016-2017, which will be reported nationally.

- (a) In 2015 Scottish Borders Council reported on the percentage of children achieving curriculum levels in literacy and numeracy in Primary 1, Primary 4, Primary 7 and S3 at school level. In 2016 schools were required to submit this information at individual pupil level.
- (b) Teachers across the Scottish Borders use their professional judgement to determine the level of achievement of a child in reading, writing, listening/talking and numeracy at Primary 1, Primary 4, Primary 7 and S3. These judgements are informed by teachers' day to day assessments and observations, class tests and standardised assessments. There is also an expectation that schools are moderated within and across schools to maximise the dependability of these judgements. It has also been identified that

there is a need for moderation across the country. Scottish Borders Council will be working with Edinburgh City Council, East Lothian Council, Midlothian Council and West Lothian Council on building moderation practice across our Councils.

- (c) There is an improving picture in attainment in schools in the Scottish Borders. The table below reports the levels of achievement in 2015 and 2016.

SBC	Reading %		Writing %		Numeracy %	
	2015	2016	2015	2016	2015	2016
Early Level by end of P1	77	85.6	79	81.6	79	85.5
1st Level by end of P4	74	80.5	68	74.5	72	75.2
2nd Level by end of P7	74	78.2	64	73.0	66	73.1
3 <sup>rd</sup> Level by the end of S3	89	96.0	86	95.3	83	93.3

As teachers' confidence grows with increased participation in moderation practice and working with the recently published national benchmarks in literacy and numeracy, teachers professional judgement will become increasing more dependable and pupils will benefit from improved understanding of standards. In Session 2016-2017 training for teachers in developing dependable assessment tasks and moderating judgements will be available.

It is important to note that local and national moderation will take a few years to embed before a robust assessment of attainment is evidenced.

### 3.4 Reporting of Children's Progress

- (a) School level attainment information is expected to be made available to all parents across Scotland via Parentzone before the end of 2016. Decisions have still to be made as to how small school information will be represented, to prevent the identification of an individual pupil's achievement.
- (b) School level information has not been provided until decisions are made nationally as to how small schools will be reported. A national moderation of all Council results has not yet been finalised. It is proposed that Scottish Borders Council will share school level attainment levels in advance of national publication.

### 3.5 Introduction of National Standardised Assessments

In parallel, the Scottish Government is in the process of procuring a new set of national standardised assessments for children in literacy and numeracy at Primary 1, Primary 4, Primary 7 and S3 level. These assessments will be piloted in selected schools across the country during Session 2016-2017 and will be fully implemented in 2017-2018. Scottish Borders Council have been fully participating in all preparatory work.

### 3.6 Communication to Parents

It is the intention of Scottish Government to make school level attainment data available to parents via Parentzone in December 2016. Given this significant change to reporting at school level, it is important that parents receive this information about their schools in the context of the wider National Improvement Framework for Scottish Education. The Director of Children and Young People's Services and the Chief Officer Education will develop a communication for parents to ensure Headteachers provide a consistent message across schools.

## **4 IMPLICATIONS**

### 4.1 **Financial**

There are no costs attached to any of the recommendations contained in this report. It is expected that the costs of national assessments will be paid for by the Scottish Government or funding will be provided.

### 4.2 **Risk and Mitigations**

There could be reputational risk for individual schools that evidence lower levels of performance in the national assessments. This risk will be mitigated by developing an understanding of the standards within and across school as well as across local authorities ensuring that teachers' judgement is robust.

### 4.3 **Equalities**

It is anticipated that there are no adverse impacts due to race, disability, gender, age, sexual orientation or religion/belief arising from the proposals in this report.

### 4.4 **Acting Sustainably**

There are no adverse economic, social or environmental effects in implementing the *National Improvement Framework*.

### 4.5 **Carbon Management**

There are no significant effects on carbon emissions arising from the proposals contained in this report.

### 4.6 **Rural Proofing**

This report does not relate to new or amended policy or strategy and as a result rural proofing is not an applicable consideration.

#### 4.7 **Changes to Scheme of Administration or Scheme of Delegation**

There are no changes to be made to either the Scheme of Administration or the Scheme of Delegation as a result of the proposals contained in this report.

### **5 CONSULTATION**

5.1 The Chief Financial Officer, the Monitoring Officer, the Chief Legal Officer, the Chief Officer Audit and Risk, the Chief Officer HR and the Clerk to the Council have been consulted and any comments received have been incorporated into the final report.

#### **Approved by**

**Donna Manson**

**Service Director Children and Young People Signature .....**

#### **Author(s)**

Name	Designation and Contact Number
Michelle Strong	Chief Education Officer
Liz Wharton	Senior Lead Officer (Assessment)

**Background Papers:** Benchmarks for Numeracy and Mathematics (Education Scotland – August 2016)  
Benchmarks for Literacy and English (Education Scotland – August 2016)

**Appendices:** Appendix 1 – National Improvement Framework for Scottish Education, Scottish Government 2016

**Previous Minute Reference:** None

**Note** – You can get this document on tape, in Braille, large print and various computer formats by contacting the address below. Liz Wharton can also give information on other language translations as well as providing additional copies.

Contact us at Scottish Borders Council, Council Headquarters, Newtown St Boswells, Melrose TD6 0SA.

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# NATIONAL IMPROVEMENT FRAMEWORK FOR SCOTTISH EDUCATION

ACHIEVING EXCELLENCE AND EQUITY



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# **NATIONAL IMPROVEMENT FRAMEWORK FOR SCOTTISH EDUCATION**

ACHIEVING EXCELLENCE AND EQUITY

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# NATIONAL IMPROVEMENT FRAMEWORK

## FOREWORD



The *National Improvement Framework* for Scottish Education that we are publishing today sets out our vision and priorities for our children's progress in learning. The Framework will be key in driving work to continually improve Scottish education and close the attainment gap, delivering both excellence *and* equity.

Scotland's children and young people are our greatest asset and investing in their education is essential to achieving their aspirations and our ambitions as a country. I am committed to ensuring that our education system is amongst the best in the world and equips all of our children with the skills they need to get on in life and in work.

The draft *National Improvement Framework* was published in September 2015, alongside the Programme for Government which put education at its heart. Since then, we have undertaken extensive consultation, engaging with a wide range of stakeholders, including over 5,000 teachers, parents and young people. The Organisation for Economic Co-operation and Development (OECD) also published its independent review of Curriculum for Excellence, *Improving Schools in Scotland: An OECD Perspective* in December 2015. We now have a better understanding of the range of views across Scotland and international support for the development and implementation of the Framework. These conversations and this work are reflected in the revised Framework.

The actions set out in this document have all been developed to support high-quality learning and teaching, the core principle of Curriculum for Excellence. Over time, the Framework will provide a level of robust, consistent and transparent data across Scotland that we have never had before, to extend our understanding of what works and to drive improvements across all parts of the system. This includes the development of national standardised assessments in primary and early years of secondary school to inform teacher judgement.

To support transparency, accountability and consistency, and give the Framework the appropriate status, we have amended the Education (Scotland) Bill to place the Framework and reporting arrangements on a statutory footing. This will mean that there is a legal requirement on local and national government to share information, on a consistent basis, to drive improvement.

The combination of the strong foundations laid out by Curriculum for Excellence, targeted interventions through the Scottish Attainment Challenge, the professionalism of our teacher workforce and the strong leadership that exists at a national level put us in a good position to deliver on the huge ambition that we have for Scotland's children and young people and the priority this Government attaches to our education system.

A handwritten signature in black ink that reads "Nicola Sturgeon". The signature is fluid and cursive, written in a professional style.

**Rt Hon Nicola Sturgeon MSP**  
**First Minister of Scotland**

## Our vision for education in Scotland

The central purpose of this Government, as set out in our overarching National Performance Framework is to: *create a more successful country with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.*

Prominent among the set of 16 National Outcomes that support this central purpose is one which directly reflects the core objectives of Scottish education, as established through the development of Curriculum for Excellence. That is ensuring that all our children and young people are equipped through their education to become *successful learners, confident individuals, effective contributors and responsible citizens.*

As this outcome indicates, we are committed to a Scotland in which **all** children and young people can realise their potential, regardless of their social background or learning needs, thereby developing the knowledge, skills and attributes they will need to flourish in life, learning and work.

Achieving improvement in education is closely related to achieving other key National Outcomes in the National Performance Framework, particularly:

- **Our children have the best start in life and are ready to succeed;**
- **We have tackled the significant inequalities in Scottish society; and**
- **We have improved the life chances for children, young people and families at risk.**

As a core part of our drive to achieve fairer outcomes for our children and young people, we know that investing in their education is essential to achieving their aspirations and our ambitions as a country. A successful education system is a key factor in helping our children and young people to thrive.



## Our vision:

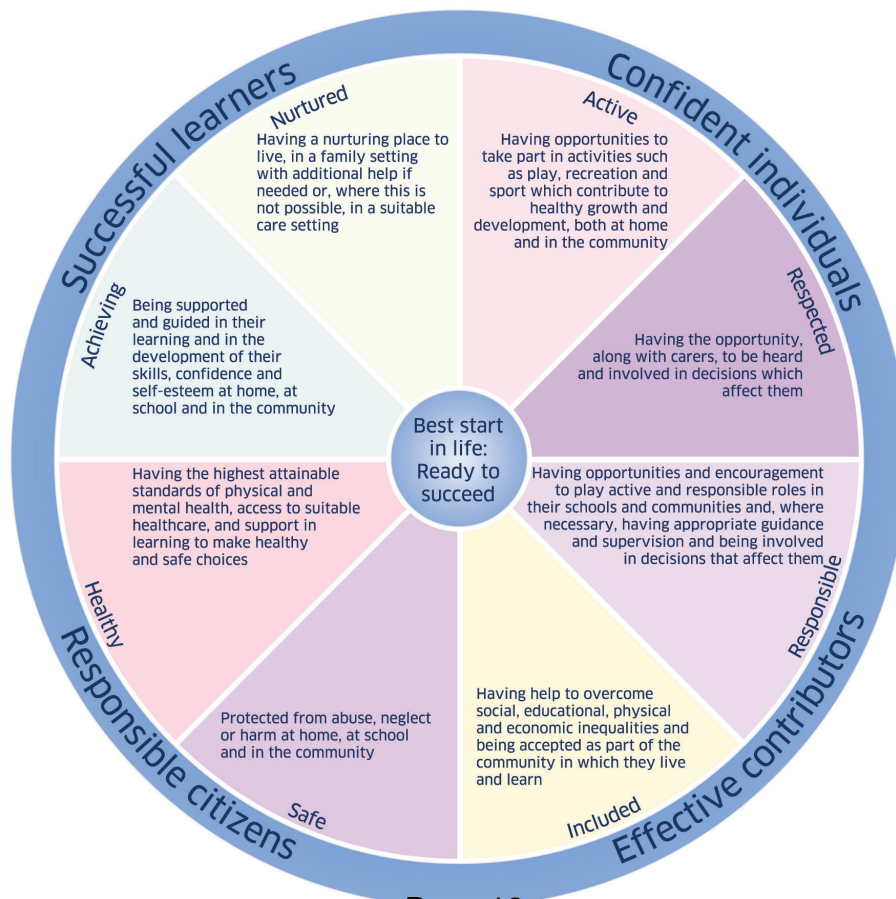
- **Excellence through raising attainment:** ensuring that every child achieves the highest standards in literacy and numeracy, set out within Curriculum for Excellence levels, and the right range of skills, qualifications and achievements to allow them to succeed; and
- **Achieving equity:** ensuring every child has the same opportunity to succeed, with a particular focus on closing the poverty-related attainment gap.

We need Scottish education to deliver both **excellence** in terms of ensuring children and young people acquire a broad range of skills and capacities at the highest levels, whilst also delivering **equity** so that every child and young person should thrive and have the best opportunity to succeed regardless of their social circumstances or additional needs.

## Why develop the National Improvement Framework?

In developing this Framework we are building on a strong track record of improvements and reforms which have been driven forward across education and children’s services in Scotland over the last decade or more. They provide strong, broad foundations on which we can build more targeted and focused efforts to improve further in key areas:

- The **Getting it Right for Every Child (GIRFEC) approach**, as illustrated in the eight indicators in the Wellbeing wheel, recognises that children and young people will have different experiences in their lives, but every child and young person has the right to expect appropriate support from adults to allow them to grow and develop and reach their full potential.



- We are investing in expanding access to high-quality **Early Learning and Childcare** and taking collective action through the **Early Years Collaborative** to improve outcomes in the earliest years of a child's life.
- We now have a more coherent, flexible and child-focused curriculum which gives teachers more professional autonomy over how they teach and sets higher standards for achievement than ever before, through the development and implementation of **Curriculum for Excellence**.
- We are building new schools and improving existing schools through **Scotland's Schools for the Future** programme.
- We have put in place a new **National Youth Work Strategy** for Scotland through which a wide range of partners in the public and third sector are contributing to improving outcomes for young people, either in direct partnership with schools or in other community settings. We continue to value and strengthen Community Learning and Development provision. These vital services improve the life chances of communities across Scotland, and in particular, can help to empower and improve learning and resilience for our most disadvantaged communities.
- We are improving the breadth of opportunities available to children and young people to experience high-quality, work-focused learning and develop their skills for work throughout, and beyond, their school years, through implementation of the **Youth Employment Strategy**.
- We continue to invest in ensuring we have a highly professional, skilled workforce, who can exploit fully the potential of the new curriculum, including through the implementation of **Teaching Scotland's Future**.

Together, this range of key policies and reforms present a powerful programme of development and improvement, transforming our education system and wider children's services. The Framework recognises that improved educational outcomes are part of a wider children's services agenda. The success we have achieved so far has been based on strong partnership between national government, local authorities, schools, parents, children and young people, partners, teachers and other staff employed in education.

In focusing now on key priorities through the National Improvement Framework we will seek to build on this success and develop further the strong, existing partnerships. We will only be able to deliver our ambitious aims by supporting staff in schools and early years centres with the shared aim that all our children fulfil their potential across a range of outcomes.

We will also seek to capitalise on a deeper shift in understanding amongst Scottish educators of how children learn. Built on a powerful consensus about the kind of experiences that will best prepare our children for their future lives, teachers and schools have been moving to new approaches to learning and teaching. Through Curriculum for Excellence we have moved away from more rigid prescription, towards a system that defines what we are trying to achieve, and gives teachers and schools the flexibility to design a curriculum – a plan for learning – that will best meet the needs and aspirations for each individual child.

Curriculum for Excellence is now embedded in Scottish schools. We welcomed the findings of the OECD's recent review, *Improving Schools in Scotland: An OECD Perspective*, and will work with our partners to address its recommendations as we take forward the National Improvement Framework. The OECD review recognises that Curriculum for Excellence is an ambitious and far-sighted reform which has put Scotland in a strong position to compete with the best education systems in the world if we realise its potential and address some key issues.

This Framework is designed to address one of the key issues identified by the OECD, the need to develop an integrated framework for assessment and evaluation that encompasses all system levels and ensures all partners are focused effectively on key priorities. Its report noted that:

**“In the next phase of the Curriculum for Excellence journey, Scotland has the opportunity to lead the world in developing an innovative national assessment, evaluation and improvement framework.”**

Improving Schools in Scotland: An OECD Perspective. OECD, 2015

We do not underestimate the challenge that presents. It requires very careful balancing of the need for appropriate data and evaluation at every level in the education system, whilst maintaining the principle that information is used effectively to drive improvement in the learning experiences of individual children and young people.

We are clear that the new Framework is for the benefit of Scotland’s children. It will provide a level of robust, consistent and transparent data across Scotland that we have never had before:

- We will collect nationally, and at local authority level, data on the achievement of Curriculum for Excellence levels for literacy and numeracy at the end of P1, P4, P7 and S3. This will be based on teacher judgement – informed by standardised assessment – and will tell us how children and young people are progressing with their learning.
- At a school level, teachers will have a nationally consistent standardised assessment on aspects of literacy and numeracy to inform their judgement. The development of these standardised assessments, which will be piloted in 2016 and available for use in 2017, will include an associated training package for schools. This will support a clear interpretation of results and how these connect to and inform other sources of assessment evidence.
- In parallel to the development of the standardised element of assessment, we will also work with partners to refresh our collective support for other assessment approaches, including: setting out more clarity about standards and the evidence that should be in place to assure teachers about children’s progress; substantial support for moderation of teacher’s professional judgement within and across local authority boundaries; and clarity about recording practices.
- Parents will be able to access information from teacher’s professional judgement and the underlying standardised assessment data about their own child’s learning, providing valuable, nationally consistent information about children’s progress and signalling where further support may be required at home and in school.



## Key principles of the National Improvement Framework

The development of the National Improvement Framework is based on the best practice which exists internationally on the use of data and intelligence to improve education at national, local, school and individual child level. This includes the OECD publications *Synergies for Better Learning* and *Education Policy Outlook*. Key messages we took from these reports in designing this Framework include the need to:

- show clear alignment with the goals for the education system and classroom practice;
- recognise that outcomes for children can be improved by improving practice at different levels of the system;
- set out clear responsibilities at national, local, and school level and ensure everyone involved has the capacity to play their part effectively;
- build relevant professional skills through initial teacher education and professional development;
- use evidence to inform practice and share innovation;
- look at all levels of the national system together and ensure they are aligned;
- focus on improving classroom practice and self-evaluation as key drivers; and
- place the learner at the centre.

The above principles are central to the design and development of the Framework. The 2015 OECD review stated that :

**“... an important step (in developing the National Improvement Framework) will be to identify key principles ... that would provide transparency throughout the system and criteria for subsequent evaluation of the system itself.”**

Improving Schools in Scotland: An OECD Perspective. OECD, 2015

As indicated earlier, the Framework is also actively building on the solid foundations already laid in Scotland through the collective commitment of all partners to implement the Curriculum for Excellence and Teaching Scotland’s Future reform programmes.

Together, these complementary programmes of curriculum and workforce reform should ensure that we have an education system which has a clear, shared view of the aims and purposes of education and the professional skills and autonomy to ensure that the system continues to improve.

We have a strong foundation for further success. We are ambitious for Scotland and for our children and young people:

- We will have the highest aspirations for our children and young people;
- We will ensure that every child is ready for learning and able to succeed;
- We will have the right structures in place to deliver the improvements we need;
- We will help parents and communities to understand and to support children’s education;
- We will take a broad and flexible approach to the curriculum;
- We will continue to refine and adjust our curriculum to ensure that it remains relevant and prepares our children for a rapidly changing world;
- We will continue to set the highest expectations for our teachers and education leaders throughout their career; and

- We will identify and address barriers to parental engagement to ensure that all parents can be involved in their child's education.

### **Key priorities of the National Improvement Framework**

Our vision is of an education system which delivers both **excellence** and **equity** in equal measure for all children in Scotland. Within this broad overall aim we are now creating the National Improvement Framework to galvanise efforts and align our collective improvement activities, across all partners in the education system, to address our key priorities.

