

APPENDIX 2: Mental Health: Children’s Rights Impact Assessment (CRIA)

Subject Focus: Mental Health

This template is useful to read alongside Scottish Government guidance, which can be found at <https://www.gov.scot/publications/childrens-rights-wellbeing-impact-assessments-crwia-guidance/> (please note, this Scottish Government guidance encompasses wellbeing frameworks used in Scotland, while the primary emphasis of this Alternative CRIA is on children’s rights)

Impact Assessment by: Dr Christina McMellon & Dr Alice MacLachlan

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STAGE 1: SCOPING (Background and Rights Framework)

Question 1: Name each measure (including relevant sections of legislation and guidance) being assessed and describe the overall aim.	
Measure	Overall aim of the particular, relevant aspects of the measure
Coronavirus Act 2020 (S.4; S.7; S.10)	S.4: Emergency registration of health professionals. S.7: Temporary registration of social workers. S.10: Temporary modification of mental health and mental capacity legislation to increase length of emergency detention from 72 to 120 hours, suspend requirement for second mental health officer to be consulted on short-term detention certificates, compulsory treatment orders and transfer for treatment directions, suspend review of order and directions, and changes to make up of Mental Health Tribunal.
Coronavirus (Scotland) (No.2) Act 2020 (Part 4)	Nominated Named Person for person with mental ill-health (16+) can be appointed without the need for a prescribed person to witness the nomination.
Health Protection (Coronavirus) (Restrictions)	Closure of non-essential health services including mental health services from 26 March 2020.

(Scotland) Regulations 2020 (Part 3 and Schedule 1, S.37)	
Prisons and Young Offenders Institutions (YOI) (Scotland) Amendment Regulations 2020 (Arrangements for work, education and counselling – coronavirus S.81A)	The Governor of a YOI may suspend programmes of work, educational activities and counselling – this decision must be regularly reviewed.
Coronavirus (COVID-19): guidance on changes to social care assessments (S.2.2.1; S.2.2.2)	S.2.2.1: Local authorities responsibility to provide services to people with mental disorders who are not in hospital remains intact. S.2.2.2: Local authorities obligation to provide a support plan for young carers has been amended – previously local authorities had to address all ‘identified needs’ now they only need to look at the support the carer needs in order to be able to fulfil their caring responsibilities.
Coronavirus (COVID-19): framework for decision making – Scotland’s route map through and out of the crisis	General acknowledgement of the impact of lockdown measures on children’s wellbeing and that the route map needs to mitigate for this. Also focuses on inequalities (greater impact on those most vulnerable), social isolation, relationships, transitions, safe environments. Promotes innovative approaches to service provision. Emphasises need to engage communities (although not specifically children) in decision-making about relaxing lockdown measures. Reopening mental health services is a part of Phase 1 of the route out of lockdown (p. 23).
Coronavirus (COVID-19): framework for decision making	Need for public services to focus on promoting wellbeing and mitigating for the impacts of lockdown moving forward: “Our public services will also have to change to help our people recover from this shock and also to harness the kindness and compassion that has poured from people up and down the country” (p. 23).
Coronavirus (COVID-19): framework for decision making – supporting evidence (S.5 Societal Impacts: safety and security, including protection of vulnerable children)	Recognition that: Certain groups of children are more at risk of negative mental health impacts from lockdown (e.g. children with disabilities and additional support needs, young children, children due to be making school transitions this year, children affected by domestic abuse, those affected by substance abuse, those whose parents have mental ill-health) (see also Appendices 8 and 9).

	“Impacts of ‘hidden harm’ may affect cognitive, emotional and behavioural functioning, and are likely to require significant intervention over the medium and longer term” (p. 14).
Coronavirus (COVID-19): residential childcare (S. Social distancing)	States that particular account should be taken of the mental health needs of children during the crisis. Importance of discussion of measures being taken, listening to children’s needs, creating routines within a period of uncertainty, maintaining contact with family and friends and providing relevant and accessible information. Acknowledges distress that could be caused by the need for residential care staff to wear personal protective equipment.
Coronavirus (COVID-19): supporting pupils, parents and teachers – learning during term 4	Support for learning at home for children with additional support needs: signposts to sources of information and support for children (p. 5). Education Scotland has created a Working Group for ‘Health & Wellbeing’ to ensure this is a focus in the return to school. The group is working on the following key areas: Transitions, Supporting learners with additional support needs, Resilience, Wellbeing Indicators and Compassion and Grief.

Question 2: Which human rights instruments and articles are particularly relevant to the measure(s)?		
Human Rights Instrument	Article	Further analysis on the expected / actual effect
United Nations Convention on the Rights of the Child (UNCRC)	Article 3: 1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.	Requires that the best interests of the child is a primary concern in all decisions made.
	Article 12: 1. 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.	Requires that children are listened to and their views are given due weight in decisions affecting the child in accordance with the age and maturity of the child.
	Article 24: 1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment	States that all children have the right to the services they need in order to enjoy the highest attainable standard of health.

	of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.	
General Comment 15 (2003) on the right of the child to the enjoyment of the highest attainable standard of health (Article 24).	Para: 25. Children are entitled to quality health services, including prevention, promotion, treatment, rehabilitation and palliative care services.	Places focus on children's right to quality as well as quantity of mental health services. Emphasises the state's duty to take action to prevent the deterioration of health as well as treating illness.
	Para: 28. Article 24, Para: 1, imposes a strong duty of action by State Parties to ensure that health and other relevant services are available and accessible to all children, with special attention to under-served areas and populations.	Requires that services focus upon groups of children who are particularly vulnerable and under-served by health services.
	Para: 38. The Committee is concerned by the increase in mental ill-health among adolescents, including developmental and behavioural disorders; depression; eating disorders; anxiety; psychological trauma resulting from abuse, neglect, violence or exploitation; alcohol, tobacco and drug use; obsessive behaviour, such as excessive use of and addiction to the Internet and other technologies; and self-harm and suicide.	Requires that States Parties focus not only on services, but also on mental health experiences and related behaviours including depression, anxiety, trauma, eating disorders, alcohol and tobacco use, internet addiction, self-harm and suicide – many of which may be exacerbated by COVID-19. These experiences and behaviours may present among children who are not engaged with mental health services and could be result of a combination of different social and environmental factors, and therefore children's mental health rights extend beyond services that specifically relate to children's mental health and also includes services related to many different social determinants of mental health.
	Para: 113. States Parties should ensure that there are functioning children's health facilities, goods, services and programmes in sufficient quantity.	Requires that services that support mental health are available to all children who require them.