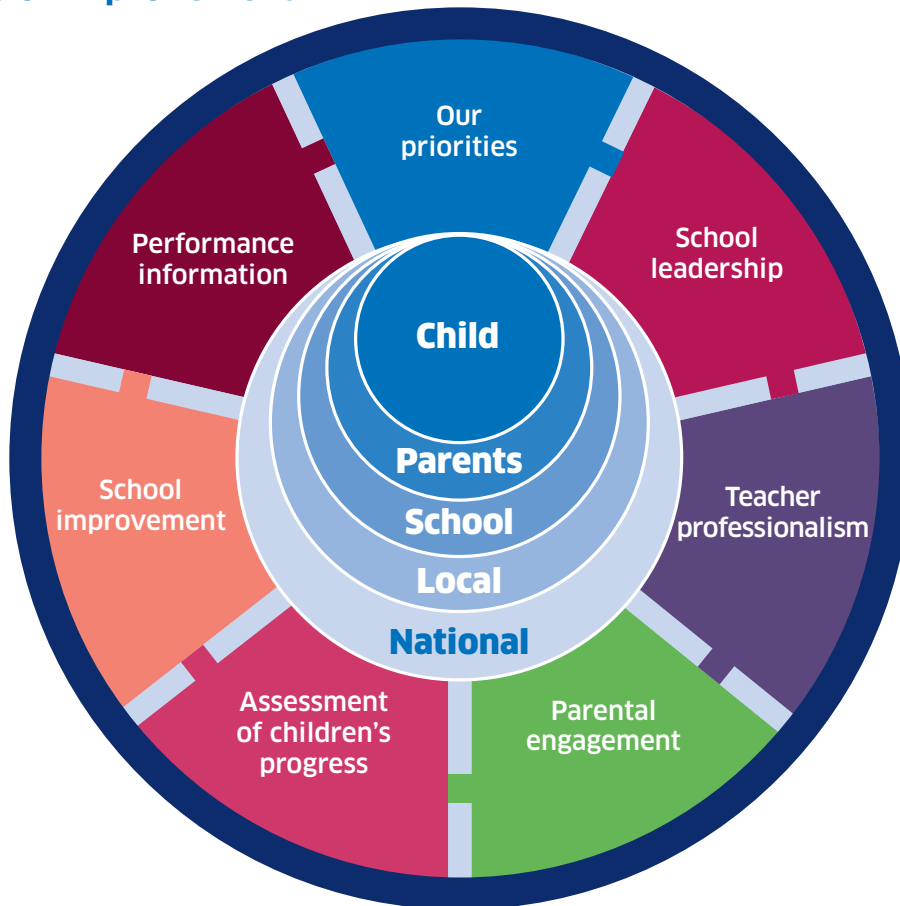
The current priorities for the National Improvement Framework are:

- **Improvement in attainment, particularly in literacy and numeracy;**
- **Closing the attainment gap between the most and least disadvantaged children;**
- **Improvement in children and young people's health and wellbeing; and**
- **Improvement in employability skills and sustained, positive school leaver destinations for all young people;**

Everyone working in Scottish education should be clear about what they are seeking to achieve in making their contribution to addressing these priorities. There may be further improvement priorities at school level, based on local needs and self-evaluation.

The priorities may change over time, depending on what the evidence is telling us. Indeed, we expect they will as issues are addressed successfully and new priorities emerge.

## Key drivers of improvement



Key drivers of improvement will build on much of the positive work already underway in Scottish education. They provide a focus and structure for gathering evidence which can then be analysed to identify where we can make further improvements. As recommended by the OECD in the 2015 OECD review, these areas have been identified to ensure that we have the right type of evidence sources which contribute to our priorities and minimise unintended consequences:

**“This Framework has the potential to provide a robust evidence base in ways that enhance rather than detract from the breadth and depth of the Curriculum for Excellence. Given Scotland’s previous bold moves in constructing its assessment frameworks on the best available research evidence at the time, it now has the opportunity to lead the world in developing an integrated assessment and evaluation framework.”**

Improving Schools in Scotland: An OECD Perspective. OECD, 2015

The key drivers of improvement are:

- School leadership
- Teacher professionalism
- Parental engagement
- Assessment of children's progress
- School improvement
- Performance information

The synergies and interconnections across these key areas are essential to enable continuous improvement. They are all equally important. In this section, the individual contributions that these areas make, in particular the impact they can have on excellence and equity for all children in Scotland, are developed further.

We will be publishing a new annual report based on the Framework. This will provide a narrative which evaluates the strengths and areas of improvement in Scottish education, based on a balanced range of measures.

## School leadership



### **What is this?**

The quality and impact of leadership within schools and at all levels – including members of staff.

### **Why is this important?**

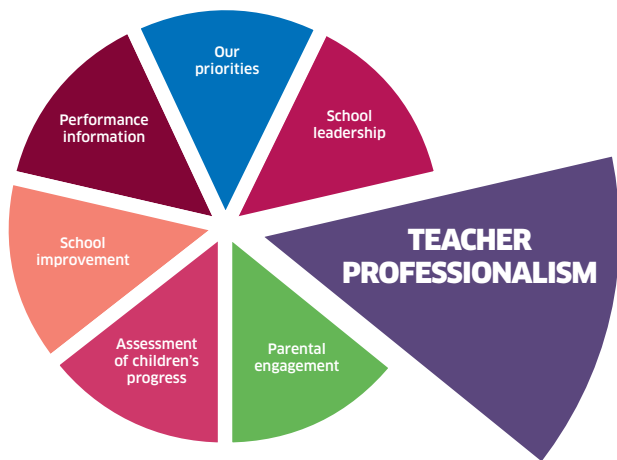
Leadership is recognised as one of the most important aspects of the success of any school. Headteachers and teachers who are empowered, and who empower others to take ownership of their own learning, have a strong track record of ensuring the highest quality of learning and teaching. This in turn helps to ensure that all children achieve the best possible outcomes. Gathering evidence on the quality of school leadership will help us to identify and share what works and provide support and intervention where leadership needs to improve.

### **How will this help to achieve excellence and equity for all children?**

Leadership is key to ensuring the highest possible standards and expectations are shared across a school to achieve excellence for all. Through evaluating leadership and, crucially, leadership of change, we will be able to focus on where leadership action is delivering excellent outcomes for all children and closing the attainment gap through targeted intervention. We will also have evidence on the extent to which professional skills and competences of headteachers are being developed and maintained.

Evidence we will gather	What this will tell us
<p>Through school inspection, percentage of schools graded as 'good' or better for leadership of change.</p> <p>Number of new headteachers who meet the Standard for Headship, and numbers of experienced headteachers who continue to meet Standard for Leadership and Management.</p> <p>Local authority self-evaluation reports on leadership of change.</p>	<p>This will tell us how good planning for improvement is and the impact of improvements and changes. It will focus on leadership at all levels within a school.</p> <p>This will tell us about the qualifications achieved and standards met by our headteachers.</p> <p>This will tell us how well leadership is improving based on school and local authority self-evaluation and quality assurance activities.</p>

## Teacher professionalism



### **What is this?**

Teacher professionalism demonstrates the overall quality of the teaching workforce in Scotland and the impact of their professional learning on children's progress and achievement.

### **Why is this important?**

The quality of teaching is a key factor in improving children's learning and the outcomes that they achieve. In Scotland we have a highly professional, graduate teaching workforce with high professional standards, which are set by the General Teaching Council of Scotland (GTCS). We want to continue to improve the professionalism of our teachers and the quality and impact of their professional learning. The focus is on teacher professionalism, but we recognise that many other people contribute to children and young people's learning and development.

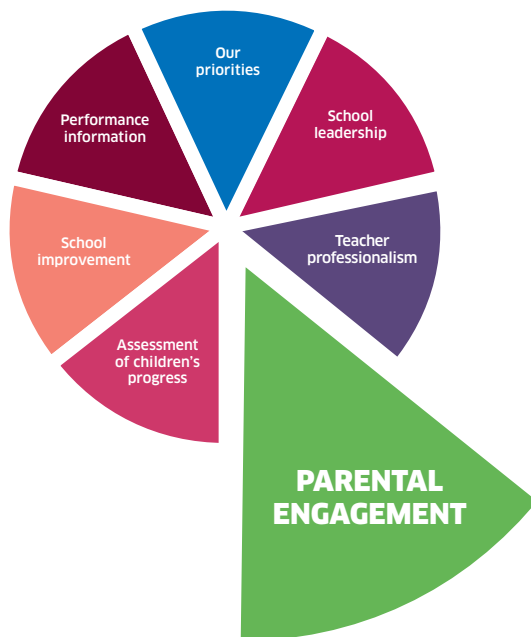
### **How will this help to achieve excellence and equity for all children?**

There is a strong link between teacher's professional skills and competences and the quality of children's learning experiences. Ensuring the highest professional standards for all teachers in Scotland will help to ensure the highest standards and expectations for all children. Consistent, well-moderated teacher judgement data on achievement of curriculum levels in literacy and numeracy will help us to focus accurately on the difference in attainment between the most and least disadvantaged children and take further action as a result. We want all new teachers to develop as enquiring professionals who are experts in teaching literacy, numeracy and health and wellbeing. This is critical to ensure the strongest possible progression in learning for all children.

Evidence we will gather	What this will tell us
<p>Increase the range of quality professional learning at SCQF Level 11 (Masters) and the level of engagement amongst teachers.</p> <p>Through school inspection and local authority self-evaluation reports, effectiveness of moderation of teacher judgement of Curriculum for Excellence levels in literacy and numeracy.</p> <p>Percentage of teachers in local authority and independent schools, within the annual cohort, having their professional learning successfully signed off by GTCS.</p> <p>Information from the GTCS on teacher induction and teacher views on teaching literacy and numeracy, health and wellbeing and opportunities for professional learning.</p> <p>Information on initial teacher education programmes' coverage of literacy, numeracy and health and wellbeing through GTCS evaluation of the programmes as part of its accreditation processes.</p>	<p>This will give information on Masters level programmes which relate directly to the Teacher Education Standards, particularly the Standard for Career-Long Professional Learning and the Standards for Leadership and Management.</p> <p>This will provide us with information on the effectiveness of moderation processes and therefore the consistency of teacher judgement of children's achievements of Curriculum for Excellence levels in literacy and numeracy.</p> <p>This will give information on the percentage of teachers who have continued to demonstrate their professional skills and competences through undertaking professional update.</p> <p>This will help to evaluate the success of initial teacher education and the success of the teacher induction scheme in supporting new fully registered and newly qualified teacher in the teaching of literacy and numeracy and the support of health and wellbeing. This will tell us about the range of professional learning available to teachers.</p> <p>This will help us to evaluate how well prepared student teachers are to teach literacy and numeracy, and support health and wellbeing to the highest possible standards.</p>



## Parental engagement



### **What is this?**

Parental engagement focuses on ways in which parents, families and professionals work together to support children's learning.

### **Why is this important?**

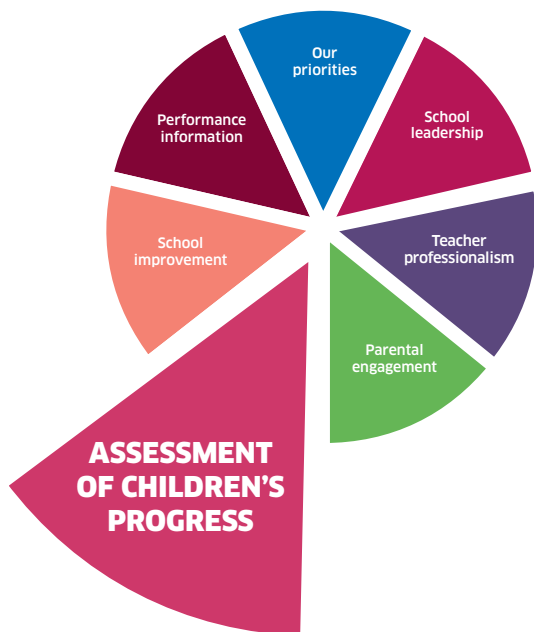
Parental and family engagement in their child's education is a key factor in ensuring successful outcomes. We want to improve and increase ways in which parents and families can engage with teachers and partners to support their children and increase the voice of parents in leading improvements with schools. Some schools have started to work successfully with partners to develop family learning programmes which help parents to meaningfully engage in their child's learning.

### **How will this help to achieve excellence and equity for all children?**

Parental and family engagement is a key factor in helping all children achieve the highest standards whilst reducing inequity and closing the attainment gap. The information that we gather will inform our knowledge of where parental engagement is strong and where it requires further attention. This will include monitoring levels of parental engagement, involvement in, and satisfaction with, learning provision in different communities. Supporting all schools to work with partners to develop family learning programmes will help to improve children's progress and achievement.

Evidence we will gather	What this will tell us
<p>From local authority self-evaluation reports, percentage of schools which work with partners to develop and offer family learning programmes.</p> <p>Pre-inspection questionnaires.</p> <p>Evidence on the impact of parents and the Parent Council in helping schools to improve.</p>	<p>We will be able to evaluate and improve the offer available to parents and families to help their children to progress in literacy, numeracy and health and wellbeing. Schools, working with partners such as community learning professionals and third sector colleagues can offer support for learning which meets the needs of families within different localities.</p> <p>Engagement, involvement and satisfaction, based on a sample of schools.</p> <p>This will indicate progress towards parents and Parent Councils being empowered to help to improve their schools and have a greater say in decision making. Through annual standards and quality reports, schools will indicate ways in which parents are involved in decision making and if school improvement plans have been co-created with parents.</p>

## Assessment of children's progress



### **What is this?**

Assessment of children's progress includes a range of evidence on what children learn and achieve throughout their school career. This includes Curriculum for Excellence levels, skills, qualifications and other awards.

### **Why is this important?**

We all need more robust and consistent evidence which will help us in raising attainment and closing the gap. We need to know the size of the attainment gap at different ages and stages, across Scotland, in order to take the right action to close it. And we need to know whether the attainment gap is narrowing over time in order to know that the measures we are taking are the right ones. Collecting data on children's progress as they move through their education from early years until they leave school will help teachers and schools to evaluate how well all children are achieving. It will help us to identify where we are doing well and which practices and interventions are having an impact. It will also help us to identify areas where, collectively we need to do more. A wide range of progress measures will be used at school level across the curriculum. The Framework will include teacher judgement data on achievement of CfE levels in literacy and numeracy. This data will be informed by a range of evidence, including standardised assessment and ongoing classwork and will be moderated. The Framework will lead to more consistent approaches within the broad general education phase of Curriculum for Excellence. The 2015 OECD review notes the importance of this:

**"... the different approaches to assessment undertaken by local authorities opens up the risk of duplication and militate against a clearer all-Scotland picture."**

Improving Schools in Scotland: An OECD Perspective. OECD, 2015

Progress in learning for children with significant additional support needs will be evaluated at an individual level, through agreed plans and next steps, which will be personalised.

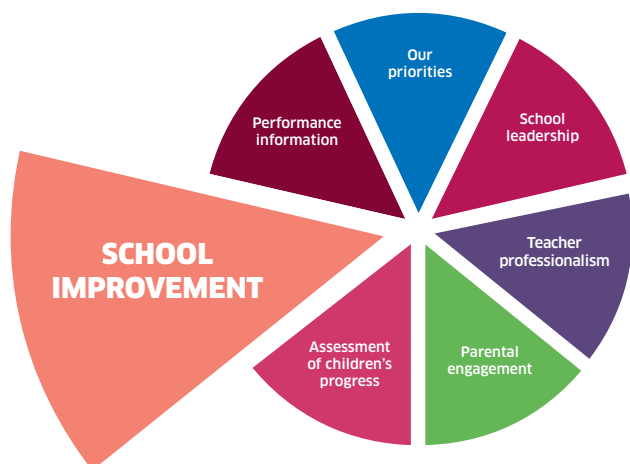
Other important measures within this driver include positive destinations and the quality of career information and guidance available to young people. Additional measures to monitor progress from pre-birth onwards will be considered as part of the next phase of the Framework (from 2017).

**How will this help to achieve excellence and equity for all children?**

Data gathered on children's progress is essential to achieving excellence and equity. Improved data on children's progress at key stages, including differences between those from the least and most deprived areas, will allow for planning further interventions to ensure that all children achieve as well as they can. This data will help teachers to identify areas where good practice exists and which high-impact interventions should be shared. The quality of careers information, advice and guidance and monitoring positive destinations will tell us about how successful young people are when they leave school. This will also tell us about the choices young people make and the difference in the levels of positive destinations for young people from the most and least disadvantaged backgrounds. Data on SQA awards will tell us about the success of young people from the most and least disadvantaged backgrounds in gaining important qualifications for learning, life and work. Information about children's health and wellbeing is essential to enable progress in all aspects of learning, and we will be able to monitor differences in health behaviours and wellbeing between different groups of children and take action to improve equity.

Evidence we will gather	What this will tell us
The percentage of children achieving curriculum levels in literacy and numeracy at P1, P4, P7 and S3 by school, local authority and nationally.	We will know how many children are achieving the expected levels in literacy and numeracy at P1, P4, P7 and S3, at school, local authority and national level. We will also know the breakdown of children's progress by deprivation over time (using the Scottish Index of Multiple Deprivation).
Data from a range of surveys on health and wellbeing showing changes over time.	This will give us information about a range of children's health, attitudes, behaviours and wellbeing.
Senior phase qualifications and awards data.	This will tell us about the standard and levels of qualifications that young people leave school with.
The percentage of school leavers in positive and sustained destinations.	This will tell us about the numbers of young people who are in further education, employment or training and the extent to which this is sustained at local and national level.
Through external review of careers information, advice and guidance services, percentages of these services graded as 'good' or better.	This will tell us how young people's career management skills are developing. We want to see continuous improvement in the quality of careers information, advice and guidance services delivered to all young people, teachers, parents and carers.

## School improvement



### **What is this?**

The overall quality of education provided by each school in Scotland and its effectiveness in driving further improvement.

### **Why is this important?**

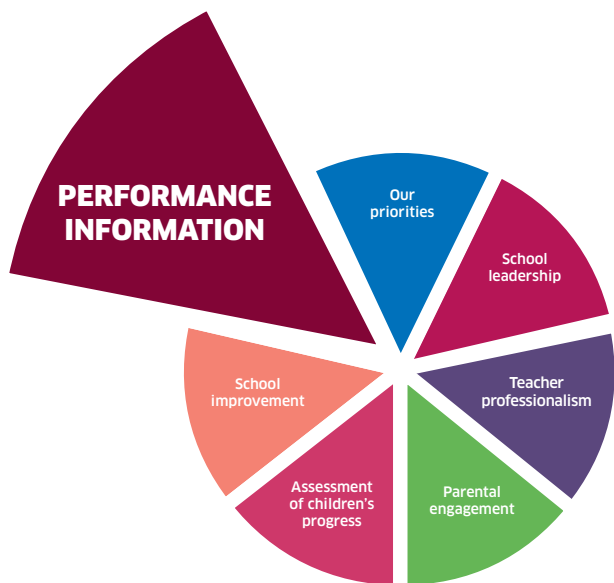
School improvement focuses on the quality of education, including learning, teaching and assessment, as well as the quality of the partnerships that are in place to support children and young people with their broader needs. These are essential elements to raise attainment for all children and close the poverty-related attainment gap. We have a good education system in Scotland, with schools achieving good outcomes for children. We want to continue to improve this so that more children experience very good and excellent education services, delivered by self-improving, empowered schools and key partners such as community learning and development professionals.

### **How will this help to achieve excellence and equity for all children?**

Evaluating learning, teaching and assessment and the quality of what goes on in classrooms will tell us how good the experience is for children, as we strive towards excellence for all. We know that for children and young people from the most deprived backgrounds, the gap in learning can develop from a young age. Evaluating school improvement and work with partners will help us to focus on early and sustained intervention and support for children and their families. School inspection, school self-evaluation and local authority reporting on attainment and achievement will tell us how well schools are achieving equity for all children. This will include the school's success at raising attainment for all, whilst closing the attainment gap between the most and least disadvantaged children. We expect that this evaluation will be carried out increasingly with partners and other services. Data on improving attendance and reducing exclusions are critical factors in ensuring that children time at school and their opportunities to succeed are maximised.