	Sufficiency should be measured according to need with particular attention given to under-served and hard to reach populations.	
	<p>Para: 114. The element of accessibility has four dimensions:</p> <p>(a) Non-discrimination (b) Physical accessibility (c) Economic accessibility/affordability (d) Information accessibility.</p>	Requires that services that support mental health are accessible. States that all services: must be accessible to all children and mothers without discrimination; must be physically accessible to all children, with particular attention to disabled children; be affordable for all children – lack of ability to pay should not result in a lack of service; should provide information to all children and their parent/carers in a language and format that is accessible to them.
	Para: 115. In the context of children’s right to health, the Committee defines acceptability as the obligation to design and implement all health-related facilities, goods and services in a way that takes full account of and is respectful of medical ethics as well as children’s needs, expectations, cultures, views and languages, paying special attention to certain groups, where necessary.	Requires that children’s mental health services are acceptable, both in terms of medical ethics and also children’s needs, expectation and culture.
	Para: 116. Health-related facilities, goods and services should be scientifically and medically appropriate and of good quality.	Requires that children’s mental health services are scientifically and medically appropriate and of good quality.
General Comment 7. Implementing child rights in early childhood (2005)	Para: 36. Young children’s vulnerability to risks.	Recognises the importance of family and social context to the mental health and wellbeing of young children. This comment points to the particular vulnerability to harmful effects on their health, including trauma, when faced with situations where caregivers are not able to give

		the child adequate protection or to promote their best interests.
General Comment 20 (2016) on the implementation of the rights of the child during adolescence	Para: 17. Factors known to promote the resilience and healthy development of adolescents include: (a) strong relationships with and support from the key adults in their lives; (b) opportunities for participation and decision-making; (c) problem-solving and coping skills; (d) safe and healthy local environments; (e) respect for individuality; and (f) opportunities for building and sustaining friendships.	Recognises the importance of the following factors in promoting adolescents' resilience and healthy development: Strong relationships with key adults; Opportunities for participation and decision-making; Safe and healthy local environments; Respect for their individuality; Opportunities for building and sustaining friendships.
	Para: 57. Adolescents' health outcomes are predominantly a consequence of social and economic determinants and structural inequalities, mediated by behaviour and activity, at the individual, peer, family, school, community and societal levels.	Recognises that social, economic and structural factors are key determinants of children's mental health, therefore requires that a consideration of mental health must cut across multiple policy areas.
	Para: 58. Mental health and psychosocial problems, such as suicide, self-harm, eating disorders and depression, are primary causes of ill health, morbidity and mortality among adolescents, particularly among those in vulnerable groups.	Emphasises the complexity of mental health and psychosocial problems across genetic, biological, personality and environmental factors. Restates the factors that promote resilience as noted at paragraph 17 above. The UNCRC requires that States Parties should adopt a multi-sectoral approach to mental health provision including parents and peers.

STAGE 2: EVIDENCE

Question 3a: What quantitative evidence have you used to inform your assessment? What does it tell you?

Evidence collected	Evidence source	Explanation of the importance	What are the data gaps, if any?
Impact on children’s mental health and wellbeing			
Children age 8-14 are struggling with boredom, loneliness and a range of worries including about their own health and wellbeing and that of their family; eight percent of children disagree or strongly disagree that even if they are having a difficult time, they feel it will be ok.	Children’s Parliament (2020a) How are you doing? Survey Report April.	This evidence demonstrates the scale of the impact of both the pandemic and the measures put in place to reduce spread of infection on the mental health and wellbeing of children, with an increasingly negative impact over time. This has implications for ensuring all children and parents/carers have access to age appropriate information about coping with lockdown and managing mental health, as well as knowing where to go for support. There may also be implications for ensuring capacity within mental health and other support services with an increasing number of children potentially looking to access services. There is some indication that some groups of children are struggling more with their mental health than others (e.g. girls and older children appear to be most affected).	Number of children who would like to, or who have accessed support for their mental health. More detailed information on demographics and specific groups of children. More longitudinal data capturing changes over time.
Decline in mental wellbeing between April-May for 8-14-year olds; fewer generally feel cheerful and in a good mood and have less energy. Children are increasingly feeling lonely and less sure that in difficult times they will be okay.	Children’s Parliament (2020f) How are you doing? Survey Report April and May.		
39% of 11-24-year olds concerned about their own mental wellbeing. Key concerns include: schools, college and university closures (42%); exams and coursework (49%); social relationships (40%); wellbeing of others (46%); impact on future (61%).	Scottish Youth Parliament et al. (2020a) Lockdown Lowdown – what young people in Scotland are thinking about COVID-19		
Increased anxiety and depression over time during lockdown among 13-18-year olds.	Fox et al (2020) Oxford ARC Study: Achieving Resilience during COVID-19. Summary Report 1*		
32% of 16-24-year olds feel overwhelmed by feeling of panic and anxiety of a daily basis.	Princes Trust & YouGov (2020) Young people in lockdown*		

<p>24% of girls age 11-14 and 51% age 15-18 report that coronavirus/lockdown has had a negative impact on their mental health.</p>	<p>Girlguiding (2020) Girlguiding research briefing: Early findings on the impact of COVID-19 on girls and young women.*</p>		
<p>40% of girls have experienced a deterioration in their mental health. The most common reasons include not being able to meet up with friends or family (75%), followed by feelings of loneliness (62%).</p>	<p>Plan International UK (2020) The state of girls' rights in the UK: Early Insights into the impact of the coronavirus on girls*</p>		
<p>85% of female respondents report a higher level of worry compared with only 50% of male respondents.</p>	<p>Beatfrees Youth Trends (2020) Take the Temperature: A National Youth Trends report understanding the impact of coronavirus on young people in the UK*</p>		
<p>Children's wellbeing is one of the top three things causing parents stress.</p>	<p>Waite & Cresswell (2020a) Report 1: Findings from the first 1500 participants on parent/carer stress and child activity. Co-SPACE study.*</p>		
<p>The top five main concerns raised during Childline counselling services between March and May were: mental/emotional health (36%); suicidal thoughts and feelings (13%); family relationships (12%); self-harm (6%); and sex/relationships/puberty (4%).</p>	<p>Childline (2020) Almost 7,000 Childline counselling sessions with children about the impact of coronavirus (COVID-19) outbreak.*</p>		

46% of 14-25-year olds are concerned about how it may impact their mental health.	Duke of Edinburgh Awards (2020) The Impact of lockdown on young people*		
Impact on children with existing mental health problems			
83% of children agreed the crisis has made their existing mental health problems worse. Seven percent of children agreed the crisis had made their mental health a bit or much better.	Young Minds (2020) Coronavirus: impact on young people with mental health needs*	Existing mental health problems have largely been exacerbated by the crisis, with implications for the need for continued support, and potentially more intensive support for these children during and after the pandemic. Specific concerns raised by parents seem to relate to measures around school closures. It is important to note that some children's mental health has improved, as a result of restrictions.	More longitudinal data capturing changes over time.
Parents of children with a pre-existing mental health difficulty report that their children are particularly concerned about things being uncertain or different, changes to routine, the enjoyable parts of school not happening, and being away from home.	Pearcey et. al (2020) Report 3: Parents/carers report on their own and their children's concerns about children attending school. Co-SPACE study*		
Specific groups of children			
Young carers 63% of young carers are concerned about their mental health wellbeing.	Scottish Youth Parliament, YouthLink Scotland, Young Scot (2020b) LockdownLowdown – Local Authority results summary – Carers Trust Scotland.	Some groups of children are more vulnerable and may be at greater risk of negative mental health consequences. This evidence suggests the scale of the impact on mental health for some of these groups, who may be particularly affected by specific measures, with implications for the additional support needs of these children.	Information on other groups of vulnerable children. Longitudinal data capturing changes over time.
Children who are disabled or seriously ill The crisis has negatively impacted the mental health of 82% of children who are disabled or seriously ill.	Family Fund (2020) Impact of COVID-19 Research. UK Findings*		
Black, Asian and Minority Ethnic (BAME) children	Levita, L. (2020) Initial research finding on the		

Higher levels of anxiety and depression among BAME respondents than White or Asian respondents. However, a greater proportion of BAME young people felt less anxious than before lockdown than White or Asian respondents.	impact of COVID-19 on the wellbeing of young people aged 13-24 in the UK*		
Access to mental health information and advice			
40% of 11-24-year olds are not confident in accessing information about support for mental health and wellbeing.	Scottish Youth Parliament et al (2020a) Lockdown Lowdown – what young people in Scotland are thinking about COVID-19.	Many children (and parents/carers) want more information about managing their own (or their child's) mental health and are not confident about knowing where to or how to access mental health information and advice. This suggests that while information and support may be available, particularly online, either it is not appropriate to the specific needs of children or more needs to be done to ensure that children and their parents/carers can find this information and know what support is available to them.	
42% of parents felt they would benefit from support around managing their child(ren)'s emotions, 29% from support around their child(ren) coming out of self-isolation.	Waite et al (2020b) Report 2: COVID-19 worries, parent/carer stress and support needs, by child special educational needs and parent/carer work status. Co-SPACE study.*		
65% of parents of children who are disabled or seriously ill want more information on mental health and wellbeing.	Family Fund (2020) Impact of COVID-19 Research. UK Findings.*		
Access to mental health services			
74% of children with existing mental health problems were still able to access some form of mental health support; 26% were no longer able to access support.	Young Minds (2020) Coronavirus: impact on young people with mental health needs.*	This evidence demonstrates the scale of closure of face-to-face mental health services, schools and other support services on children who would usually have	Specific types of support that have been stopped /postponed and specific groups of

Of the 18.5% who received support before the pandemic, 80% have had this stopped or postponed (includes support for mental health, emotional / behavioural difficulties, social services and education support).	Waite et al (2020b) Report 2: COVID-19 worries, parent/carer stress and support needs, by child special educational needs and parent/carer work status. Co-SPACE study.*	access to support. It appears that some children are still able to access some form of support remotely, while others are now unable to access support services for their mental health.	children who have lost access to services. More longitudinal data capturing changes in access to services over time.
Among children who are disabled or seriously ill, 59% are no longer receiving Child and Adolescent Mental Health Services (CAMHS) support, 63% psychologist/psychiatrist support, 78% educational psychologist support.	Family Fund (2020) Impact of COVID-19 Research. UK Findings.*		
Impact of poverty and financial difficulties on children			
30% of 11-24-year olds are concerned about their financial situation.	Scottish Youth Parliament et al (2020a) Lockdown Lowdown – what young people in Scotland are thinking about COVID-19.	There is a recognised link between child poverty and mental health, and therefore measures to reduce financial difficulties for children and families are also relevant here (see also Appendix 4).	
One in five 8-14-year olds worry about their family having enough money.	Children’s Parliament (2020a) How are you doing? Survey Report April.		
29% of young people aged 16-24 feel their future career prospects have already been damaged by the coronavirus pandemic and 49% worry it will be harder than ever to get a job.	Princes Trust & YouGov (2020) Young people in lockdown*		

*UK-wide dataset, with no separate data publicly available for Scotland at present

Question 3b: What key missing information / evidence would have been beneficial to your analysis?
Further information about the number and type of children who are experiencing a reduction or no access to mental health services, with a particular focus on vulnerable groups (e.g. BAME; Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+); very young children; refugees and asylum-seeking children; young carers; young offenders).
Much of the evidence available relates generally to the overall impact of the pandemic and restrictions on mental health and wellbeing. Evidence about the impact of specific measures (or parts of measures) would be useful to determine the specific contribution of these measures to changes in children’s mental health.
Information on mental health and wellbeing of children with limited access to digital technology and their access to services – the majority of surveys were conducted online and therefore those without access to digital technology are likely to be under-represented.
Information on access to counselling services for children in detention and whether this has changed in relation to the Prisons and Young Offenders Institutions (Scotland) Amendment Regulations 2020.
Information related to the modified powers around mental health capacity and the Mental Health (Care and Treatment) (Scotland) Act 2003, such as the number of children who may have been affected by these changes and justification for any use of modified powers.