Evidence we will gather	What this will tell us
<p>Through school inspection, percentage of schools graded as 'good' or better for learning, teaching and assessment.</p> <p>Through school inspection, percentage of schools graded 'good' or better for raising attainment and achievement.</p> <p>Level of attendance and number of exclusions per school.</p> <p>The number of schools who report positive findings in its school self-evaluation on raising attainment and achievement, and progress with the priorities set out in the National Improvement Framework.</p> <p>Local authority self-evaluation reports on raising attainment and achievement and progress with the priorities set out in the National Improvement Framework.</p>	<p>This will tell us how good learning, teaching and assessment is in classrooms across Scotland, including the effectiveness of moderation of achievement of Curriculum for Excellence levels in literacy and numeracy.</p> <p>This will tell us how well schools are raising attainment for all and closing the poverty-related attainment gap.</p> <p>This will tell us how successful we are at reducing exclusion from school and maximising the time children spend at school.</p> <p>This will tell us how well schools are improving based on self-evaluation and local authority quality assurance activities.</p> <p>This will give us a range of local self-evaluation data to consider on school improvement. This will also help us to evaluate progress with the priorities set out in the National Improvement Framework at local level.</p>

## Performance information



### What is this?

All of the information and data we need to get a full picture of how well Scottish education is improving. We will gather together and analyse the data collected from each of the other key drivers.

### Why is this important?

Evidence suggests, and the feedback from the National Improvement Framework tells us, that we must ensure we build a sound understanding of the range of factors that contribute to a successful education system. This is supported by international evidence which confirms that there is no specific measure that will provide a picture of performance. We want to use a balanced range of measures to evaluate Scottish education and take action to improve further.

### How will this help to achieve excellence and equity for all children?

Building on the 2015 *Interim Report* we will look across the key drivers and report annually using the evidence gathered. This will include overall progress towards our key priorities. As part of the analysis of the evidence gathered on where impact is being achieved on improving equity, we will share good practice. The report will also identify areas for further improvement and where action is required. This will have a specific focus on excellence and equity for all and will inform school, local authority and national improvement planning. It will also be used to inform policy developments and decisions about priorities moving forward, including the allocation of resources and support.

Evidence we will gather	What this will tell us
<p>Data from each of the key drivers.</p> <p>Progress towards achieving the priorities set within the Framework, drawing on all the evidence gathered.</p>	<p>This will tell us how well Scottish education is performing and improving.</p> <p>We will match the evidence from the drivers to the priorities within the Framework. This will help us to understand progress and improvement at local and national level. We will report this in a clear and transparent manner. This evidence will inform the action we need to take to secure further improvement.</p>

Use of Performance Information The purpose and uses of data across Scottish education			
Level	Use of data	Purpose	How will the data be used?
Child	<ul style="list-style-type: none"> <li>Feedback to the child on their progress</li> </ul>	<ul style="list-style-type: none"> <li>Improving learning and child development</li> <li>Improving learner confidence and engagement in the learning process and planning next steps</li> </ul>	<ul style="list-style-type: none"> <li>Support learner's knowledge of their own progression</li> <li>Greater understanding of assessment</li> <li>Increased involvement in own learning</li> </ul>
Parent/Carer	<ul style="list-style-type: none"> <li>Feedback to parent/carer on their child's progress</li> </ul>	<ul style="list-style-type: none"> <li>Wider range and type of feedback for parents</li> <li>Improving parental confidence and involvement in the learning process</li> <li>Consistent approach to parental feedback across Scotland</li> </ul>	<ul style="list-style-type: none"> <li>More meaningful information to support improved parental engagement at home</li> <li>More meaningful information to support improved parental engagement at school</li> </ul>
School and Early Learning	<ul style="list-style-type: none"> <li>Reviewing progress of individuals and groups</li> <li>Planning for learning and meeting learning needs</li> </ul>	<ul style="list-style-type: none"> <li>Improving the progression of learning and development</li> <li>Provided targeted interventions for children</li> <li>Improving career-long professional learning</li> <li>Improving transitions</li> <li>Collaborating across the cluster and learning community</li> <li>Learner and parental confidence</li> </ul>	<ul style="list-style-type: none"> <li>To support teacher professional judgement</li> <li>Identify support for individual children</li> <li>Development of School Improvement Planning</li> <li>More meaningful information for parents/carers and children</li> <li>Development of local support for children, teachers and parents</li> </ul>
Community Planning Partnership and Local Authority	<ul style="list-style-type: none"> <li>National benchmarking</li> <li>Defining and monitoring standards</li> <li>Quality assurance</li> <li>Review of progress of year cohorts and identified groups</li> <li>Moderation and improvement of professional judgement, monitoring transitions</li> </ul>	<ul style="list-style-type: none"> <li>Improving educational policy development</li> <li>Public confidence</li> <li>Local government sharing on a national level</li> <li>Supporting career-long professional learning and improving practice</li> <li>Improving transitions</li> <li>Sharing at an authority level</li> </ul>	<ul style="list-style-type: none"> <li>Development of local plans aligned where possible to existing reporting</li> <li>Identify where support required at a local level</li> <li>Development of local support for children, teachers and parents</li> </ul>
National	<ul style="list-style-type: none"> <li>International comparisons</li> <li>National benchmarking</li> <li>Defining and monitoring standards</li> <li>Quality assurance</li> </ul>	<ul style="list-style-type: none"> <li>Improving educational policy development</li> <li>Strategic resourcing</li> <li>Public confidence</li> <li>Improving career-long professional learning</li> <li>International sharing of data</li> </ul>	<ul style="list-style-type: none"> <li>Annual review of National Improvement Framework</li> <li>Development of a National Improvement Plan</li> <li>Measure achievement against key priorities</li> <li>Identify support required at a national level</li> </ul>



## Reporting, analysis and planning for improvement

We know that simply having information is not enough to secure improvement. Reporting, analysis and planning for improvement as part of the Framework will help to satisfy three key requirements for our education system:

- It will improve the quality and availability of information available to children, parents and teachers;
- It will improve the quality of information available to support education authorities and Community Planning Partnerships in planning and delivering services; and
- It will improve the quality of information available to support the development of national education policy.

How information is interpreted, used and acted upon is critical to achieving success.

**Children and young people** need high-quality feedback about their progress and a clear understanding of the support that is in place to help them succeed.

**Parents and families** must have access to information that allows them to form a clear understanding of how their child is progressing, and the information they need to help them play a key role in their child's education.

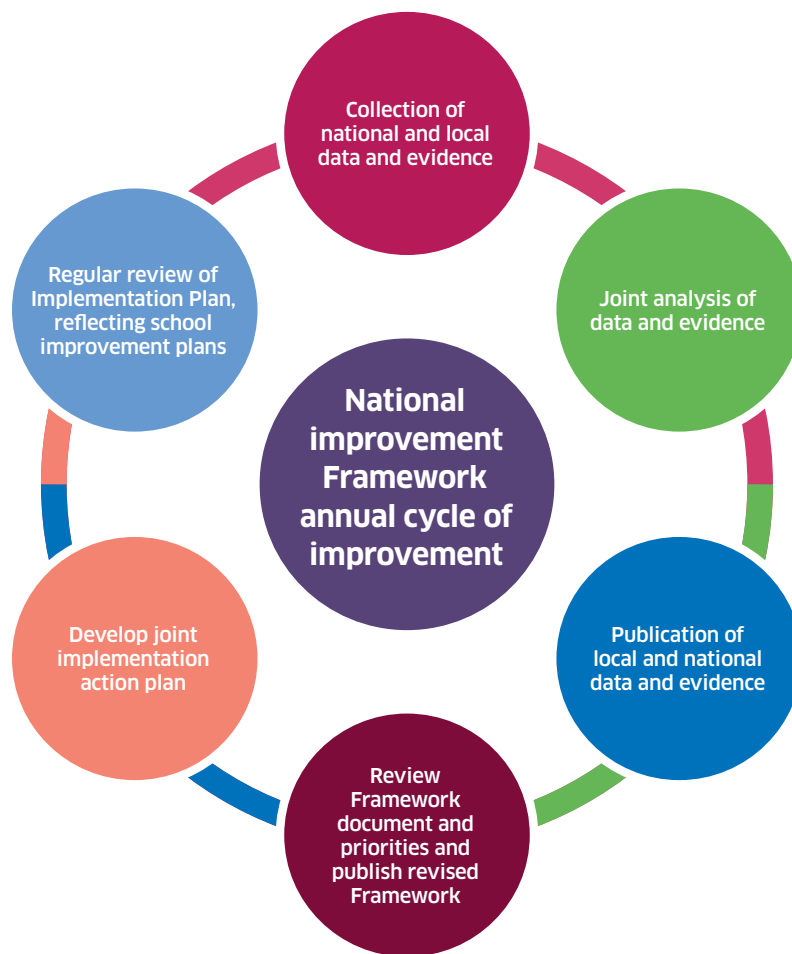
**Teachers, schools and partners** need a clear, coherent, consistent set of evidence and data locally and nationally to help them to self-evaluate and plan further improvements to achieve excellence and equity for every child in their care.

**Local government** has the statutory role and function of providing education for Scotland's children and a duty to secure improvement. Local arrangements are already in place to support improvement but that more could be done to increase the pace of improvement and bring focus to improvements required, either in particular areas or for particular groups of children.

**Education Scotland** as the national improvement agency for education needs to continue to extend ways of working collaboratively with staff in local authorities to promote and drive improvement. Its school inspection activities will increasingly take account of the key drivers and priorities within the Framework.

**Scottish Government** will use evidence from the Framework to inform policy development. It will bring partners together to focus on our specific priorities and the activities needed to support them. We will review the arrangements we have in place to bring partners together to ensure that all relevant stakeholders are included. The new arrangements will lead to the development of a joint implementation plan. This plan will be developed and delivered in partnership.

Throughout all of our work with children and young people, we need to ensure that we embed **evidence-based approaches** in our activities. It is crucial that we work together to deliver on the priorities set out in this document.



National reporting of data has begun, with the publication of the *Interim National Improvement Framework Report* published in January 2016. It is our intention that the legal requirement on schools to prepare annual School Improvement Plans and Standards and Quality Reports linked explicitly to the Framework will take effect in 2017, as will the duty on local authorities to produce annual plans and reports. Schools and local authorities will continue to self-evaluate and report against local priorities. We will consult on the statutory guidance linked to those legal requirements in summer 2016.

Planning and reporting on the Framework will form part of a wider public service planning and reporting landscape. There will be clear links to Local Outcome Improvement Plans, Children's Services Plans and education standards and quality reports. We recognise the importance of supporting individual local authorities in deciding how best to align these planning and reporting requirements and will reflect this in the statutory guidance linked to the National Improvement Framework as well as other relevant guidance relating to, for example, children's services planning.

## What next?

The full implementation of the National Improvement Framework will be phased in over time. Not all of the evidence under each driver will come on stream at the same time. The Framework itself will be reviewed annually to ensure that it continues to reflect the right priorities to secure continued improvement.

We intend to work with partners to implement a new annual cycle of improvement, aligned at school, local and national level, taking account of local community planning and priorities. We will continue to work with stakeholders through the implementation plan for the Framework to deliver major new developments, including the national standardised assessments and a new data set for primary schools which can be published on Parentzone. We will build in the learning and experience from the Scottish Attainment Challenge in relation to what works in closing the gap in our most deprived communities.

We will work with colleagues in a range of sectors, including Early Years and in Community Learning and Development to ensure that the Framework fully reflects the activity and evidence that significantly impacts on outcomes for all children. We will also work with partners to develop a thorough evidence base for improvements to children's health and wellbeing.

### 2016

- Development and piloting of new national standardised assessments
- Publication of advice and guidance on achievement of a CfE level in literacy and numeracy
- Interim reporting arrangements for schools and local authorities
- Increased moderation and support for teacher professional judgement
- Work with local authorities and parent organisations to improve the consistency of reporting to parents of children's progress
- Further work to develop evidence from early years activity and alignment with school years
- Inclusion of Key Performance Indicators from Developing Young Workforce programme
- Consideration of a wider range of awards and achievements including those gained from Community Learning and Development
- Development of statutory guidance on reporting duties under Education (Scotland) Bill

### 2017

- Introduction of new national standardised assessments in schools
- New reporting duties under Education (Scotland) Bill
- Introduction of more evidence on early years
- First statutory Framework reporting for schools and local authorities

### 2018

- Development of standardised assessments for Gaelic Medium Education
- Consideration of evidence of children's progress in other curricular areas
- Dashboard for school, local authority and national use

## References and useful links

OECD Report Improving Schools in Scotland: An OECD perspective  
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# Our generation's epidemic

Young people's awareness  
and experience of mental  
health information, support,  
and services  
JULY 2016

# Acknowledgements

The Scottish Youth Parliament would like to warmly thank colleagues from partner organisations who provided their support and expertise during the research development process and authoring of this report. In particular, we wish to thank the Commissioner for Children and Young People Scotland (CYPCS), the Scottish Association for Mental Health (SAMH), See Me, and Children in Scotland.

We would also like to thank all of the young people who participated in the research and shared their experiences, the organisations who supported the research focus groups, and the Members of the Scottish Youth Parliament and their Support Workers who were involved in leading the research process.

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The report graphics were designed by Anna Dickens, Communications Officer at the Scottish Youth Parliament.

## Contents

<b>Acknowledgements</b>	<b>2</b>
<b>Foreword</b>	<b>3</b>
<b>Executive Summary</b>	<b>4</b>
Key findings	
Our recommendations	
<b>Introduction</b>	<b>6</b>
<b>Background and context</b>	<b>7</b>
<b>Our approach</b>	<b>10</b>
<b>Respondents: a profile</b>	<b>11</b>
Survey Respondents	
Focus Group Participants	
<b>Research findings</b>	<b>13</b>
1. Mental health information	
2. Mental health support	
3. Mental health services	
4. Mental health and rights	
<b>Observations and recommendations</b>	<b>36</b>
Mental health information	
Mental health support	
Mental health services	
Mental health and rights	

A large-print version of this report is available on the SYP website, at [www.syp.org.uk](http://www.syp.org.uk)



# Foreword

I am delighted to write the foreword to this important piece of work. The Scottish Youth Parliament (SYP) is an organisation that my office enjoys a strong working relationship with, which I know will continue to flourish into the future.

SYP represents the embodiment of Article 12 of the United Nations Convention on the Rights of the Child: “Young people have the right to express their views freely and have their opinions listened to in all matters affecting them.”

This year, Members of the Scottish Youth Parliament (MSYPs) have chosen mental health as their national campaign. I share their belief that young people in Scotland are let down by a culture and system which fails to meet their mental health needs, consequently depriving them of their rights.

This report represents the findings of one of the largest surveys undertaken in Scotland that focuses on young people’s mental health, and its recommendations should therefore be seriously considered by decision-makers. It provides a route map for a series of steps the Scottish Government, local authorities, and the NHS can take to tackle the anomalies that are failing this generation, and ensure that all young people in Scotland have access to high quality mental health information, education, support, and services.

There is cross-party political agreement for the need for improvements in mental health education and services, especially for young people. The time for rhetoric is over. Our young people have spoken, and their views have been captured in this report.

I urge every politician, civil servant, NHS manager, and other stakeholders to read this report and implement its recommendations. I suggest you speak to the MSYPs who will tell you, as they have told me, that the time for action is not tomorrow, not next year, but now.

To every MSYP, I congratulate you on your work so far, but you know that this is not a job done. You are capable of taking this report and its findings and using it to make the case for improved mental health services, education, and support in your communities, villages, cities, and towns across Scotland.

You can be the individuals who can make that happen, and I have no doubt you will succeed.



Tam Baillie  
Children and Young People's  
Commissioner Scotland

# Executive Summary

## Key findings

*Our generation's epidemic* found that, of the young people who took part in the research:

1. 74% do not know what mental health information, support, and services are available in their local area.
2. Young people aged between 18 and 26 years old are less likely to find information young person-friendly than those aged between 12 and 17.
3. Young people feel most comfortable talking to a GP or other medical professional, and someone they are close to, about their mental health.
4. Young people feel that there is a range of barriers to talking openly about mental health, including embarrassment, fear of being judged, and a lack of understanding about mental health.
5. One in five young people do not know where to go for advice and support for a mental health problem.
6. 27% of young people do not feel supported to talk about mental health in their school, college, university, or workplace.
7. 18% of young people who consider themselves to have experienced a mental health problem have not accessed mental health services.
8. Young people identified young person-specific mental health services as particularly positive examples of mental health services.
9. Respondents feel there are a number of issues with mental health services, including accessibility, lack of confidentiality, not being taken seriously due to age, and non-person-centred treatment.
10. Young people feel that it is important to take a human rights-based approach to mental health, and that young people should be educated about their rights when accessing mental health support.

## Our recommendations

### Mental health information

1. Education Scotland and further and higher education bodies should ensure that all schools, colleges, and universities provide high quality information about mental health, and direct young people to safe online resources such as *Aye Mind*. Pupils and students should be consulted about the type of information they would like to receive, and be involved in the design of information when appropriate.
2. NHS Scotland should ensure that all GP surgeries and hospitals provide age-appropriate information about local mental health support and services, with particular emphasis on young person-specific support and services.

### Mental Health support

3. Every school, college, university, and youth group should implement a Mental Health Action Plan to promote mental health conversations and support. The Action Plan should include provisions such as an annual Mental Health Awareness Week, training for young people and staff in Mental Health First Aid, utilising See Me's *What's on Your Mind* resources, providing practical steps to manage stress and anxiety, and promoting local information, support and services.
4. Education Scotland should develop a Mental Health Standard for schools to increase the focus on mental health in the Curriculum for Excellence.
5. Education Scotland, in conjunction with the Scottish Government, should review the provision of counsellors in schools and seek to establish a minimum level of service provision.
6. NHS Education for Scotland should work with young people to update its training and CPD opportunities for frontline medical professionals in supporting young people's mental health. All GPs and other community-based mental health professionals should receive these opportunities.

### Mental health services

7. The Scottish Government's proposed 10-year mental health strategy should include an increased focus on supporting the mental health of 16 to 26 year-olds, in recognition of this age group's specific mental health needs separate from children and older adults. The strategy should also facilitate a review of CAMHS, as called for by SAMH.
8. The Scottish Government should ensure that mental health funding is ring-fenced for young person-specific mental health services, and that this funding is shared proportionately between acute, high-intensity services, and preventative and early intervention support such as drop-in centres, peer support, and services provided by the third sector.
9. Scotland's initiative for involving young people in developing youth-friendly health services, *Walk the Talk*, should seek to develop a young person-led mental health and wellbeing forum in every local authority.

### Mental health and rights

10. NHS Education for Scotland, in partnership with organisations such as the Mental Welfare Commission, should work with young people to develop a booklet and/or online resource about young people's rights when accessing mental health support. On first accessing mental health support, all young people should be presented with this resource in an accessible form.
11. All GP surgeries and mental health services should clearly display age-appropriate information about young people's rights when accessing mental health support, particularly regarding confidentiality rights and their right to an independent advocate.

# Introduction

The Scottish Youth Parliament (SYP) represents all of Scotland's young people. Our vision for Scotland is of a nation that listens to and values the participation of children and young people. Our goal is to do our utmost to make this vision a reality. We see this as vital to ensuring Scotland is the best place in the world to grow up.

Every year, we run a national campaign focusing on an issue that young people care about. In October 2015, Members of the Scottish Youth Parliament (MSYPs) voted for our 2016 campaign to focus on young people's mental health. The campaign, called *Speak Your Mind*, has been developed by young people, and its key objectives are:

- To increase young people's awareness and understanding of the issues associated with mental health.
- To encourage the use of a common language in order to promote positive conversations and tackle stigma associated with young people's mental health.
- To identify young people's awareness and experience of mental health information and services for young people across Scotland.
- To advocate for high quality mental health service and information provision for all of Scotland's young people, with supporting guidance on best practice for service providers.