Question 4a: What qualitative evidence have you used to inform your assessment? What does it tell you?		
Evidence collected	Evidence source	Explanation of the importance
<i>Impact on mental health and wellbeing of children</i>		
Views of children age 8-14: Increased anxiety and worry among children about missing friends, family members, not being able to play outside and catching the virus. Many children are bored and lonely, but many are also seeing positive benefits of spending time with family and pets and being able to go outside.	Children’s Parliament (2020b) Corona Times Journal Edition 1. Children’s Parliament (2020c) Corona Times Journal Edition 2.	This information is important to identify the particular concerns of children which may be a result of specific measures (e.g. school closures; restrictions on movement and gatherings) and identify areas to focus on moving forwards, either with information or advice, or changes in measures as restrictions are eased to mitigate anxiety and worry among children. It is important to note the limited evidence that some aspects of lockdown may have had a positive impact on
Among families from more disadvantaged backgrounds, there is increased anxiety and stress among parents and children. Children feel socially isolated and perceive that their	Bali et al (2020) How are families coping with self-isolation?	

mental health and physical wellbeing is suffering.		children's mental health (e.g. reducing school-related anxiety).
Indications that lockdown and home learning may have had positive impacts on some children's mental health and wellbeing, particularly those with additional support needs.	Reach (nd). <i>My Say</i> .	The report by Bali et al (2020) particularly focuses on those from more disadvantaged backgrounds, who are likely to be under-represented in online survey data.
<i>Access to mental health support</i>		
Closure of face-to-face mental health services means that access to mental health support is more difficult. For those with existing mental health conditions, this is largely not due to support not being offered, but rather that it is difficult or impossible to receive this support from home. There are also issues with the capacity of online services, as children who would not normally use these services but are struggling during lockdown are turning to them for support.	Young Minds (2020) Coronavirus: impact on young people with mental health needs.*	There are implications for those who do not have access to digital technology and online services, those with language or communication difficulties or for children who do not feel safe or able to discuss their mental health in their home environment. The reopening of face-to-face services outlined in Phase 1 of Scotland's route map through and out of the crisis is likely to be important to providing continued and effective support for children.
Potential difficulties for those with learning difficulties, language barriers and mental health problems understanding guidelines and accessing support.	Bali et al (2020) How are families coping with self-isolation?	Access to services may also be affected by capacity issues, as those who do not usually need to access mental services turn to these for support (linked to other evidence about increased concern about child mental health and wellbeing).
Remote learning provision in schools does not come with pastoral support whereby children can seek support in the same way they could when schools were open.	Children, Adolescents and Scotland's Pandemic Response (T Kirk 2020, personal communication, 27 May)	Many children in need of support are identified through schools, so it is important to find alternative ways of identifying and providing support for those in need.
<i>Access to non-mental health support services (e.g. social work, community support groups)</i>		

<p>Many families and children, particularly those who may face multiple complex issues are struggling with their mental health and need support to cope with work and childcare. Children and families are struggling with reduced access to face-to-face social work services and community services, and for some this is not as effective online.</p>	<p>Children 1st (2020) Children 1st's response to the Scottish Parliament Education Committee's call for evidence on the impact of the coronavirus pandemic on vulnerable children.</p> <p>Bali et al (2020) How are families coping with self-isolation?</p>	<p>This has implications for particularly vulnerable families, and highlights the importance of access to support services, which although not directly identified as mental health services, provide a role in supporting families, reducing stress and anxiety around other issues and thereby preventing mental ill health. Remote support also makes it more difficult for professionals to identify families who are not coping as well, and so the most vulnerable children may not be getting access to the additional support they need. This may be particularly pertinent to families of younger children, who are less likely to be able to directly access support themselves, and so rely on parents/carers to identify and provide access to that support.</p>
<p><i>Access to independent advocacy</i></p>		
<p>Those who have a right to independent advocacy (e.g. through the Mental Health (Scotland) Act 2003), may have barriers to receiving this support, including lack of knowledge and understanding about their right to advocacy, or limited capacity to deliver this service. Children with mental disorders are frequently unable to access independent advocacy. Scottish Government's statement does not make any references to independent advocacy.</p>	<p>Scottish Independent Advocacy Alliance (2020) Alternative Children's Rights Impact Assessment: Issues and evidence from the Scottish Independent Advocacy Alliance.</p>	<p>Current measures do not mention children's rights to independent advocacy, which may particularly affect those with mental health problems.</p>
<p><i>Contact with family and friends</i></p>		
<p>Some children are experienced difficulties in maintaining contact with both parents if they</p>	<p>Children's Parliament (2020c) Corona Times Journal Edition 2.</p>	<p>As outlined in General Comment 20, factors known to promote the resilience and healthy</p>

do live together, for example if one parent is shielding, if there is a difficult family relationship, or if there is limited access to digital technology to keep in touch remotely.		development of adolescents include: strong relationships with and support from the key adults in their lives and opportunities for building and sustaining friendships.
Maintaining contact with family is particularly difficult for children in care where family relationships are particularly complex and relationships may break down – especially at times of increased stress and worry. There is no specific guidance on how to manage family contact arrangement for children in care.	Who Cares? Scotland (2020) The impact of COVID-19 guidance on Scotland's care experienced community.	Vulnerable groups of children may become particularly isolated, and it should be priority to find suitable ways for them to stay in contact with friends and family.
Many children are using digital means to stay in contact with family and friends outside their households, but other do not have access to technology or the internet or may find online communication difficulties (e.g. due to language of communication difficulties).	Children's Parliament (2020c) Corona Times Journal Edition 2. Bali et al (2020) How are families coping with self-isolation?	During lockdown, digital access has become a gatekeeper for factors known to promote mental health as outlined in General Comment 20. Digital access is discussed in more detail in Appendix 4 .
<i>Investment in mental health and wellbeing resources and information by Scottish government</i>		
In order to maintain children's access to information and support services Scottish government has provided additional funding to support children's wellbeing, including supporting increased capacity of online and telephone counselling services (including those specifically for children), development of additional online resources around mental health and wellbeing for children and signposting to additional support services, and additional advice for parents about their children's mental health and wellbeing.	Together (2020) Analysis of Scottish Government's Response to UN Committee's 11 recommendations.	This is an important step in ensuring children maintain their right to access health services and support, but does not mention specific funding for increased capacity within mental health services, and consideration should be given to how children find out about these additional resources, particularly those with limited access to online resources.
<i>Specific groups of children</i>		

<p><i>Separated children</i></p> <p>Separated children rely particularly on youth groups and advocacy services, and are likely to be severely isolated, with limited contact with their social worker or personal adviser, with increased risk of mental health crisis.</p>	<p>Children’s Society (2020) The impact of COVID-19 on children and young people.</p>	<p>Separated children have high rates of mental health issues and complex needs; however, they are likely to have limited contact with a social worker, personal advisor, youth groups and advocacy services as face-to-face contact and meetings are suspended during the crisis. Therefore, access to services for these children should be a priority as services reopen.</p>
<p><i>Care-experienced children</i></p> <p>Care-experienced children have specific concerns about social isolation and loneliness, as they are likely to have more limited social connections and complicated family dynamics, and the impact of the crisis on their financial situation. Existing mental health issues are being exacerbated.</p> <p>Care-experienced children would normally have regular interactions with a range of support services, which have been withdrawn or moved online at this time, and many are finding it difficult to access these services with limited access to digital technology.</p>	<p>Who Cares? Scotland (2020) The impact of COVID-19 guidance on Scotland’s care experienced community.</p>	<p>Care-experienced children are a particularly vulnerable group, who may be disproportionately affected by the measures put in place. It is important to recognise that beyond specific mental health services, care-experienced children rely on a wide support network, and access to these services is also critical in maintaining their mental health and wellbeing. This also raises concerns about how those with limited access to internet or digital technology are able to access available services.</p> <p>For a more detailed consideration of this group see Appendix 6.</p>
<p><i>Young carers</i></p> <p>Carers are concerned that inpatients, crisis or emergency psychiatric liaison services may become difficult to access if the person they care for becomes unwell. Young carers who care for a parent in a single parent household</p>	<p>Carers Scotland & Carers Trust Scotland (2020) Joint Statement on COVID-19 – Carers Scotland and Carers Trust Scotland.</p> <p>Carers Trust Scotland (2020) Coronavirus: Support to raise</p>	<p>Prior to COVID-19 young carers already experienced higher rates of loneliness and isolation than other children, and lockdown may exacerbate the impact of social isolation on carers mental health especially if they do not have access to wider support networks. This evidence highlights the need to provide</p>

<p>are disproportionately affected and worried by the crisis, and may lose access to their regular support offered by schools and local services.</p>	<p>awareness of young carers in education.</p>	<p>clear information for young carers on access to mental health support services, and other support services available. Young carers may be disproportionately affected by social isolation and distancing as school can be the only time that some young carers have an opportunity to experience a life alongside of their caring role, therefore measures to close schools may have a particularly detrimental impact on their mental health and wellbeing.</p>
<p><i>Young offenders and those in secure care</i></p> <p>Secure care centres are working hard to keep to the normal daily routine wherever possible including continuation of education and support programmes. Staff are working closely with young offenders to ease their concerns and ensure they are able to stay safe and in regular contact with their families.</p>	<p>Centre for Youth & Criminal Justice (2020) Practice implications of Coronavirus for Children in Conflict with the Law: An ongoing review.*</p>	<p>Despite measures to allow for temporary suspension of programmes of work, educational activities and counselling, which may have implications for rights around access to independent counselling, this evidence suggest that secure care centres are making every effort to provide continued support for those in their care.</p> <p>For more detailed consideration of this group of children see Appendix 9.</p>

*UK-wide dataset, with no separate data publicly available for Scotland at present

<p>Question 4b: What key missing information / evidence would have been beneficial to your analysis?</p>
<p>Information on the experiences of specific groups of children in terms of mental health and access to services (e.g. BAME, LGBTQ+, very young children, refugees and asylum-seeking children, young carers, young offenders, those with parents with mental health problems).</p>
<p>Further information about the reasons children and parents/carers may be unable to access mental health support services and their views about what would help.</p>
<p>Views of children on their ability to participate in decision making about aspects of their lives that affect their mental health during the crisis.</p>

Views of children (including both general population and specific groups of children as mentioned throughout this report) about the support that they continue to need moving through and out of the current crisis.

Further information on any aspects of lockdown that may have positively influenced children’s mental health, to explore the potential to maintain some of these benefits as restrictions ease.

Question 5: Has a broad range of relevant stakeholders, specifically groups of children and young people, been consulted directly by the body who initiated the measure (e.g. Scottish Government)?

It is not always evident from available documentation what consultations have taken place. From documents and further information gathering, children and young people were not directly consulted for the measures referred to in this template.

As stated below, for some measures, information gathered pre-COVID-19 from children and young people was used to inform decisions as well as other evidence. Adult stakeholders and their organisations were consulted for some measures. Details that are known of such consultations are included below.

Further information on the developing engagement between Scottish Government and adult stakeholders and their organisations is available in Scottish Government (2020u).

Measure	Groups consulted	If group consists of children and young people			Results of consultation	
		✓	Was an age appropriate consultation process used? Yes or No	Please provide a brief description of process	What were the findings?	What is the significance to the development of the measure(s)?
Coronavirus (COVID-19): Framework for Decision-Making – Scotland’s	General public	✓	No	A consultation was launched online by Scottish Government (2020s) on the 5	Details of responses to this consultation have not yet been published; however the route map was launched on Thursday 21 May 2020.	At time of writing, significance is unknown.

Route Map through and out of the crisis				May, closing on the 11 May.		
Coronavirus (Scotland) (No. 2) Act 2020	As above. There has been limited informal consultation carried out with representatives of the debt advice sector and using evidence from previous consultations with young carers and others. ¹				It is not evident from available documentation what findings and evidence were obtained from consultations with professionals and organisations.	At time of writing, significance is unknown.