During the development of *Speak Your Mind*, MSYPs identified that there is currently a good deal of public discussion about the state of young people's mental health and wellbeing in Scotland, as well as the issues surrounding the provision of young people's mental health services, such as waiting times for treatment. However, it was found that young people's voices aren't always present in these discussions; there is a lack of available data about young people's views on mental health information and services. As a rights-based organisation, our principles are firmly underpinned by the United Nations Convention on the Rights of the Child (UNCRC), particularly Article 12 (respect for the views of the child).<sup>1</sup>

As such, MSYPs identified a need to capture young people's experience and awareness of mental health services and information through youth-led research, in order to ensure that young people's voices inform decision-making and discussions about mental health in Scotland.

This report outlines the findings of this research, and sets out key recommendations to ensure that mental health services and information are the best they can be for Scotland's young people. This report does not present a complete set of solutions to the challenges surrounding young people's mental health; however, it is hoped that the recommendations contained within it, which are based on what young people have told us they need, will make a valuable contribution to the promotion and protection of young people's mental health in Scotland.

**The findings are set out in four key areas:** information, support, services, and rights. However, these areas are inextricably linked and should be viewed as parts of the same whole, rather than as separate issues.

**Information:** This section explores where young people go for information about mental health; their awareness of local mental health information and services; and their perceptions of how young person-friendly public mental health information is.

**Support:** This section explores how comfortable young people feel talking about mental health, and their perceptions of what barriers there are to talking about mental health; how young people are supported to talk about mental health in their everyday lives; and young people's awareness of where to go for advice and support about a mental health problem.

**Services:**<sup>2</sup> This section explores young people's experiences of accessing mental health services, including what aspects of mental health services work well for young people, and what could be made better.

**Rights and young people's mental health:** This section explores focus group participants' understanding of rights in relation to young people's mental health, and their views on taking a human rights-based approach to mental health services and support.

<sup>1</sup> Article 12 of the UNCRC states that 'States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.' OHCHR: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

<sup>2</sup> This report defines mental health services within a broad spectrum; it includes lower-intensity services like self-help websites and peer support, to specialist services like CAMHS.

# Background and context

Mental health is one of the major public health challenges in Scotland. While there is limited data available on the full extent of mental health problems,<sup>3</sup> it is estimated that one in four people are affected by mental health problems,<sup>4</sup> and that around one in ten children and young people aged between 5 and 16 years old have a clinically diagnosable mental health problem.<sup>5</sup> There is a significant amount of legislation and policy surrounding mental health in Scotland. This section explores the existing policy and mental health landscape to provide context for our own research.

## Political landscape

Mental health is currently a priority on the political agenda. In the run up to the Scottish Parliament elections in May 2016, all political parties represented in Holyrood committed to improving mental health in their manifestos, including: investing more funding in improving children and young people's mental health services; increasing the focus on prevention and early identification of mental health problems; and achieving parity of esteem between mental health and physical health. Following the elections, the Scottish Government has appointed its first dedicated Minister for Mental Health, and at the time of writing this report announced the development of a new ten-year mental health strategy to improve mental health and services.<sup>6</sup>

## Definitions of mental health

The term 'mental health' can be a complex one. Often, it is used to refer to mental health problems rather than being used as an umbrella term encompassing our mental state, which includes wellbeing as well as mental health problems.<sup>7</sup> There have been moves in the Scottish public sector in recent years to increase recognition of the importance of mental wellbeing within the context of mental health. Scotland's 2009-11 framework for mental health improvement, *Towards a Mentally Flourishing Scotland*, describes mental wellbeing as:

"...[H]ow people feel - their emotions and life satisfaction - and how people function - their self-acceptance, positive relations with others, personal control over their environment, purpose in life and autonomy. Each person's experience differs."<sup>8</sup>

*Towards a Mentally Flourishing Scotland* aimed to improve mental health through promoting good mental wellbeing, rather than focusing solely on tackling mental health problems when they arise. The successor document to *Towards a Mentally Flourishing Scotland*, Scotland's *Mental Health Strategy 2012-2015*, built further on this approach, focusing on preventing mental health problems through promoting wellbeing, as well as improving mental health services.

This move towards addressing wellbeing within mental health is also at the heart of Scotland's approach to improving outcomes for Scotland's children and young people, *Getting it Right for Every Child (GIRFEC)*.

For the purposes of this research, SYP defines mental health according to the World Health Organisation: "Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."<sup>9</sup>

<sup>3</sup> Mental Health Foundation (2016), 'Mental Health in Scotland: Fundamental Facts': <https://www.mentalhealth.org.uk/sites/default/files/Scotland%20FF%20final.pdf>, pg.4

<sup>4</sup> SAMH, 'Understanding mental health problems': <https://www.samh.org.uk/media/448400/understandingmentalhealthproblems.pdf>

<sup>5</sup> Mental Health Foundation, 'Mental health statistics: children and young people': <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

<sup>6</sup> Scottish Government (2016), 'Mental Health Awareness Week': <http://news.scotland.gov.uk/News/Mental-Health-Awareness-Week-24e1.aspx>

<sup>7</sup> NHS (2014), 'Mental health improvement: background and policy context': <http://www.healthscotland.com/mental-health-background.aspx>

<sup>8</sup> Scottish Government (2009): 'Towards a Mentally Flourishing Scotland: Policy and Action Plan, 2009-2011': <http://www.gov.scot/Resource/Doc/271822/0081031.pdf>, pg. 5

<sup>9</sup> WHO (2014), 'Mental health: a state of wellbeing': [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)

### Young people's mental health

Studies show that the root of many mental health problems start in childhood; half of adults who are mentally ill have experienced the onset of their mental health problems by the age of 15.<sup>10</sup> As a result, young people's mental wellbeing has become a key focus for public health, from the development of GIRFEC to the *Mental Health Strategy: 2012-2015*, which made child and adolescent mental health one of its four key change areas.

The *Mental Health Strategy: 2012-2015* focused on improving early years outcomes as part of preventing poor mental wellbeing in young people, as well as addressing the mental health needs of looked after children and young people with learning disabilities.<sup>11</sup> However, research suggests that more attention needs to be focused on young people in adolescence. A 2013 study of children and young people's mental health in Scotland showed a decline in young people's wellbeing as they got older, with life satisfaction and happiness decreasing between the ages of 11 and 15.<sup>12</sup> There is growing evidence that young people are increasingly struggling with issues like stress and anxiety, due in part to the pressure of school. The recent Health Behaviour in School-aged Children (HBSC) study shows that 80% of 15 year-old girls and 59% of 15 year-old boys in Scotland feel pressured by schoolwork.<sup>13</sup>

### Mental health information

There is a range of information and resources available about mental health, particularly online; the *Mental Health Strategy 2012-2015* has committed to improving mental health through using online technology, and supporting initiatives like the NHS Inform service, which includes information on mental health and wellbeing.<sup>14</sup>

In terms of information about mental health services and support, a commitment in the *Mental Health Strategy: 2012-2015* focused on increasing local knowledge of 'social prescribing opportunities' (low-intensity treatments like peer support and self-help).<sup>15</sup> However, the Scottish Association for Mental Health (SAMH) has found that progress has been slow in this commitment.<sup>16</sup>

### Mental health support

Despite the increased focus on wellbeing in relation to mental health, there continues to be misunderstanding about mental health, which is often framed in the context of mental ill-health rather than overall wellbeing. Although significant work is being done to tackle the stigma surrounding mental health, notably from See Me, Scotland's national programme to end stigma and discrimination, people with mental health problems continue to face discrimination and misunderstanding. The Scottish Social Attitudes Survey 2013 revealed that over one-third (37%) of people with mental health problems said they had experienced some negative social impact as a result of others' attitudes towards their problem.<sup>17</sup> See Me has highlighted that the continuing stigma and lack of conversations about mental health are significant barriers to young people coming forward with concerns about their own mental health and accessing support.<sup>18</sup> *Our generation's epidemic* builds on existing knowledge about young people's experiences of mental health stigma, exploring who young people feel comfortable talking to about mental health, and how young people are supported to talk about mental health in their everyday lives in school, college, university, and the workplace.

<sup>10</sup> SAMH (2016), 'Ask Once Get Help fast: SAMH Manifesto for the Scottish Parliament Election 2016': [https://www.samh.org.uk/media/462301/samh\\_ask\\_once\\_get\\_help\\_fast\\_manifesto\\_for\\_the\\_2016\\_scottish\\_parliament\\_election.pdf](https://www.samh.org.uk/media/462301/samh_ask_once_get_help_fast_manifesto_for_the_2016_scottish_parliament_election.pdf), pg. 16

<sup>11</sup> Scottish Government (2012), 'Mental Health Strategy for Scotland: 2012-2015': <http://www.gov.scot/Resource/0039/00398762.pdf>

<sup>12</sup> NHS Health Scotland (2013), 'Scotland's mental health: Children and young people 2013': <http://www.scotpho.org.uk/downloads/scotphoreports/scotpho131219-mhcyp2013-fullreportv2.pdf>, pg. 6

<sup>13</sup> WHO (2016), 'Growing up unequal: gender and socioeconomic differences in young people's health and well-being': [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/303438/HSBC-No7-Growing-up-unequal-full-report.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0003/303438/HSBC-No7-Growing-up-unequal-full-report.pdf?ua=1), pg. 61

<sup>14</sup> Scottish Government (2012), 'Mental Health Strategy for Scotland: 2012-2015': <http://www.gov.scot/Resource/0039/00398762.pdf>, pg. 18

<sup>15</sup> *Ibid.*, pg. 31

<sup>16</sup> SAMH (2016), 'Ask Once Get Help fast: SAMH Manifesto for the Scottish Parliament Election 2016': [https://www.samh.org.uk/media/462301/samh\\_ask\\_once\\_get\\_help\\_fast\\_manifesto\\_for\\_the\\_2016\\_scottish\\_parliament\\_election.pdf](https://www.samh.org.uk/media/462301/samh_ask_once_get_help_fast_manifesto_for_the_2016_scottish_parliament_election.pdf), pg. 9

<sup>17</sup> ScotCen (2013), 'Attitudes to mental health in Scotland: Scottish Social Attitudes Survey 2013': <http://natcen.ac.uk/media/563040/ssa-mental-health-exec-summary.pdf>, pg. 1

<sup>18</sup> See Me, 'Mental health stigma and discrimination and young people': <https://www.seemescotland.org/young-people/>

<sup>19</sup> Scottish Children's Services Coalition, 'Campaigning for high-quality and well-resourced mental health services': <http://www.thescsc.org.uk/campaigns/child-and-adolescent-mental-health-services-camhs/>

### Mental health services

The number of young people seeking access to mental health services is steadily growing in Scotland, with a rise in those requiring treatment from Child and Adolescent Mental Health Services (CAMHS).<sup>19</sup> The number of students looking for help for mental health problems in Scottish universities has also risen by 50% since 2011.<sup>20</sup>

While this increase in demand may in part be due to higher public awareness of mental health problems and how to access support, this has had implications for service capacity, with longer waiting times for CAMHS and psychological therapies. The *Mental Health Strategy: 2012-2015* made reducing waiting times for CAMHS one of its thirty-six commitments, seeking to ensure health boards in Scotland met the target of 18 weeks from referral to treatment by December 2014 for 90% of patients. However, recent statistics show that a number of health boards are not meeting the 18 week target.<sup>21</sup> In January 2016, the Scottish Government announced an extra £54 million in funding for mental health service improvement, part of which is to be used to reduce waiting times for CAMHS.<sup>22</sup>

The *Mental Health Strategy: 2012-2015* also made a commitment to reduce admissions of under-18s to adult mental health wards. In 2013, the number of CAMHS beds met around half of the demand for young people's admission to inpatient services,<sup>23</sup> with other young people being admitted to mental health wards catering for adults. Due to the geographical location of CAMHS beds, young people have often had to travel long distances from their homes and family to access inpatient services.<sup>24</sup>

Additionally, variations in CAMHS eligibility criteria across the country still exist,<sup>25</sup> despite the duty on health boards to provide sufficient services and accommodation for young people until their 18th birthday.<sup>26</sup>

### Mental health and rights

There is a positive commitment to taking a human rights-based approach to mental health in Scotland, with a range of legislation and policy in place to promote human rights and reduce inequalities in access to mental health care. The Mental Health (Care and Treatment) (Scotland) Act 2003 has been applauded for its respect for human rights,<sup>27</sup> while the *Mental Health Strategy: 2012-2015* includes a commitment to increase the focus on rights as a key component of mental health care in Scotland.

However, despite advances in policy surrounding rights in relation to mental health, studies suggest that implementation of human rights remains an issue. A 2013 study by the Mental Health Foundation found that a minority of mental health service users were aware of their human rights.<sup>28</sup> Despite independent advocacy being enshrined as a right in law for those with mental health problems, children's organisations report that in 10 of Scotland's 32 local authority areas, there is no independent advocacy provision for children with mental health problems.<sup>29</sup>

It is clear that there is a strong commitment in Scotland to improve the mental health of children and young people. However, despite existing research into the state of young people's mental health and their perceptions and experiences of stigma and discrimination, there is little information about young people's views of information, support, and services. This report aims to build on existing research and ensure that young people's views are included in conversations about improving mental health information, support, and services.

<sup>20</sup> BBC (2016), 'Rise in students at Scots institutions seeking mental health help': <http://www.bbc.co.uk/news/uk-scotland-36304078>

<sup>21</sup> ISD (2016), 'Child and Adolescent Mental Health Service Waiting Times in NHS Scotland: Quarter ending 31 December 2015': <https://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2016-02-23/2016-02-23-CAMHS-Report.pdf>

<sup>22</sup> Scottish Government (2016), 'Mental health funding': <http://news.scotland.gov.uk/News/Mental-health-funding-2139.aspx>

<sup>23</sup> Mental Health Foundation (2016), 'A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, carers and Professionals: report for commitment 1 of the Mental Health Strategy for Scotland: 2012-2015': <https://www.mentalhealth.org.uk/sites/default/files/Commitment%20One%20Report%2C%20January%202016.pdf>, pg. 74

<sup>24</sup> Ibid., pg. 75.

<sup>25</sup> Mental Welfare Commission for Scotland (2015), 'Young person monitoring 2014/15': [http://www.mwscot.org.uk/media/240702/yp\\_monitoring\\_report\\_2014-15.pdf](http://www.mwscot.org.uk/media/240702/yp_monitoring_report_2014-15.pdf), pg. 7

<sup>26</sup> UK Government (2003), 'Mental Health (Care and Treatment) (Scotland) Act 2003': <http://www.legislation.gov.uk/asp/2003/13/contents>

<sup>27</sup> Mental Health Foundation (2016), 'A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, carers and Professionals: report for commitment 1 of the Mental Health Strategy for Scotland: 2012-2015': <https://www.mentalhealth.org.uk/sites/default/files/Commitment%20One%20Report%2C%20January%202016.pdf>, pg. 18

<sup>28</sup> Ibid., pg. 24.

<sup>29</sup> Together (2014), 'State of Children's Rights in Scotland': <http://www.togetherscotland.org.uk/pdfs/SOCRRTTogetherReport2014.pdf>, pg. 64.

# Our approach

The research for *Our generation's epidemic* was conducted between 23 February 2016 and 18 April 2016. The research consisted of a paper and online survey. In addition, six focus groups were carried out.

The survey was administered through Survey Monkey, and included a mix of quantitative and qualitative questions. The questions were developed in collaboration with mental health organisations, children and young people's organisations, and the democratically elected Members of the Scottish Youth Parliament (MSYPs).

Our approach was centred on developing a research process that would produce robust findings, but also ensure that the voices and experiences of young people remained at the heart of the research. Therefore, the process was designed to be peer-led and young person-friendly, ensuring that as many young people could participate as possible. Survey questions were developed with the aim of enabling both those with and those without experience of mental health problems to respond.

The responsibility for collecting responses lay with MSYPs, who were encouraged to promote the link to the survey via their social media channels, and engage young people in their communities with paper copies of the survey. To ensure that MSYPs were equipped with the knowledge and skills necessary to consult effectively with young people, they received training in advocacy, research, and mental health prior to the research period. SYP also engaged with other organisations who work with children and young people to disseminate the survey.

Six focus group sessions were conducted as semi-structured discussions, and focused on participants' understanding of mental health; barriers to talking about mental health; participants' experience of mental health information and services; participants' understanding of rights in relation to mental health; and their priorities for young people's mental health services and information. A total of 30 young people participated in the focus groups.

In total, 1453 young people aged 12 to 26 responded to the survey. Although answering each question was optional, and respondents were not compelled to complete the whole survey, every question was

completed by a substantial number of respondents. While the questions were the same for all young people, the research was analysed by separating those who considered themselves to have experienced a mental health problem, those who did not consider themselves to have experienced a mental health problem, those who weren't sure, and those who preferred not to say. Where there are no significant differences in views, the findings are presented together.

Qualitative data was analysed by grouping responses into themes based on those identified in respondents' comments, to ensure that the experiences of young people remained at the heart of the research process.

For quantitative data, percentages are based on the total number of survey responses, unless otherwise specified.

The graphics software we have used requires all data for each question to add up to 100%. As a result, for some questions, the answer with the highest percentage has been slightly adjusted. The adjustments made create a maximum of 1% difference to the answer with the highest percentage for each question.

## Research parameters

This research aimed to gather young people's views on a wide range of issues relating to mental health services and information. In order to ensure that all of these issues were covered within the relatively limited constraints of a survey, not all questions allowed for capturing detailed responses.

Due to time restrictions, focus groups were conducted simultaneously alongside gathering survey responses. This meant that any significant findings from the survey were not explored further with focus groups.

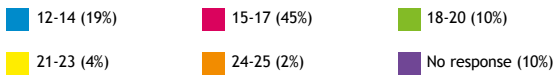
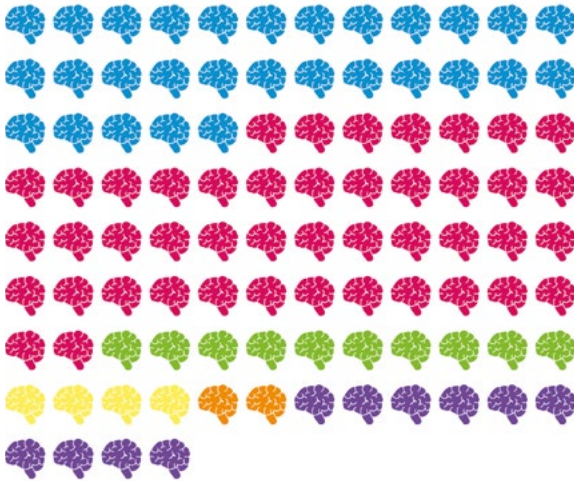
Given the demographics of respondents, this research cannot claim to be fully representative of Scotland's young people, particularly in terms of age (the majority of respondents were aged 12 to 17, with a relatively small number of respondents from the 18 to 26 age group). However, this research brings to light some important issues pertinent to young people as a whole, and also pinpoints issues for specific groups of young people that merit further exploration and research.