Question 6: Has evidence from third party consultations with children and young people been considered in the development of the measure(s)?

It is not always evident from available documentation what evidence has been considered in developing the measures. Details that are known of such consultations are included below.

¹ Money Advice Scotland, StepChange, Citizens Advice Scotland) and creditors (UK Finance, ABCUL, CoSLA). It also draws upon consultation responses from the 2016 Social Security Scotland formal consultation and 2018 Child Rights and Wellbeing Impact Assessment (CRWIA) for Carer’s Allowance Supplement which included engagement with members of the Carer Benefit Advisory Group which includes a range of carer organisations including Carers Trust who engage heavily with young carer services.

Adult stakeholders and their organisations were consulted for some measures, who provided information about and from children and young people. Certain evidence from children and young people is referred to within the documents.

Further information on the developing engagement, between Scottish Government and adult stakeholders and their organisations, is available in Scottish Government (2020u).

Measure	External source		Please provide a brief description of process	Results of consultation	
	Source of information	When information collected		What were the findings?	What is the significance to the development of the measure(s)?
Coronavirus (COVID-19): framework for decision making – supporting evidence	Scottish Youth Parliament et al (2020a) Lockdown Lowdown – what young people in Scotland are thinking about COVID-19.	April 2020	An online survey of 2,421 young people (age 11-24) in Scotland.	P. 16: "Young people themselves have expressed concerns about the impact of COVID-19. In a survey carried out by a consortium of young people and children's organisations two key findings concerned education and the future: Two fifths (42%) of respondents stated that they were extremely or moderately concerned about school, college and university closures. Respondents expressed more concern regarding exams and coursework, with around half (49%) stating that they were moderately or extremely	The evidence adds to the bank of evidence on societal impacts of lockdown that are included in this measure.

				concerned. Almost two thirds of respondents (61%) stated that they were moderately or extremely concerned about the impact of coronavirus (COVID-19) on their future."	
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STAGE 3: ASSESSING THE IMPACT

Question 7: What impact will (or does) the measure(s) have on children and young people's rights?			
Measure	Type of impact	Justification for Argument	Likely or actual short/medium/long-term outcomes
Coronavirus Act 2020 (S.4; S.7)	Neutral	Increased capacity within health and social work services has the potential to increase the likelihood that services will remain open and accessible to children, even with the impacts of illness and isolation of staff due COVID-19, fulfilling their right to access to health services. However, it is currently unclear whether the increased capacity will be directed towards mental health services.	Although evidence suggests that in the short-term service capacity has been reduced, there is potential in the longer-term, for more mental health and other support services for young people as result of overall increased capacity. However, currently, there is no clear indication of whether the additional health and social care capacity will be available specifically within mental health services, despite the government widely acknowledging the implications for mental health.
Coronavirus Act 2020 (S.10)	Negative	Temporary modification of the mental health and mental capacity legislation including increased length of compulsory detention and removal of the need for decisions to be reviewed by a second mental health officer removes checks that decisions are made in the best interests of the child (UNCRC Article 3). Suspension of review of orders and directions may postpone decisions where circumstances have changed.	While these measures may be necessary in the short term, it is hoped that this temporary measure may be reversed in the longer-term. However, currently there is unclear guidance on this.
Coronavirus (Scotland) (No. 2) Act 2020 (Part 4)	Positive	A child with a mental disorder will be able to identify their Named Person (with <i>direction</i> from their parent/carers up to	There is limited evidence about whether this change has been implemented in practice but, where this is the case, it is

		aged 16 and <i>guidance</i> from their parent/carers aged 16-18) without this needing to be witnessed by a prescribed person – thus speeding up a process which otherwise could be held up by lockdown (with the potential to promote UNCRC Article 24) and, therefore, making it more possible for children to be involved in decisions about their treatment and care (UNCRC Article 12).	anticipated that it will have increased children’s ability to be involved in decision-making about their care.
Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 (Part 3 and Schedule 1, S.37)	Negative	<p>Closing mental health services means that children and young people do not necessarily have access (or easy access) to the support and services that they need and have the right to access. It also means that ongoing positive relationships with service providers and individual staff members are interrupted and potentially damaged (UNCRC General Comment 15, Paras: 25/28/113/114)</p> <p>In addition, this measure also outlines closures to other services and facilities that are covered by other rights articles and may have negative impacts upon children’s mental health and wellbeing (UNCRC General Comment 7, paragraph 36 and UNCRC General Comment 20, Paras: 17/57/58)</p>	<p>Referrals and visits to mental health services will reduce and inequality in attendance will increase based upon children’s variable access to technology and services’ inconsistent creativity and capacity to provide alternative online/telephone services.</p> <p>Ongoing challenges related to interrupted support relationships and lack of clarity about how services will open and maintain social distancing measures.</p> <p>Likely lack of capacity based upon increased demand for mental health services and potential reduced staff numbers related to ongoing social distancing, illness and childcare needs.</p>
Prisons and Young Offenders Institutions (Scotland) Amendment Regulations 2020	Negative	That Governors may suspend counselling services meaning that children in secure care and Young Offenders Institutes may	There is a requirement for Governors to regularly review any decision to suspend services and, therefore, any

<p>(Arrangements for work, education and counselling – coronavirus S.81A)</p>		<p>not have access to the mental health support services that they need and have the right to access (General Comment 15, Paras: 25 and 31).</p>	<p>suspension should be temporary but there is no clear guidance on timescales.</p> <p>At a time when, as other measures make clear, there are particular pressures on children’s mental health, a lack of counselling services may have negative impacts for both individuals and interpersonal relationships within institutions.</p>
<p>Coronavirus (COVID-19): guidance on changes to social care assessments (S.2.2.1; S.2.2.2)</p>	<p>2.2.1: Positive 2.2.2: Negative</p>	<p>2.2.1 states that although mental services may have to close (as seen above) local authorities still have a responsibility to provide non-essential mental health services for children. Although this is in essence neutral because it does not change the responsibility, it mitigates for the negative impact of the measure above (Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 (Part 3 and Schedule 1, S.37).</p> <p>2.2.2 where the support plan for a young carer focuses on their needs in order to provide support rather than their own support, this inevitably moves the focus from the best interests of the child to the best interests of the person who the child is caring for, thus impeding UNCRC Article 3.</p>	<p>2.2.1 The impact here is impossible to assess without knowing how this will be implemented – recognising the tension between the two measures saying that services may have to close and that there is still a responsibility to provide services. As already noted, it is likely that virtual services will not be equally accessible, both in terms of financial accessibility and having the information required to access the service.</p> <p>2.2.2 Existing research tells us that young carers have specific mental health challenges and needs. This shift of focus in the support that must be provided means that young carers rights to mental health support may be unmet</p>