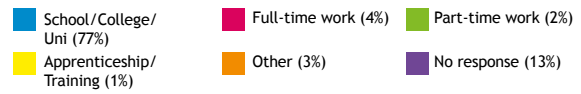
# Respondents: a profile

## Survey Respondents

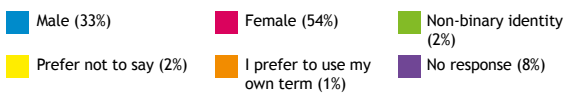
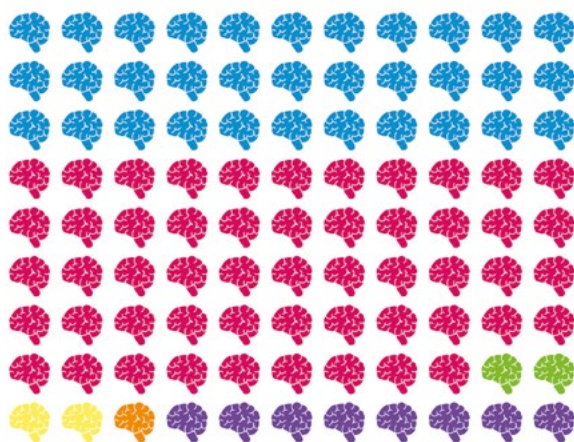
Respondents by age



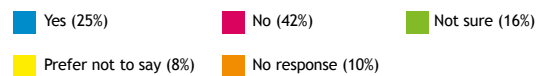
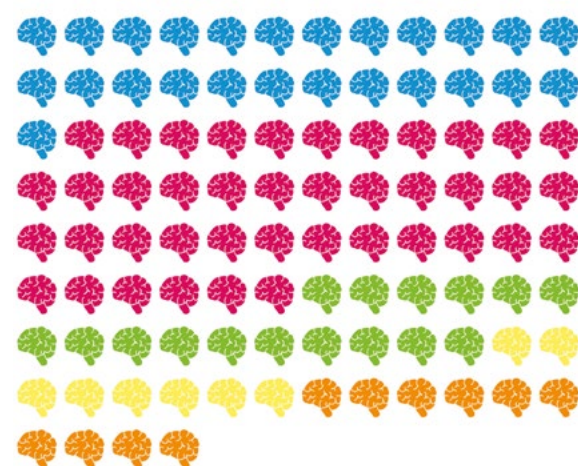
Respondents by training, education and/or work



Respondents by gender



Responses to the question: "Do you now/have you ever considered yourself to have a mental health problem?"

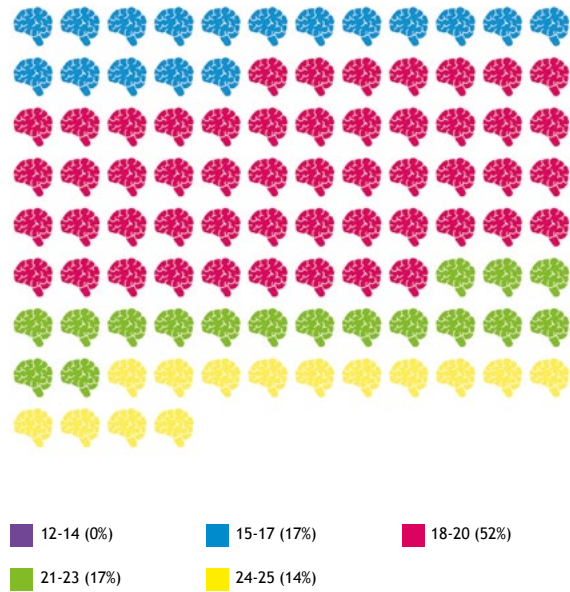


We gathered young people's responses from all 32 local authorities.

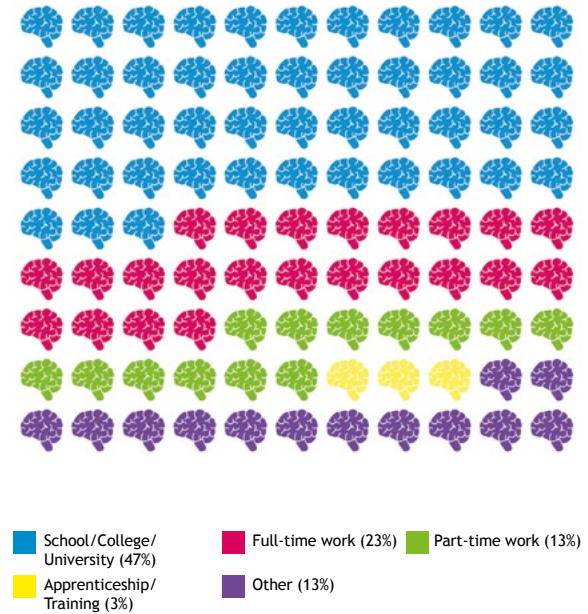
One in four respondents considered themselves to have experienced a mental health problem.

## Focus Group Participants

Respondents by age



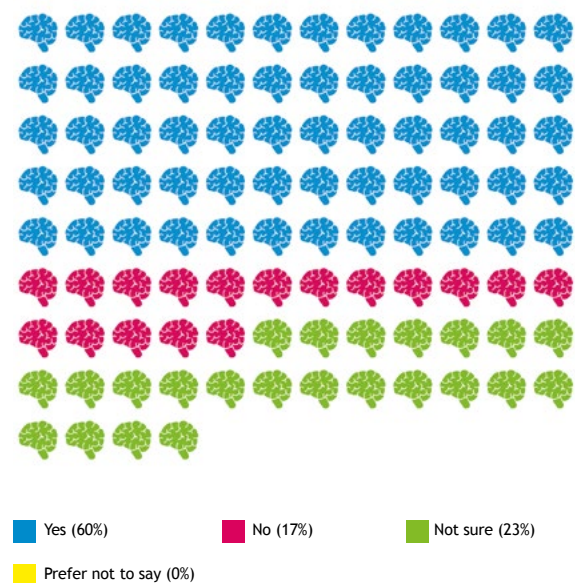
Respondents by training, education and/or work



Respondents by gender



Responses to the question: "Do you now/have you ever considered yourself to have a mental health problem?"





# Research findings

# 1. Mental health information

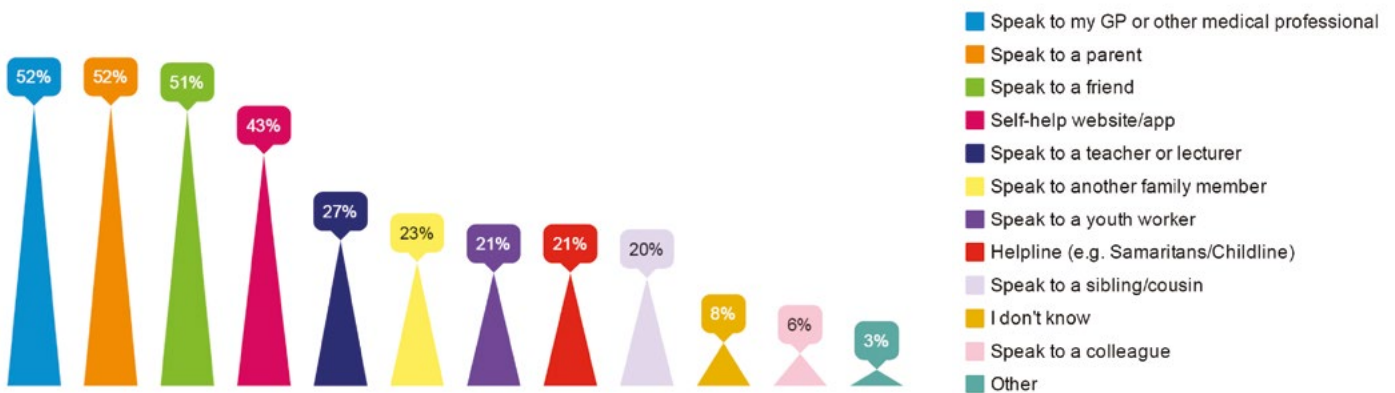
This section explores where young people go for information about mental health; their awareness of local mental health information and services; and their perceptions of how young person-friendly public mental health information is.

## 1.1 Young people’s awareness of mental health information

### 1.1.1 Where do young people go for information about mental health?

Respondents were asked where they would go for information about mental health. Overall, more respondents said they would seek information face-to-face with a person than access information via a website or app, with ‘Speaking to a GP/medical professional’, ‘Speaking to a parent’, and ‘Speaking to a friend’ figuring the highest respectively. A notable exception to this was respondents who were in a modern apprenticeship or training. Of this group, 74% of respondents said they would use a website or app, with only 16% saying they would go to a parent for information.<sup>30</sup>

Figure 1: Responses to the question “Where would you go for information about mental health?”



<sup>30</sup> Given the small number of respondents in an apprenticeship or training, this cannot be seen as representative of this group of young people. However, the sizable difference in response to this question from this group of respondents compared to other respondents merits highlighting for further exploration.

Of those who commented on this question, 35% said they would also use a general online search engine or social media to find information about mental health. However, as some respondents pointed out, seeking online information can be a frightening experience for young people who are concerned they might have a mental health problem:

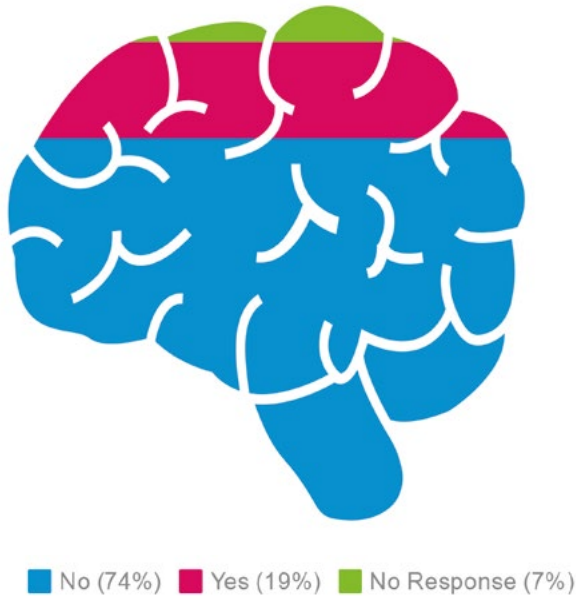
“There is very little reassurance when it comes to online material.”

“The internet is a very scary place. It over-exaggerates and the scaremongering is extreme. It’s a great place to get resources, but should never be used to figure out what you’re feeling. I was feeling sad at the start of the year. I googled how I was feeling, and by the end I was convinced I had paranoid schizophrenia. It was terrifying.”

### 1.1.2 Young people’s knowledge of local information and services

Respondents were asked if they knew what mental health self-help guidance, information, and services are available in their local area. The majority of respondents said that they didn’t know. While a slightly higher percentage of young people who considered themselves to have experienced a mental health problem knew about local guidance, information, and services than those who didn’t consider themselves to have experienced a mental health problem, a significant majority of those with experience of mental health problems - 70% - didn’t know about available local information and services.

Figure 2: Responses to the question “Do you know what mental health self-help guidance, information and services are available in your area?”



70%

of respondents who considered themselves to have experienced a mental health problem did not know what mental self-help guidance, information, and services were available in their area.

Comments from respondents suggest that the low level of knowledge about what is available locally is in part due to a lack of visibility of information about services:

“I know of these services, however I don’t know where to find them.”

“I don’t feel like many people know about where to find info about mental health.”

Respondents were asked if they had any suggestions to make mental health information and services better for young people; several of those who responded said that more needed to be done to raise awareness of information and services. Respondents asserted that information about mental health, support, and services should be more widely advertised, including through TV, advertisements, videos and social media, as well as being better displayed in public spaces like schools and workplaces:

“Young people have to seek out information rather than have it available to them before a crisis happens.”

“There needs to be more information provided regularly.”

### Local information and services: young people’s views

“Have a list of what services are available in every area so young people know where they can go to for help or information.”

“Make it clear where help services can be found.”

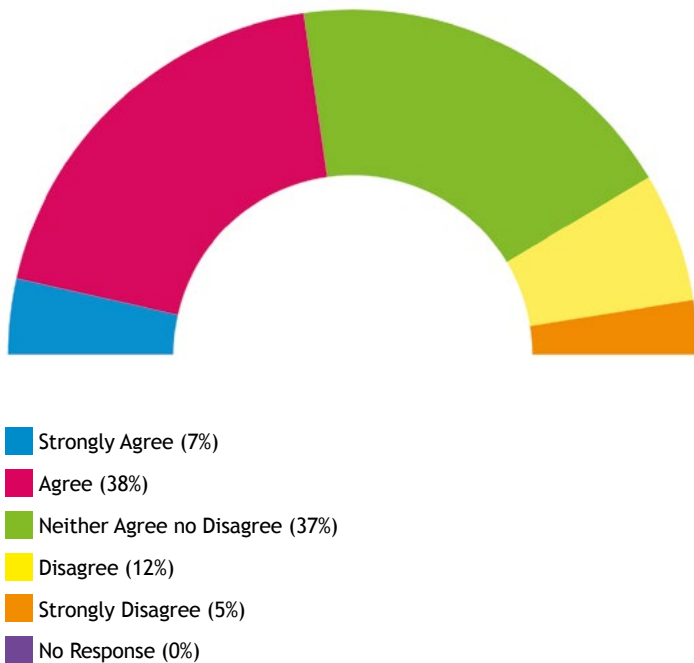
“Councils should push for local services to be better displayed.”

## 1.2 Young people’s experience of mental health information

### 1.2.1 Is public mental health information young person-friendly?

Respondents were asked if they found public information about mental health to be young person-friendly. The responses varied according to the age of respondents. Respondents who were 12 to 17 years old were more likely to find information young person-friendly than 18 to 26 year-olds.

Figure 3: Responses to the question “In my experience, public information (e.g. websites, leaflets, medical advice, etc.) about mental health is young person-friendly.”



Given the relatively small number of 18 to 26 year-old respondents compared to 12 to 17 year-olds, caution should be used when drawing a definite conclusion from this finding. However, it does highlight that no single form of information works for every young person; a range of information is needed, tailored to different age groups. For instance, when discussing information about mental health, one 17-year-old focus group participant said:

“I don’t respond to things like cartoons. I respond to real life scenarios.”

This emphasis on realism and personal stories in mental health information was also echoed by some survey respondents:

“Don’t make them cheesy. Make them realistic.”

“It’s more powerful to hear personal experiences rather than more general descriptions of mental health.”

Other respondents asserted that information should be made easier to understand for young people:

“In leaflets they should make the language simpler to understand for young people.”

“Make leaflets more directed to children.”

“Less resources full of jargon.”

**29%**

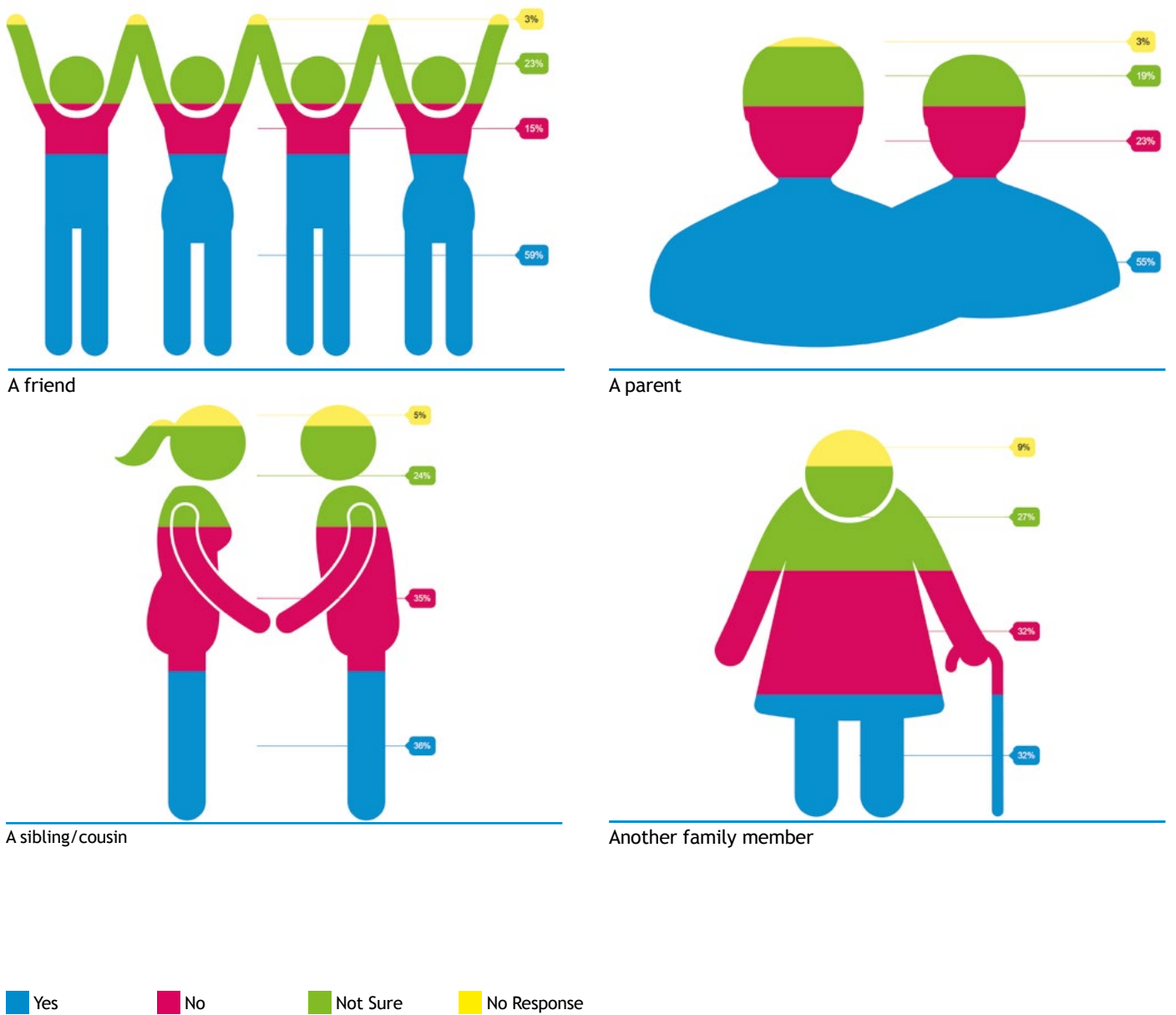
of 18 to 26 year-old respondents did not find public information about mental health young person-friendly, compared to 15% of 12 to 17 year-olds.

## 2. Mental health support

This section explores how comfortable young people feel talking about mental health, and their perceptions of what barriers there are to talking about mental health; how young people are supported to talk about mental health in their everyday lives; and young people’s awareness of where to go for advice and support about a mental health problem.

### 2.1 Conversations about mental health

Figure 4: Responses to the question “Would you feel comfortable talking to the following people about your own mental health?”



Research findings



A partner



A colleague



A teacher



A youth worker



A lecturer



A GP or other medical professional

A helpline (e.g. Samaritans/Childline)

■ Yes     
 ■ No     
 ■ Not Sure     
 ■ No Response



## Research findings

### 2.1.1 Who do young people feel comfortable talking to about their own mental health?

Respondents were asked if they would feel comfortable talking to a range of people about their own mental health. While this question was framed in terms of mental health generally, comments for these questions suggest that some respondents interpreted the question to be solely about mental health problems. This highlights the issue of how mental health is discussed by young people. For some, it seems that mental health is only talked about negatively:

“In my experience mental health problems are only shared, reluctantly, after a major issue has arisen. There are less conversations about general mental wellbeing.”

As with seeking information about mental health, respondents tended to feel most comfortable talking to a medical professional or to people who they are close to, like a friend, parent, or partner. There were some slight variations as to who this person would be according to different age groups - 18 to 26 year-olds felt more comfortable talking to a partner or a friend than a parent, while 12 to 17 year-olds felt most comfortable talking to a parent.