<p>Coronavirus (COVID-19): framework for decision making – Scotland’s route map through and out of the crisis</p>	<p>Neutral</p>	<p>Acknowledges multiple potential negative impacts of COVID-19 and the associated lockdown, and the need to ensure that mitigating for these risks is at the centre of ongoing measures to move through and out of the crisis. While many of the plans laid out at each phase of the route map through and out of crisis will affect children’s mental health and wellbeing, the one specific action mentioned is the opening of children’s mental health services in Phase 1.</p> <p>This measure emphasises the need to engage communities (although not specifically children) in decision-making about relaxing lockdown measures.</p>	<p>Positive that there is a focus upon children’s mental health and wellbeing and on community engagement in the route map moving forward.</p> <p>Opening of mental health services in Phase 1 will hopefully have the impact of ensuring that children, and especially children who have not had access to virtual services, will be able to resume receiving support and more people may seek support. However, while it is acknowledged that the context may have had a detrimental impact on children’s mental health, there are no measures that address possible increased demand for services.</p> <p>With the one exception above, there is a lack of concrete actions to fulfil the focus on children’s mental health.</p>
<p>Coronavirus (COVID-19): framework for decision making</p>	<p>Neutral</p>	<p>As above, this measure focuses attention on the need to focus upon mental health and wellbeing as Scotland moves through and out of the crisis.</p>	<p>As above</p>
<p>Coronavirus (COVID-19): framework for decision- making – supporting evidence (S.5. Societal Impacts: safety and security, including protection of vulnerable children)</p>	<p>Neutral</p>	<p>As above</p>	

<p>Coronavirus (COVID-19): residential childcare (S. Social distancing)</p>	<p>Positive</p>	<p>While acknowledging specific potentially negative impacts of the situation upon the mental health of children in residential care, this measure emphasises the importance of fulfilling children’s right to be informed about and involved in discussions (UNCRC Article 12) about how to mitigate these risks.</p>	<p>UNCRC General comment 20 (Para: 17) states that positive relationships, problem solving, and participation are all important for children’s wellbeing. Therefore, it can be surmised that not only will this guidance, if effectively implemented, result in an environment that supports children’s wellbeing during lockdown but may also mitigate for negative ongoing impacts of the situation.</p>
<p>Coronavirus (COVID-19): supporting pupils, parents and teachers – learning during term 4</p>	<p>Positive</p>	<p>This measure signposts to sources of information for children, parents and teachers about how to support their mental health, particularly mitigating for effects of lockdown and for challenges moving out of the crisis, thus speaking to UNCRC General Comment 15, Para: 114, point d).</p> <p>In addition, the creation of a Health & Wellbeing Working Group within Education Scotland with four key areas of focus that are all related to mental health ensures that mental health is a key priority for schools moving through and out of the crisis, thus acknowledging the structural and multi-sectoral nature of children’s mental health as stated in UNCRC General Comment 15, paragraph 28 and UNCRC General Comment 20, Para: 58.</p>	<p>The assumed intended impact is that children, parents and staff have the information and support that they need to prioritise children’s mental health. However, whether the information is sufficient and whether a focus on mental health will transfer to practice, particularly given the pressures of mitigating for reduced academic achievement, remains to be seen.</p>

Question 8: Will there be (or are there) different impacts on different groups of children and young people?			
Measure	Group of children affected	Initial analysis of the positive impact on rights	Initial analysis of the negative impact on rights
Coronavirus Act 2020 (S.10)	Children with serious mental health problems requiring detention or compulsory treatment orders.		Checks to ensure that these directives are being applied in the best interest of the child have been removed, and there is no requirement for statutory review to allow changes in response to changing circumstances of the child.
Coronavirus (Scotland) (No.2) Act 2020 (Part 4)	Specifically relates to children 16-17 who are receiving treatment for mental illness.	See Question 7	
Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 (Part 3 and Schedule 1, S.37)	Children requiring and/or receiving support from mental health services. Children without access to digital technology necessary to access services		Interrupted and less accessible support from services Inability to access alternative support from services during lockdown
Prisons and Young Offenders Institutions (Scotland) Amendment Regulations 2020 (Arrangements for work, education and counselling – coronavirus S.81A)	Specifically relates to children aged 16-17 in Young Offenders Institutes		See Question 7 For more detail, see Appendix 9 . Children in Young Offenders Institutes face specific challenges including those related to maintaining relationships, and lockdown is likely to have specific impacts upon their mental health. Therefore, access to counselling services may be particularly important in order to minimise longer-term impacts.

<p>Coronavirus (COVID-19): guidance on changes to social care assessments (S.2.2.1; S.2.2.2)</p>	<p>2.2.1 specifically relates to children who require non-essential mental health services</p> <p>2.2.2 specifically relates to children with caring responsibilities</p>	<p>2.2.1 Mitigates for the negative impact of Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 detailed above.</p>	<p>2.2.1 This mitigation will be less effective for children who do not have access to technology that makes receiving virtual support possible.</p> <p>2.2.2 As stated in Question 7 above, this measure temporarily shifts the focus of the young carers support plan from the best interest of the child to supporting them to meet the needs of the person(s) they care for.</p>
<p>Coronavirus (COVID-19): framework for decision making – Scotland’s route map through and out of the crisis</p>	<p>Does not name specific groups but acknowledges that the impact of lockdown on children’s mental health and wellbeing will be greatest on children who are most vulnerable.</p>		
<p>Coronavirus (COVID-19): framework for decision making</p>	<p>N/A</p>		
<p>Coronavirus (COVID-19): framework for decision making – supporting evidence (S.5 Societal Impacts: safety and security, including protection of vulnerable children)</p>	<p>Expands upon ‘Scotland’s route map through and out of the crisis’ above to identify specific groups of children who are considered most vulnerable in relation to the mental health impacts of the current situation. The groups mentioned explicitly in the measure are children with disabilities and additional support needs, young children,</p>		