At the same time, some respondents pointed out that talking to someone close to them can be more difficult:

“My parents are very supportive, but we have a lot going on in our family right now and I don't want to bother them with even more things for them to stress about.”

“It is easier to speak to someone who is not in your family or friends, such as a medical professional.”

All age groups felt less comfortable talking to people who weren't close to them but who nonetheless figure in their everyday lives, such as teachers, youth workers, and colleagues. Respondents' comments suggest that this may be due to a lack of confidence in how they would be supported:

“I don't feel workplaces are equipped to deal with mental health as they just dismiss it in my experience.”

“In my experience teachers/lecturers are not sufficiently trained to help me cope with my mental health.”

This was reflected in focus group discussions, particularly in relation to talking to teachers about mental health:

“With mental health, teachers understand they don't know enough, so they don't feel they can support you, so they won't talk about it.”

However, participants also felt that this depended on the teacher in question:

“Guidance teachers are good.”

“There are always some teachers you feel you can talk to.”

### 2.1.2 Who do young people feel comfortable talking to about someone else's mental health?

Respondents were also asked if they would feel comfortable talking to the same range of people about someone else's mental health. Again, comments for this question suggest that some respondents tended to interpret the question to be solely about mental health problems.

A similar trend to talking about their own mental health appeared, with respondents feeling most comfortable speaking to someone close to them or a medical professional, and less comfortable talking to teachers, lecturers and colleagues.

Some respondents asserted that they were more comfortable talking about someone else's mental health than their own:

“It always seems easier to seek help for someone else.”

“I think when you aren't talking about your own mental health you aren't as bothered because you are speaking about someone else, and so anything the person [you are confiding in] says is not directed at you.”

## Research findings

However, other respondents found that talking about someone else's mental health can be more difficult than talking about their own, especially when it comes to accessing support:

“In the past I tried to get help for a family member. Was told only the person who needed help could ask for it.”

“I was once really worried about a friend of mine, and was desperate for advice because I was scared she was feeling suicidal and didn't know what to do. It was a Saturday, so I couldn't phone the GP, and I looked online for a helpline to get some advice. The only helpline that was open was the Samaritans, but the woman I spoke to was useless - I just wanted advice on what to do to help my friend, and she kept asking me how I was feeling. It just made the whole situation more stressful.”

### 2.1.3 Barriers to talking about mental health

Respondents were asked what would stop them from speaking to someone about their own or someone else's mental health. This was an open question which was answered by 78% of total respondents.

Comments strongly suggest that respondents feel there continues to be significant stigma and a lack of understanding attached to mental health in society, which causes significant barriers to having conversations about it. This was also reflected in focus group discussions; while it was noted that there has been progress in mental health awareness in recent years, focus group participants felt that mental health as a whole still tends to be framed negatively:

“It's my pet peeve when people say mental health when they mean mental health problems. Everyone has mental health. Like, when I was on work experience someone said their mum had mental health, and everyone was really sympathetic, but I got frustrated because everyone has mental health.”

“There's a lot of negative terminology when we talk about mental health - conditions, issues, problems.”

In addition, while the majority of respondents were relatively self-aware of their own and/or others' lack of understanding about mental health, a number of respondents also reproduced stigmatising attitudes to mental health, for instance that people who suffer mental health problems are 'dangerous', or dismissing possible mental health problems as 'attention-seeking'.

There was strong consensus among both focus group participants and survey respondents that mental health is rarely talked about in everyday conversation, which discourages young people from speaking about their own mental health as a result. At the same time, despite the feeling that mental health is not widely talked about, this research found that many young people feel that mental health problems are prevalent in society. As one focus group participant asserted:

“Mental health problems are our generation's epidemic.”

Other SYP research has shown that young people feel that everyone has experience of mental ill-health, either through experiencing it themselves or knowing someone who has.<sup>31</sup> This reveals a clear tension between young people's awareness of mental health problems and the lack of conversations about mental health.

Respondents identified a number of barriers to talking about mental health. These were:

- Embarrassment
- Fear of being judged
- Not being taken seriously
- Fear of being a 'burden' to others
- Mental health stigma
- Fear of having confidentiality and privacy compromised
- Fear of possible negative consequences
- Lack of trust in other people
- Lack of understanding about mental health (both other people's and respondents' own understanding)
- Not knowing who to talk to
- Not knowing how to talk about mental health
- Lack of confidence/shyness
- Shame

<sup>31</sup> Scottish Youth Parliament, 'Developing Scotland's next mental health strategy: young people's views' (2016): [https://d3n8a8pro7vhmx.cloudfront.net/scottishyouthparliament/pages/449/attachments/original/1461763333/Final\\_report-\\_mental\\_health\\_discussion\\_day.pdf?1461763333](https://d3n8a8pro7vhmx.cloudfront.net/scottishyouthparliament/pages/449/attachments/original/1461763333/Final_report-_mental_health_discussion_day.pdf?1461763333)

### Stigma

Several respondents identified the issue of stigma surrounding mental health as a barrier to talking about their mental health. Comments included concerns about being treated or viewed differently if experiencing mental health problems, or being labelled due to mental health stereotypes:

- “People making assumptions about you as a person for having mental health difficulties and believing common misconceptions about mental health.”
- “Despite progress there is still stigma surrounding mental health issues.”
- “I have a fear of people viewing it as a sole component of my person.”

### Case study

#### Mental health stigma and gender

“You get treated differently depending on gender; with guys, mental health problems are associated with ‘weakness’ or not being ‘as much of a man’. If you’re a girl, you are told, ‘You feel like that because of hormones’, or get asked if you’re on your period.”

### Not being taken seriously

Some respondents expressed a fear that telling people about concerns regarding their own or someone else’s mental health would result in not being taken seriously. Comments included a fear of not being believed, being laughed at, or being accused of ‘attention-seeking’:

- “I wouldn’t tell any of my friends because they’ll laugh.”
- “Mental health isn’t taken seriously in society so that would stop me speaking.”
- “People would just normally say it’s all in your head and you’re only doing it for attention.”

Some respondents asserted that their age played a factor in concerns about their mental health not being taken seriously, including when talking to medical professionals:

- “There’s a specific stigma against children and young people, it’s seen as attention-seeking, or fear of the doctor thinking you are just attention-seeking. The doctor might just say it’s just part of growing up.”
- “In my own experience, therapists do not take young people as seriously as they do with adults when it comes to mental health.”
- “Getting told the phrase, ‘You’re too young to be depressed, you don’t know anything about life yet.’”

### Confidentiality

Some respondents identified a threat to confidentiality and privacy as a barrier to talking about their or someone else’s mental health, particularly expressing a fear about how others would use information about them:

- “You never know what a person could do with that information; they could tell your whole year [at school] or something.”
- “I would be scared that what I consider as confidential, they might not be as careful with.”

Several comments about confidentiality focused on a sense of responsibility to respect someone’s privacy; respondents emphasised that they would not talk about someone else’s mental health unless the person gave them permission to, or unless they judged the situation as serious:

- “I would make sure that the person is okay for me to talk about it with other people.”
- “If concerned, I would speak out. Otherwise I’d respect privacy.”
- “I would only talk to someone about another person’s mental health if they felt comfortable with me sharing it.”

## Research findings

### Lack of understanding about mental health

A number of respondents identified a lack of understanding or awareness on someone else's part, rather than judgement or stigma, as stopping them from talking about their mental health. There was a sense from some comments that respondents felt other people wouldn't know what to do to help:

“Sometimes other people are not so educated on the illness so it can be scary to share it with someone who could potentially be ignorant about it.”

“You don't know how people would react. Some people say 'I'm fine with people with mental health problems', but what they mean is, 'I'm fine until it shows', or if they have a 'mainstream' problem like depression or anxiety, but they can't cope with non-mainstream problems like psychosis.”

Other respondents identified that their own lack of understanding of what they were going through would be a barrier to talking to someone. Some of these comments focused on being unable to recognise how 'serious' their mental health situation was:

“I have had mental health issues and I haven't spoken to people purely because I felt like I was abnormal or because it was 'just me' being anxious or feeling 'blue'. I only started to speak to someone about it when a friend mentioned that I 'wasn't myself.'”

“I think the thing about this topic is the fear of there actually being nothing wrong. I wouldn't want to worry anyone or waste their time just because I feel down. I would rather try and come to terms with it myself and express myself in other ways than putting the weight on someone's shoulders. Everyone gets sad at some point so I'd rather wait and see if time makes it better.”

Some respondents also identified that their own lack of understanding or confidence talking about mental health problems prevented them from talking about someone else's mental health, even if this was to try and get support for that person. Some expressed concern that due to the lack of conversations about mental health generally, they wouldn't know how to help and could potentially make the situation worse:

“It's not something that is commonly talked about; I don't really know about it or how to help anyone suffering from mental health problems.”

### Supporting someone else with mental health problems: young people's views

“You don't know what to say or how to help someone with mental health problems; young people have never been educated on how to react or help people. I think they'd feel more confident to help someone if they'd had that.”

“Resources to support friends aren't widely available but would be helpful.”

“I'd like to see more advice on how to cope when someone you know is going through it.”

“I have experienced a friend suffering with mental health issues and I feel as if we need to talk about it more openly as a group. Even if people aren't suffering themselves with these problems we need to be well enough informed to be able to help those who are struggling, without the fear of making a situation worse.”

“There should be an awareness-raising campaign around how to support someone else with mental health problems. People are isolated because their friends/family don't know what to say or do.”

### Fear of consequences

Some respondents also expressed a fear of the consequences of talking about a mental health problem. A number of comments focused on the impact talking about a mental health problem could have on their future:

“In case it got taken further and went on my medical certificate, preventing me from future and potential jobs.”

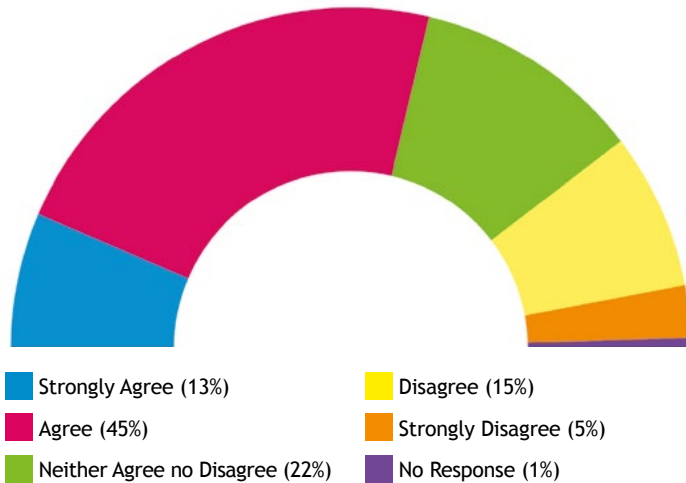
A few respondents also expressed a fear of discovering that they had a mental health problem if they expressed any concerns:

“I would not like to have to face up to the illness and have to fix it because I would be scared.”

## 2.2 Accessing support

### 2.2.1 Do young people know where to go for advice and support for a mental health problem?

Figure 5: Responses to the statement “If I or someone I know had a mental health problem I wanted to talk about, I would know where to go for advice and/or support.”



Respondents were asked if they knew where to go for advice and support if they or someone they knew had a mental health problem. While a majority of those who responded agreed that they would know where to go for advice and support, a substantial percentage of 15% disagreed, and a further 5% strongly disagreed. Worryingly, 21% of respondents who considered themselves to have experience of a mental health problem said that they wouldn't know where to go for advice or support for a mental health problem, suggesting that a number of young people are not accessing the information and support they need.

A further 22% of young people neither agreed or disagreed with this statement. While there could be several reasons for this response, it is worth considering whether this ambiguity is indicative of a general lack of understanding of one's own mental health, as discussed in Section 2.1.3:

“Lots of people think of mental health as a vague thing, they don't look at the specific detail because they don't think about what it means to them, so it takes them longer to come to terms or process it if they do need to think about it. They don't already have a 'go-to' response, which can give them very confused ideas or a limited understanding of how they're feeling. It's such a complicated concept.”

“[Mental health] is hard to explain because it's vague. Lots of people don't think about what it means to them.”

# 1 in 5

respondents did not know where to go for advice or support for a mental health problem.

### Increasing awareness of where to access support: young people's views

#### 1. Information about mental health should include details of where to find support:

“Young people need to be made aware of what they can do to help themselves or get help when they feel depressed or anxious.”

“Make it clear where help services can be found - eg; GP, helplines etc.”

#### 2. Make drop-in support services more visible and available for young people:

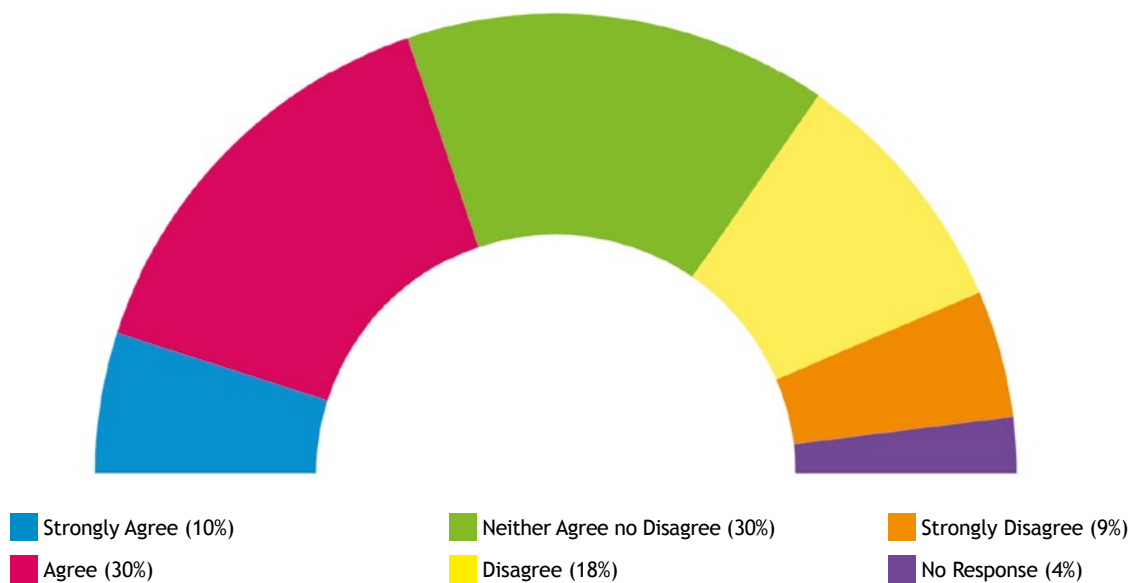
“It would be good if all local authorities had organisations like Crew 2000, with a drop-in centre for health, particularly mental health. They should be in city centres and town centres, with big bright window displays that change regularly to have different themes and information. They need to be visible, but not obvious why young people are going in if they're seen.”

“In Dundee, they have The Corner, which is based next to the main youth centre, so lots of young people will see it even if they're not using it.”

### 2.2.2 Supporting young people to talk about mental health

Respondents were asked about the places they regularly attend, like school, college, university, and work, and if these places provide supportive environments to talk about mental health.

Figure 6: Responses to the statement “My school/college/university/workplace provides a supportive environment to talk about mental health.”



# 27%

of respondents thought that their school, college, university, or workplace did not provide a supportive environment to talk about mental health.

Of these:

# 42%

of respondents who considered themselves to have experienced a mental health problem felt that their school, college, university, or workplace did not provide a supportive environment to talk about mental health, compared to 22% of respondents who did not consider themselves to have experienced a mental health problem.

# 39%

of respondents in part-time work did not feel that they were supported to talk about mental health.

# 47%

of respondents in modern apprenticeships or training did not feel they were supported to talk about mental health.

Respondents were asked about the provisions their school, college, university and/or workplace had in place to foster a supportive environment. Of the respondents, 16% said that none of the provisions listed were available in their school, college, university, or workplace.

Figure 7: Responses to the question: “What provision does your school/college/university/workplace make to provide a supportive environment?”



The majority of comments for this question focused on provisions in school. The lack of comments about college, university, apprenticeship/training and the workplace makes it difficult to expand on how young people feel supported in these environments. While the National Union of Students Scotland has done extensive research into how young people are supported in their mental health in higher and further education,<sup>32</sup> more research is needed into the experiences of young people in apprenticeship, training, and/or work, given the relatively high percentages of respondents in these groups who did not feel supported to talk about mental health.

### Case study

#### Mental health support in the workplace

“I suffer from intermittent anxiety attacks. Generally they occur more often during times of high stress. I withdrew from University after failing to pass exams. I was under a great deal of financial and personal strain at this time and the anxiety attacks became more prominent. Even after I found a regular job the attacks continued, generally in the morning after waking up, confining me to my bed as I felt it was unsafe to leave. Soon it began to impact on my professional life. I was often late because of them or even missed an entire shift when the attacks were more severe. I explained my condition to my employer and although at first they were tolerant they became more and more unconvinced as time went on. I knew after a while that they had stopped believing me. Eventually I was let go from the work and made to feel like an unreliable employee by my line manager. It was an incredibly difficult time and losing this work and financial security impacted on my health even further.”

#### School

The comments reveal both positive and negative experiences, highlighting the patchy nature of mental health support in schools.

One of the main issues highlighted in comments is that mental health is not a priority in schools:

- “It’s felt to be more important for you to get qualifications than be healthy and happy at school.”
- “It’s all about how to pass exams.”
- “Teaching pupils about mental health is way down the list of priorities.”
- “We’ve had no information through PSE about mental health.”

<sup>32</sup> For more information, visit: <http://www.thinkpositive.scot/>

## Research findings

Some respondents felt that the lack of focus on mental health in schools is due to stretched resources:

- “Teachers are really stretched too thin, and there aren’t enough resources.”
- “25 students in one class is way too many for a class to be able to give one-to-one support. It should be like 10 or 15.”

This lack of resources is also reflected in comments about accessing support provisions like counselling:

- “You have to be put on a list and wait months to see the school psychologist - not good.”
- “My school counsellor has a waiting list of 170 people.”
- “Counselling sessions are... infrequent.”
- “They say they can help but [there] doesn’t appear to be many resources.”

Some respondents felt that mental health support services in school were not advertised enough. This was reflected in focus group discussions; the majority of focus group participants asserted that there is a lack of signposting about services and support in schools:

- “I am aware there is a health spot but it is not promoted.”
- “There is nothing that we are really made aware of.”

However, other respondents related positive experiences of being supported to talk about mental health in school. Some commented that while there are no specific provisions in place, the attitudes of the staff create a supportive environment to talk about mental health:

- “If you ask a teacher for information or help, they will give it.”
- “[We have] reliable and understanding teachers.”

- “The teachers are just friendly.”
- “I always have someone who will listen to me.”
- “Supportive teachers who will listen to you and take positive steps with you.”
- “They make time to sit and listen and they do not interrupt until you have ended and they make it as friendly as possible so it is not formal and is in a private area.”

Others mentioned various provisions in place in their school that create a supportive environment to talk about mental health, such as mental health training for teaching staff, wellbeing support resources, peer support groups, and pupil support teachers.

### Other supportive environments

Respondents were asked if they regularly visited any other places where they felt supported to talk about mental health. Respondents identified a range of places, the majority of which involved meeting with other young people in an informal setting. These included:

- Youth groups or clubs
- Voluntary organisations that work with young people
- Hobbies like sports clubs or volunteering

Comments suggest that the informal peer to peer support available through such environments is helpful for encouraging young people to talk about mental health:

- “I love the metal music genre. When I was at a gig they had a public speaker come on before the main headliners and talk about [mental health]. It made me feel almost safe and comfortable as the issue was being addressed to a crowd of people that are stereotypically known for struggling with these issues. Everyone who knew someone with depression or struggling with it themselves put up a light by phone or a lighter. It was quite moving in a way to see most people had their light up and there was a feeling of acceptance.”



## Creating a supportive environment to talk about mental health in school: young people's views

1. Encourage positive conversations about mental health through education.

“We should learn [about mental health] from as young as primary school, so it’s something you grow up with and is embedded in your thinking.”

“Integrate mental health into classes more so it becomes the norm to talk about it.”

“Mental health should be talked about as a positive thing, not something that is only a ‘thing’ when there’s a problem.”
2. Make information about mental health more available and accessible in schools, including information about where to access support.

“Make it mandatory in schools for info to be distributed at [the] start of term.”

“There should be posters in every school, in really obvious places, but they should be bright and colourful, not of people looking depressed.”

“Make learning about mental health fun and enjoyable by having workshops or mental health events.”

“Offer more in education sessions which clearly highlight solutions and support centres.”
3. There should be more mental health support available at school.

“Ensure every child has regular and reliable access to 1st tier mental health services in their school.”

“Mental health counsellors/nurses should be available in all high schools.”

“There should be a nationally set ratio of counsellors to students in schools.”

“Have class relaxation sessions to relax when stressed.”
4. Ensure staff are equipped to deal with mental health concerns.

“Train teachers in mental health. I think that if someone does have a mental health issue then even knowing that the teachers know how to handle a situation would make them feel better.”

“Young people need to know that it’s okay to suffer from mental health issues, but they need to have that support. Teachers need to be asking every once in a while one question: ‘How are you doing right now?’”

### 3. Mental health services

This section explores young people’s experiences of accessing mental health services, including what aspects of mental health services work well for young people, and what could be made better.

#### 3.1 Young people’s experience of mental health services

Respondents were asked if they had accessed a range of services for a mental health problem.

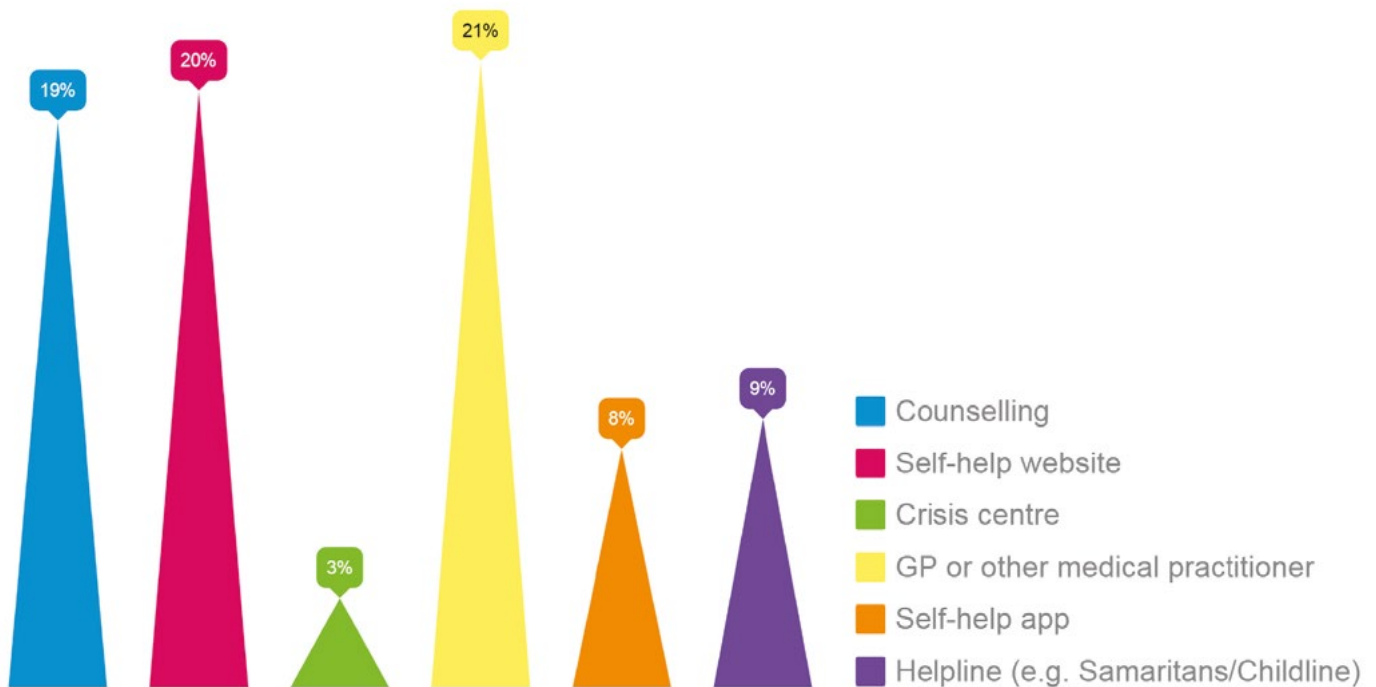
36% of respondents said they had accessed one or more of the services listed.<sup>33</sup>

18% of respondents who considered themselves to have experienced a mental health problem had not accessed any of the mental health services listed.

Comments identified other services respondents had accessed for a mental health problem, with CAMHS<sup>34</sup> mentioned the most.

Respondents were also asked to rate their experience of the services they had accessed.<sup>35</sup>

Figure 8: Responses to the question “Have you ever accessed any of the following services for a mental health problem?”



<sup>33</sup> While this figure is higher than the percentage of respondents who considered themselves to have experienced a mental health problem, it should be taken into account that the mental health status of 18% of respondents is unknown, due to them either not responding to the question, or preferring not to disclose their mental health status. Additionally, 16% of respondents stated that they weren’t sure whether they had experienced a mental health problem or not.

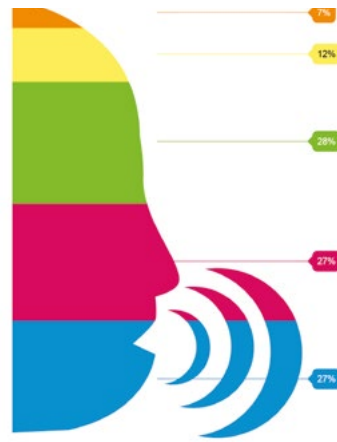
<sup>34</sup> Respondents did not specify which tier of CAMHS they had accessed.

<sup>35</sup> Percentages in figure 9 are based on the total number of respondents who have accessed one or more mental health services.

Figure 9: Responses to the question “How would you rate your experience of the services you have used?”



GP or other medical practitioner



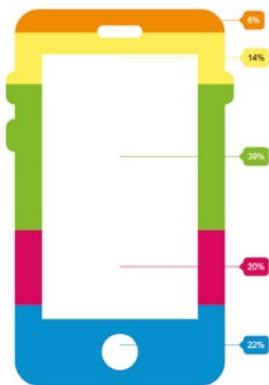
Counselling



Crisis centre



Self-help website



Self-help app



Helpline (e.g. Samaritans/Childline)



## Research findings

The responses showed mixed results; while services were rated 'Excellent' or 'Good' by an average of 50% of those who had used them, they were rated 'OK' by an average of 33% of respondents, and an average of 17% rated them as 'Poor' or 'Terrible'.

### 3.2 Mental health services - what works well

Services that involved interaction with a person, either face to face or over the phone, tended to be rated more positively by respondents than services like self-help apps or websites. Comments suggest that young person-focused services work particularly well, with staff trained specifically in working with young people:

- “[Services] that are solely focused on young people’s mental health are good.”
- “Trained staff on young people’s issues.”
- “Accessing something like counselling has been beneficial to me when it is carried out by someone who knows young people’s issues.”

Some respondents gave very positive comments about the people who supported them when accessing a service:

- “The mental health nurse who works with me is a credit to her profession.”
- “[The staff] helped me sort through some difficult problems and make sense of them.”
- “When I was having a difficult time, I spoke to my GP who was very helpful.”

### 3.3 Mental health services - what could be done better

A number of issues with services were identified by respondents, including accessibility, lack of confidentiality, being treated differently because of age, and a lack of person-centred care.

#### Accessibility

A number of respondents gave negative feedback about the accessibility of services; comments included a lack of locally available services, insufficient 24-hour support, and long waiting times:

- “There’s nowhere in my community to talk about mental health issues except the doctors.”
- “I was told by my GP that there wasn’t anything locally to support my specific problem.”
- “Lots of helplines are only open from 9 ‘til 5, but mental health problems don’t always conveniently happen specifically within those times.”
- “I waited one year on a waiting list for counselling sessions.”
- “I’m on a waiting list for CAMHS, and have been told I’m waiting for them to hire a new psychiatrist! They’ve told me I’ll be waiting around 8 - 10 months. I’m nearly 18, so I bet I just get passed on again.”
- “Young people with mild depression shouldn’t have to wait until their problem is moderate or severe, before they’re seen.”
- “We need more walk-in services, not [ones that need] referral.”

Other respondents highlighted the lack of access to services for young people living in more rural areas:

- “Services need to be more accessible in rural areas; councils and health boards need to provide buses or travelling clinics to ensure young people in rural areas get some sort of help.”

#### Lack of confidentiality

Some respondents related negative experiences of having their confidentiality breached. These comments tended to centre around a lack of clarity surrounding confidentiality when accessing services:

- “My conversation was not confidential, and I thought it was so that took me by surprise and made me less inclined to talk.”

## Research findings

This was echoed in particular by focus group participants with experience of CAMHS, who related negative experiences of having their confidentiality breached against their wishes:

“I hadn’t told my family I was going through treatment with CAMHS, and had asked for information to be kept confidential. A letter with the CAMHS/NHS logo on the envelope was sent to my family home.”

“My personal details were sent to my family home, when I expressly asked CAMHS not to.”

### Being treated differently due to age

As touched upon in Section 2.1.3, some respondents commented that because of their age, they felt were not taken seriously when accessing services. Some respondents gave negative experiences of having their concerns dismissed by health professionals:

“I went to my GP to discuss my anxiety, which was a big step for me anyway as I find doctors give me severe anxiety levels anyway. Whilst talking to him, even though it was obvious I was having trouble because of my anxiety, he started asking about my enjoyment of theatre and actually said, ‘Can you understand how it’s hard for me to understand how you can do theatre and have anxiety?’. He belittled my anxiety down to nothing and decided my hobbies and enjoyments meant I couldn’t have it. I was in the room barely able to look at him or speak for my anxiety and he made me feel like going in to try and get some actual help was worthless.”

“When I sought help from my GP he basically said that ... it was just a phase I was going through!”

Others felt that even if they were offered treatment, their own views on their treatment were not taken into account due to their age:

“I went to my GP for depression, who prescribed self-help or medication; neither helped. There’s no dialogue; they don’t ask, ‘What do you need [to help you recover]?’ They just give you what they think you should have.”

“It shouldn’t be a bad thing if you challenge your own treatment, but doctors see it that way when it is a young person challenging it.”

Some respondents expressed a need to be offered more of a say in their own treatment:

“Ask the people with mental health problems what they think will help rather than assuming what will.”

“There should be options and choice in treatment, decided by the person undergoing support.”

“Give young people more autonomy and more of a say in what happens in their care, and make sure they stay informed of any decisions.”

“Have a focus group for service users to feed back into the service. It should be anonymous and not patronising, but ensure where issues have arisen they don’t happen again.”

### Non-person-centred treatment

Some respondents recounted negative experiences of feeling like their care wasn’t personalised:

“[Your] personality gets ignored - everyone is different and this isn’t taken into consideration.”

“The ‘One size fits all’ approach should be dismissed, and young people should be treated as individuals and not as caseloads.”

Others highlighted the need for more personal, welcoming environments:

“When I went, the guy just sat behind a desk and asked me questions while he typed up my answers on his computer.”

“And the room they meet you in is really sterile and small, and there’s nothing to look at, it’s really unfriendly, and the walls are really blank. It’s intimidating.”

### Case study

#### Accessing services for an eating disorder

“My current GP is great, but when I was at university, I knew something was wrong because I was living on 1 apple and half a slice of toast a day. When I told the doctor I thought I had an eating disorder, they just laughed at me and told me not to be silly. I ended up losing 5 stone in 6 months, but I was too scared to go back to the doctor for help, and I’ve only recently started to be OK with food again. I had to go to a private counsellor because my GP said the waiting lists were too long and I wasn’t severely depressed enough to get therapy through the NHS. I was lucky I found somewhere that takes contributions, so I didn’t have to pay a lot, but I still had to wait 4 months for a regular slot, and I felt guilty every single week I was there because I thought there were other people whose problems were worse who needed the place more than I did. Counselling completely saved my life though, so I know it was worth it.”

### Case study

#### Accessing mental health services: the experiences of LGBT young people

“Going to a counsellor is a really big thing for young people. Some LGBT young people have experienced the GP or doctor being preoccupied by their sexuality and not taking on board the actual problem.”

“It’s hard for LGBT young people, particularly trans young people. Medical professionals hear ‘trans’ or ‘LGBT’ and jump to conclusions that their mental health problems are because they are LGBT. The young people are turned away because of the assumptions about mental health problems being caused by them being LGBT.”

“Some young trans people find that hormones have negative side effects on their mental health. One friend recently started taking testosterone, but the nurse doesn’t really know what’s going on or how it’s affecting him. It’s like experiencing a second puberty, your body changes really quickly. There’s not much support for the mental side effects of transitioning, but there is support for the physical side effects. Even though to go through a medical transition, you need to be signed off by a psychiatrist. After that, there’s nothing.”

“Professionals should have mandatory training on issues affecting LGBT+, trans, disabled, and BME young people.”

## Mental health services: young people's views

### 1.

Increase awareness of available services.

“More about where to get help and all the time, not some of the time.”

“Raise awareness of services so young people know where they are - I wouldn't know where to go.”

“Make young people more aware of where they can go to get help in a safe environment.”

“Make them more well-known and accessible for young people; de-stigmatise looking for help in more serious forms.”

### 2.

Increase young people's involvement in developing services.

“Involve young people in planning and designing them.”

“Young service users are at the heart of developing the services for them.”

“Have services led by young people.”

### 3.

Develop services tailored to young adults and the specific issues this age group face.

“Young people are in their own right a specific age group; therefore I believe more tailored support would be beneficial. We need to extend youth services beyond 18 and have better access to a support network who understand young people.”

“We need a specific 12 to 16/18 to 25 mental health 24-hour helpline.”

“There should be more of a focus in teens/young adults from about 16 to 25 because in this age the services are either for younger kids or adults and you're in an in-between stage and the jump from being a kid to an adult is massive and neither service really feels right.”

“You have to view young people aged 16 to 25 as an entire group like children and elderly. Make more aged-focussed and inclusive services available for us.”

“There are a huge amount of young people who suffer from a very specific kind of mental health problem relating to anxiety and often depression, particularly around employment and lacking direction, unemployed graduate etc. There could be a service targeted to this.”

## 4. Mental health and rights

This section explores focus group participants' understanding of rights in relation to young people's mental health, and their views on taking a human rights-based approach to mental health services and support.<sup>36</sup>

### 4.1 What human rights mean to young people

To gauge focus group participants' general understanding of rights, they were asked what human rights meant to them. Participants largely understood rights as something that everyone should be entitled to as a human being; that a person's rights are protected in law; and that everyone should be treated equally:

“There are basic human rights, and you should have them through your whole life.”

“We did work on this at school in modern studies. It's about entitlements, civic rights, and everyone is equally entitled. But I don't really remember what they were.”

However, there was also a feeling amongst most groups that while they generally understood rights as a concept, they had difficulty in applying them to their everyday lives:

“I wouldn't know what to do if someone infringed on my rights. I feel like they're this intangible thing that don't apply in 'real life'.”

The majority of participants felt that current methods of educating young people about their rights do not equip young people to claim their rights in their everyday lives:

“In primary school, they always do something on places in Africa and rights. They sometimes make a box or a backpack to donate to children in Africa, or they're given water bottles to talk about clean water. The point isn't always clear. It's not necessarily an effective way to teach about your own rights. It shows that children and young people are in a better position here, but not necessarily why the situation is this way. There are better ways to introduce your own rights.”

“We're taught about rights in other countries, but never our own context.”

<sup>36</sup> The research survey did not include questions about rights, due in part to space constraints, but also in light of previous research conducted by SYP ([https://d3n8a8pro7vhmx.cloudfront.net/scottishyouthparliament/pages/449/attachments/original/1461763333/Final\\_report-\\_mental\\_health\\_discussion\\_day.pdf?1461763333](https://d3n8a8pro7vhmx.cloudfront.net/scottishyouthparliament/pages/449/attachments/original/1461763333/Final_report-_mental_health_discussion_day.pdf?1461763333)) that shows many young people may not have a full understanding of their rights as young people. Given this, and the space constraints of the research survey, it was felt that it would be more effective to discuss rights in relation to mental health in focus groups, where the topic could be introduced and further clarified if needed.

<sup>37</sup> OHCHR, 'Convention on the Rights of the Child': <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

<sup>38</sup> Ibid.

<sup>39</sup> UK Government (2010), 'Equality Act 2010': <http://www.legislation.gov.uk/ukpga/2010/15/contents>

### 4.2 Young people's understanding of rights in relation to mental health

Participants were asked to identify what rights they felt were significant in relation to young people's mental health. While very few participants directly referenced any human rights legislation, their responses nonetheless aligned closely with existing human rights laws and conventions.

#### Respect for the views of the child

Several participants echoed the principles of Article 12 of the UNCRC (respect for the views of the child),<sup>37</sup> stressing the right for young people to be properly listened to and taken seriously when accessing mental health support and information, or receiving treatment. Others specified the right for young people to be involved in their own mental health treatment; as one participant noted, “You should have a right to a say in your treatment.” Another participant identified the right for young people to have access to an independent advocate to communicate their wishes on their behalf.

#### Protection from discrimination

Participants also identified the right to be protected from discrimination on the basis of their mental health status, reflecting Article 2 of the UNCRC which states that a child should be protected from being discriminated against for any aspect of their identity.<sup>38</sup>

Other participants highlighted that if accessing mental health support, young people should not be discriminated against based on any other aspect of their identity: “You have a right to access support no matter [your] age, gender, race, orientation, etc.” Another noted, “Everyone should have an unbiased diagnosis.”

A few participants focused explicitly on the right not to be discriminated against based on their mental health in the context of the workplace. As one participant noted, “Young people should have the right to express mental health issues without resulting in negative consequences like dismissal from work.” Others identified the right for adjustments to be made for a young person suffering from mental health problems, such as sick leave or flexible working. This reflects the Equality Act 2010, which imposes a duty on workplaces to make ‘reasonable adjustments’ for employees suffering from a disability, including a mental health problem.<sup>39</sup>



### Right to a high standard of healthcare

Some participants focused explicitly on the right for young people to have access to high quality healthcare and support for a mental health problem, including being offered a range of treatment options and for health professionals to prioritise the safety of young people in their care. Another commented that when accessing mental health support, young people's dignity should be maintained. These views directly reflect Article 24 of the UNCRC which outlines the right for young people to access the highest attainable standard of healthcare.<sup>40</sup>

### Right to privacy

A few participants identified the right to have their confidentiality and privacy upheld if accessing mental health support, and to be informed about how information about them is used, reflecting Article 16 of the UNCRC, which states that "No child shall be subjected to arbitrary or unlawful interference with his or her privacy."<sup>41</sup>

## 4.3 Young people's views on taking a human rights-based approach to mental health support and services

All participants agreed that it is important to base mental health support and services within a human rights framework. As one young person noted, "The same rights should apply to everyone, regardless of mental health issues or not".

Some participants felt that it was especially important to take a rights-based approach to mental health support and services because young people with poor mental health are more vulnerable, and may therefore be at increased risk of not having their rights respected. One participant noted, "It's easy to breach rights with someone with poor mental health." Others expressed concern that the rights of people experiencing mental health problems are not always upheld when they access services:

“People think rights are less important if you have a mental health problem. My sister was left in hospital lying on the floor with nothing all night because the hospital staff thought it was better for her, but it wasn't and broke her right to a good standard of living.”

Previous SYP research has found that many young people do not know what their rights are if they are treated for a mental health problem.<sup>42</sup> This, coupled with the lack of a rights context in young people's everyday lives as identified by focus group participants, was seen to inevitably have consequences for those who need to access mental health support and services:

“Lots of services get away without respecting rights because young people don't know their rights and what they're entitled to. So services don't give the right or adequate support or treatment. Young people don't know they're being treated badly until they hear what respectful treatment should be.”

### Increasing awareness of young people's rights when accessing mental health support and information: young people's views

“If the child or young person is accessing support for mental health, they should also be given information about their mental health rights so they know what they're entitled to from the start of their treatment.”

“Buses in Dundee have stickers at the front saying, 'Our drivers have the right to be respected'. We could put notices in other places, like at the GP or in other services, saying 'You have the right to...'. ”

“It's important to teach people about rights - especially young people, as they may feel less isolated and more confident to express when they are uncomfortable with something.”

<sup>40</sup> OHCHR, 'Convention on the Rights of the Child': <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

<sup>41</sup> Ibid.

<sup>42</sup> Scottish Youth Parliament (2016), 'Developing Scotland's next Mental Health Strategy for Scotland: young people's views': [https://d3n8a8pro7vnm.cloudfront.net/scottishyouthparliament/pages/449/attachments/original/1461763333/Final\\_report-\\_mental\\_health\\_discussion\\_day.pdf?1461763333](https://d3n8a8pro7vnm.cloudfront.net/scottishyouthparliament/pages/449/attachments/original/1461763333/Final_report-_mental_health_discussion_day.pdf?1461763333)

# Observations and recommendations

The purpose of *Our generation's epidemic* is to gain a picture of what young people think about mental health information, support and services, both in terms of their awareness of what is available, what works well and what could be done better. While it is valuable in itself to include young people's voices in this aspect of discussions about mental health in Scotland, the research has also provided evidence with which to make recommendations to ensure mental health information, support, and services are the best they can be for young people.

## Mental health information

This research highlights that many young people feel information about mental health lacks visibility, particularly when it comes to information about where to access support. Almost three quarters of respondents were unaware of local guidance, self-help, and services, including 70% of respondents who considered themselves to have experienced a mental health problem. SAMH has previously highlighted the lack of local knowledge of social prescribing opportunities (non-medical forms of mental health support), and we support their call for all GPs to receive extensive information about local mental health services by 2017.<sup>45</sup> Given that 52% of respondents would seek information about mental health from their GP or another medical professional, it is especially important that all GP surgeries and frontline mental health services provide young person-friendly, accessible information about local support and services, with particular emphasis on services and support offered by organisations working specifically with young people.

### Recommendations

1. Education Scotland and further and higher education bodies should ensure that all schools, colleges, and universities provide high quality information about mental health, and direct young people to safe online resources such as *Aye Mind*.<sup>44</sup> Pupils and students should be consulted about the type of information they would like to receive, and be involved in the design of information when appropriate.
2. NHS Scotland should ensure that all GP surgeries and hospitals provide age-appropriate information about local mental health support and services, with particular emphasis on young person-specific support and services.

<sup>43</sup> SAMH (2016), 'Ask Once Get Help fast: SAMH Manifesto for the Scottish Parliament Election 2016' (2016): [https://www.samh.org.uk/media/462301/samh\\_ask\\_once\\_get\\_help\\_fast\\_manifesto\\_for\\_the\\_2016\\_scottish\\_parliament\\_election.pdf](https://www.samh.org.uk/media/462301/samh_ask_once_get_help_fast_manifesto_for_the_2016_scottish_parliament_election.pdf), pg. 9

<sup>44</sup> <http://ayemind.com/>

## Mental health support

Too often, mental health is only talked about when it reaches a critical stage, meaning that young people do not access support in good time. One in five respondents said they wouldn't know where to go for advice and support for a mental health problem, while 27% felt that their school, college, university, or workplace did not provide a supportive environment to talk about mental health. More action needs to be taken to normalise conversations about mental health to ensure young people feel confident to access support if needed, and know where to go to access it. The research strongly suggests that young people feel more needs to be done in schools to educate young people about mental health.

Resources like See Me's *What's on Your Mind* school programme<sup>45</sup> - which focuses on promoting a common language for both teachers and young people to talk about mental health, how to identify the common signs of mental ill-health, and how to ask for support - are essential for ensuring that conversations about mental health become an everyday part of young people's lives.

The research also shows that young people are most comfortable talking to a GP or other medical professional about mental health, even more so than people they are close to. However, several respondents gave negative experiences of not being taken seriously by their GP due to their age. Given this, it is important that GPs and other community-based medical professionals are equipped to talk to young people about mental health, and the specific issues affecting young people's mental health, in an accessible and constructive way.

### Recommendations

3. Every school, college, university, and youth group should implement a Mental Health Action Plan to promote mental health conversations and support. The Action Plan should include provisions such as an annual Mental Health Awareness Week, training for young people and staff in Mental Health First Aid, utilising See Me's *What's on Your Mind* resources, providing practical steps to manage stress and anxiety, and promoting local information, support and services.
4. Education Scotland should develop a Mental Health Standard for schools to increase the focus on mental health in the Curriculum for Excellence.
5. Education Scotland, in conjunction with the Scottish Government, should review the provision of counsellors in schools and seek to establish a minimum level of service provision.
6. NHS Education for Scotland should work with young people to update its training and CPD opportunities for frontline medical professionals in supporting young people's mental health. All GPs and other community-based mental health professionals should receive these opportunities.

<sup>45</sup> <https://www.seemescotland.org/young-people/working-with-young-people/whats-on-your-mind/>

## Mental health services

The research highlighted the varied experiences of young people accessing services for a mental health problem. It is significant that services that focus specifically on young people's mental health, with staff trained in working with young people, were identified as working particularly well. Several respondents also asserted the need for a mental health service tailored to 16 to 26 year-olds. Previous research has highlighted that young people aged 16 to 26 have their own distinct mental health needs,<sup>46</sup> suggesting a need for increased focus on young person-specific services.

Respondents also felt that increasing young people's involvement in mental health service development and treatment leads to more positive experiences of mental health services.

### Recommendations

7. The Scottish Government's proposed 10-year mental health strategy should include an increased focus on supporting the mental health of 16 to 26 year-olds, in recognition of this age group's specific mental health needs separate from children and older adults. The strategy should also facilitate a review of CAMHS, as called for by SAMH.
8. The Scottish Government should ensure that mental health funding is ring-fenced for young person-specific mental health services, and that this funding is shared proportionately between acute, high-intensity services and preventative and early intervention support, such as drop-in centres, peer support, and services provided by the third sector.
9. Scotland's initiative for involving young people in developing youth-friendly health services, Walk the Talk, should seek to develop a young person-led mental health and wellbeing forum in every local authority.

## Mental health and rights

This research and previous research by SYP suggests that young people are unaware of their rights when accessing support for a mental health problem. More needs to be done to ensure that young people are aware of, and know how to claim, their rights if accessing support for a mental health problem.

### Recommendations

10. NHS Education for Scotland, in partnership with organisations such as the Mental Welfare Commission, should work with young people to develop a booklet and/or online resource about young people's rights when accessing mental health support. On first accessing mental health support, all young people should be presented with this resource in an accessible form.
11. All GP surgeries and mental health services should clearly display age-appropriate information about young people's rights when accessing mental health support, particularly regarding confidentiality rights and their right to an independent advocate.

<sup>46</sup> Right Here, 'How to...provide youth-friendly mental health and wellbeing services': <https://www.mentalhealth.org.uk/sites/default/files/right-here-guide-4.pdf>, pg. 4





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**SCOTTISH BORDERS COUNCIL  
EXECUTIVE COMMITTEE**

MINUTE of Meeting of the EXECUTIVE COMMITTEE held in the Council Chamber, Council Headquarters, Newtown St Boswells, TD6 0SA on Tuesday, 4 October 2016 at 10 a.m.

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Present:- Councillors S. Bell (Chairman – Economic Development Business), D. Parker, (Chairman - Other Business), J. Brown, M. J. Cook, V. Davidson (during para 1.1), G. Edgar, J. Mitchell, D. Moffat, D. Paterson, F. Renton.

Also Present:- Councillors I. Gillespie, W. McAteer, A. Nicol, G. Turnbull.

Apologies:- Councillors S. Aitchison, C. Bhatia, R. Smith. Mr. J. Clark.

In Attendance:- Corporate Transformation and Services Director, Chief Officer Economic Development, Service Director Neighbourhood Services, Clerk to the Council, Democratic Services Officer (K. Mason).

**ECONOMIC DEVELOPMENT BUSINESS**

Present: Mr B. Simpson, Mr G. Henderson

**CHAIRMAN**

Councillor Bell chaired the meeting for consideration of the Economic Development business. He advised that, in terms of the Scheme of Administration, Mr Simpson – who was attending instead of Mr Clark - could not contribute to the meeting but merely note the proceedings as substitutes were not allowed.

**1. ECONOMIC DEVELOPMENT**

- 1.1 With reference to paragraph 1 of the Minute of 10 May 2016, there had been circulated copies of a briefing note providing an update on recent Economic Development activities. The Chief Officer Economic Development, Mr Bryan McGrath, referred to the paper and highlighted the main points. Under the Business section of the update it was reported that for the period 1 April 2016 to 31 August 2016 the Business Gateway team assisted 83 business start-ups, of which 5 had the potential to be high growth. The advisers had delivered 31 start-up workshops and 21 Growth workshops with 299 attendees. Officers continued to work with partners on the actions contained in the Hawick Action Plan which included identifying buildings for future development, a workshop with Tourism Businesses on 26 September, survey work and a focus group to discuss the future of the High Street. This work had resulted in an announcement from the Scottish Government of significant capital investment.
- 1.2 In terms of Tourism and Events, the “runaway seat” campaign ran from the 2 – 8 August, involving a train seat being placed at secret locations around Edinburgh, Midlothian and the Borders. Using Social media and through the website, people were asked to help find it, and if they did so, upload a picture on Twitter using the #RunawaySeat which entered them into a prize draw. A partnership of Midlothian and Scottish Borders tourism groups had successfully secured funding to deliver a two year business to business project between both areas. The project would start on 1 November, would have a dedicated PM and Tourism business advisor and would deliver: (a) a travel trade development programme; (b) joint packaging and ticketing for the Railway; (c) World Host Training for businesses in both area; (d) digital tourism training; (e) digital apps; and (f) fam trips, market research and benchmarking. There had been a good response to the Scottish Borders Tourism Cycling Strategy consultation. A final version of this would be brought to the Executive Committee at the beginning of November.

- 1.3 In terms of funding, the LEADER Local Action Group met in July 2016 and approved grant funding of £74,739 to three projects, with total project values of £145,859. Two approvals were for community groups, the third was grant funding for a rural business and a fourth community group application was rejected by the panel. Applications for Round 2 closed on 31 August and five project applications for funding would be considered by the Local Action Group at its meeting in October. The first round of applications to the Forth Fisheries Local Action Group for grant finance from the European Maritime Fisheries Fund would be considered at the Group's meeting in October 2016. The Scottish Government had confirmed funding for the Scotland's Employer Recruitment Incentive (SERI) Scheme in 2016/17. The Scheme was relaunched on 1 April, targeting young people with multiple barriers to employment. Barnardo's Works had been contracted to deliver this scheme, eight places were allocated and five places had been filled to date.
- 1.4 During the discussions which took place it was noted that some of the directional cycling route signs were faded and Members were advised that signage improvement would be included in the cycling tourism strategy, which aimed to pull together all the different elements which cycling had to offer. It was confirmed that the Business Gateway workshops operated on a peripatetic basis which was why they were held in Galashiels and Eyemouth this time, with workshops due to take place in other towns in future. The local business loan fund was being replaced by the Business Loans Scotland fund, although there had been a slight delay in that coming on stream. The shopfront improvements scheme in Galashiels had now finished and the Galashiels Town Centre Co-ordinator was also coming to an end. It was confirmed that there was a commitment from Transport Scotland to run steam trains to the Borders and while the Council could try to influence further charter trains coming to the Borders, it could not control the routes used by the individual charter companies. It was reported that at a meeting of the Cultural Forum held the previous evening, the Forum was still asking for a meeting with railway operators regarding the promotion of arts and crafts in the area and the Corporate Transformation and Services Director advised he would instruct an Officer to take this forward.

#### **DECISION**

**NOTED the update.**

#### **2. ST ABBS HARBOUR CAR PARK MANAGEMENT - UPDATE**

With reference to paragraph 8 of the Minute of 16 August 2011, there had been circulated copies of a report by the Corporate Transformation and Services Director which presented information on the current car park management agreement with St Abbs Harbour Trust and proposed to extend the agreement beyond April 2017 for a period of 10 years. The successful integration of car park management arrangements at St Abbs had enabled the Harbour Trustees to develop a programme of maintenance work and infrastructure improvements at the Harbour, which benefitted Harbour users, visitors and the local community. Car park income, collected by the Trust, had been used to part-fund these works which had made the Harbour a safer and more attractive place for commercial and leisure users. Average annual expenditure on repairs and maintenance was now in the region of £22k, and the Trustees were developing an ongoing programme of Harbour improvements. The Trust had requested an extension to the car park management agreement to part-fund this programme. The current car park management agreement ended on 31 March 2017 so it was proposed to extend the agreement to 31 March 2027, subject to 3-yearly reviews. In response to a question raised, the Principal Officer (Rural Development), advised that he was not aware of any significant difficulties relating to the signage within the car park about charges for parking.

#### **DECISION**

- (a) NOTED the content of the St Abbs Harbour Trust car park management report for the period to 31 October 2015.**



- (b) **AGREED to extend the car park management agreement beyond 31 March 2017 for a period of 10 years to 31 March 2027, subject to 3-yearly reviews.**

3. **TOWN CENTRE REGENERATION**

There had been circulated copies of a report by the Corporate Transformation and Services Director about future actions in relation to town centres. The report updated members on recent activity and recommended a potential change to the Council's approach to town centre regeneration. The review of recent activity included the Galashiels Town Centre Manager Role. A new Town Centre Resilience Index was proposed measuring a range of regularly collected statistics in order to better understand each town and to provide an objective basis for prioritising public sector interventions. Finally it was proposed to establish a new three year rolling town centre action plan to be approved on annual basis following consultation with stakeholders. A suggestion was made that it might be helpful for members to have a copy of the Ryden LLP Report on Town Centres Retail Study and the Chief Officer Economic Development undertook to circulate this. Discussions took place in respect of Appendix 3 to the report – Town Index 31 August 2016 – Extract, with Members referencing towns within their own Wards. Some of the measures/criteria needed further refinement and Members unanimously agreed to an amendment to the recommendation at paragraph 2.1(a) in the report "...and agrees to use the Index to prioritise its town centre interventions and investments" in that this be amended to read "...and agrees that this be refined and updated on an ongoing basis for use in prioritising its town centre interventions and investments".

**DECISION**

- (a) **NOTED the development of a new Town Centre Resilience Index, detailed in Appendix 3 to the report, and agreed that this be refined and updated on an ongoing basis for use in prioritising its town centre interventions and investments.**
- (b) **AGREED to establish a rolling three year Town Centre Action Plan to be approved on an annual basis, no later than 31 March each year, and monitored by the Economic Development Executive on a quarterly basis. The first such Action Plan to be approved by 31 March 2017 following consultation as detailed in paragraph 5.8 of the report.**

4. **JEDBURGH CONSERVATION AREA REGENERATION SCHEME (CARS)**

There had been circulated copies of a report by the Corporate Transformation and Services Director updating the Committee on progress of the development of a potential Jedburgh Conservation Area Regeneration Scheme (CARS). The report sought formal approval for a funding bid to Historic Environment Scotland (HES), formerly Historic Scotland. Jedburgh town centre had declined since 2008 with reduced footfall, significant retail leakage and increasing vacancy rates. There had also been an increase in the number of buildings in the core of the town centre which had significantly deteriorated and were considered to have critical issues with external fabric and stonework. Following the model used for other successful heritage based town centre initiatives in Kelso and Selkirk, a heritage focused regeneration proposal had been developed for Jedburgh. The proposal would seek to begin to reverse the decline by conserving and enhancing key properties within the Jedburgh Conservation Area and act as a catalyst for wider regeneration in the town. The proposal included a five year programme of works from 2017/18 – 2021/22 with a total project budget of eligible costs of £1,327,000. Officers were thanked for the speed in which proposals for the Scheme had been progressed.

**DECISION**

**AGREED:**

- (a) **to approve the proposed bid for a Jedburgh Conservation Area Regeneration Scheme on the basis of match funding contributions from the Council of £150,000 from the Council's Revenue budget and £50,000 from within the Capital Programme; and**

- (b) **to formally approve the funding bid to Historic Environment Scotland CARS Programme.**

5. **HAWICK HIGH STREET – NON-DOMESTIC RATES REVIEW AND LOAN PROPOSAL**

There had been circulated copies of a joint report by the Corporate Transformation and Services Director and the Service Director Neighbourhood Services providing a review of Hawick Town Centre Non-Domestic Rates and proposing a Business Loan and Grant Scheme. Officers had undertaken a detailed review of Non Domestic Rates payable by businesses in Hawick High Street, and the Reliefs already in place. Officers had also reviewed a submission from Future Hawick on the matter. The review concluded that a pilot Non Domestic Rates Local Relief Scheme for Hawick High Street should not be pursued. The extensive reliefs from non-domestic rates already available such as Small Business Bonus Scheme, Empty Relief exemption for listed buildings and Fresh Start Relief would, it was considered, largely negate the effectiveness of the Scheme. Instead, a Scheme based on business loans and grants should be put in place. The High Street Loan Scheme proposed would be targeted at the subdivision of existing larger retail units, improving their attractiveness for letting, as well as a grant incentive for businesses to relocate to the newly formed premises. The Chief Officer Economic Development answered questions relating to the control of rental costs and the recently announced Scottish Government funding, which was targeted at a much wider area than the High Street. During the discussions it was noted that Dunfermline was a good example of changing premises into smaller units, and the closing date for comments being lodged to the Barclay Review about business rates in Scotland was 7 October 2016.

**DECISION**

**AGREED that:-**

- (a) **a new initiative as an initial pilot for 2017/18 should be put in place to support property owners in Hawick to appropriately divide key vacant units in order to make them more lettable in the new economic climate as proposed in section 7 of the report; and**
- (b) **the Corporate Transformation and Services Director present a report in due course on the success of the new initiative.**

**OTHER BUSINESS**

6. **CHAIRMAN**

Councillor Parker chaired the meeting.

7. **MINUTE**

The Minute of meeting of the Executive Committee of 20 September 2016 had been circulated.

**DECISION**

**APPROVED for signature by the Chairman, subject to amending the sederunt as Councillor Gillespie's name appeared twice.**

8. **PRIVATE BUSINESS**

**DECISION**

**AGREED under Section 50A(4) of the Local Government (Scotland) Act 1973 to exclude the public from the meeting during consideration of the business detailed in the Appendix to this minute on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 6 and 9 of part 1 of schedule 7A to the Act.**

9. **Minute**

The Committee approved the Private Minute of 20 September 2016.

*The meeting concluded at 11.20 a.m.*

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