	<p>children due to be making school transitions this year, children affected by domestic abuse, those affected by substance abuse, those who parents have mental ill-health. In addition, there are other groups of children mentioned in other measures who are particularly vulnerable to mental distress including young carers, LGBTQ+ children, children affected by financial insecurity, and children with no or limited access to technology required to maintain important connections in lockdown.</p>		
<p>Coronavirus (COVID-19): residential childcare (S. Social distancing)</p>	<p>This measure specifically relates to children in residential child-care</p>	<p>As stated in Question 7 above, positive relationships, problem-solving skills and participation in decision-making are all identified as supportive factors for children's mental health.</p>	
<p>Coronavirus (COVID-19): supporting pupils, parents and teachers – learning during term 4</p>	<p>N/A</p>		

Question 9: If a negative impact is identified for any area of rights or any group of children and young people, what are the options to modify the measure(s), or mitigate the impact?

Measure	Negative impact	What options are there to modify the measure(s) or mitigate the impact?
Coronavirus Act 2020 (S.10)	Checks to ensure that emergency detention orders are being applied in the best interest of the child have been removed, and there is no requirement for statutory review to allow changes in responses to changing circumstances of the child.	<p>Include a requirement to review emergency detention orders for children.</p> <p>Ensure that reversing these modifications to mental health and mental capacity legislation is prioritised, with particular reference to children.</p>
Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 (Part 3 and Schedule 1, S.37)	<p>Suspending non-crisis face-to-face mental health services for children during the pandemic is inevitable. Coronavirus (COVID-19): guidance on changes to social care assessments (S.2.2.1), mitigates for the negative impacts of the current measure by maintaining local authorities' responsibility to provide non-essential children's mental health services during lockdown and reopening face-to-face services in Phase 1 of the route map through and out of crisis. However, these services will still need to adhere to social distancing measures and so it is likely that virtual/creative approaches will need to continue in the medium term.</p> <p>This raises concerns that services might be operating with skeleton resources and may not promote information about support available to all children who need it.</p> <p>Children who do not have access to the internet are less able to access services that are delivered virtually.</p>	<p>Provide guidelines about how service providers should promote their services and ensure that all children and their parents have access to information about the support available to them.</p> <p>Ensure that all children have a device through which to access mental health support. Mental health support staff would need to know how to access this help for children that they support. See also Appendix 4.</p> <p>It may be difficult for some children to reengage when face-to-face services resume, particularly if the supportive relationship has been interrupted. This could be mitigated by ensuring that time and priority is given to strengthening relationships. Children should not be sanctioned nor support removed if they do not immediately re-engage.</p> <p>Sufficient funding must be allocated by Scottish Government and Local Authorities to ensure an adequate of provision is available across Scotland.</p>

	Interrupted services will have a detrimental impact on ongoing relationships between professionals and children.	
Prisons and Young Offenders Institutions (Scotland) Amendment Regulations 2020 ('Arrangements for work, education and counselling' – coronavirus S.81A)	Children in Young Offenders Institutes face specific challenges including those related to maintaining relationships, and lockdown is likely to have specific impacts upon their mental health. Access to counselling services, therefore, is particularly important in order to minimise longer-term impacts.	Priority should be given to ensuring that, where counselling services in Young Offenders Institutions have been suspended, they are reinstated as a priority. Where face-to-face counselling is not possible alternative equivalent support should be offered and young offenders should have information about the support available to them and access to all of the necessary equipment (e.g. internet access and appropriate devices) to make this possible. See also Appendix 9.
Coronavirus (COVID-19): guidance on changes to social care assessments (S.2.2.1; S.2.2.2)	<p>2.2.1 This mitigation will be less effective for children who do not have access to technology that makes receiving virtual support possible.</p> <p>2.2.2 As stated in Question 7 above, this measure temporarily shifts the focus of the young carers support plan from the best interest of the child to supporting them to meet the needs of the person(s) they care for.</p>	<p>2.2.1 As noted above, guidance about access to appropriate information about alternative mental health support services (including information in accessible formats and languages other than English) and ensuring all children have internet access and access to appropriate technology would mitigate some of the challenges of ensuring equitable access to alternative services.</p> <p>2.2.2 The young carers support plan should be refocused upon the best interests of the young carer. This may mean that additional support from another source may be necessary in order to ensure that the needs of the person that they care for are met as Scotland moves through and out of this crisis.</p>

Question 10: To what extent does the measure(s) address Scottish Government's obligation to respect, protect and fulfil the rights enshrined in the UNCRC in Scotland?			
Measure	UNCRC provision(s) being further implemented through measure	Describe how the effect will be attained through the measure	UN Documents used to make the assessment
Coronavirus Act 2020	Article 24	Emergency registration has, perhaps, some limited potential to increase the number of children's mental health workers, but will in itself do little overall to address Scottish Government's obligation to fulfil the need for adequate quantity and quality of accessible mental healthcare services for children.	UNCRC General Comment 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Article 24)
Coronavirus (Scotland) (No.2) Act 2020 (Part 4)	Article 12 Article 24	Removing the requirement for a prescribed person to witness the identification of a Named Person ensures the child's control over their care and reduces hold-ups to care that could result from needing to access the prescribed person in the context of the current crisis.	UNCRC General Comment 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Article 24)
Coronavirus (COVID-19): guidance on changes to social care assessments (S.2.2.1; S.2.2.2)	Article 3 Article 24	2.2.1 The continued duty of Scottish Government to provide mental health services throughout the ongoing crisis mitigates for the requirement to close face-to-face mental health services, which could result in a lack of services.	UNCRC General Comment 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Article 24)
Coronavirus (COVID-19): residential childcare (S. Social distancing)	Article 3 Article 12	Focusing on the requirement to communicate with children in residential care about the current crisis and involve them in decisions about their care and ways to manage the ongoing situation contributes to the	UNCRC General Comment 20 (2016) on the implementation of

		<p>requirement to include children in decision-making about their care and problem-solve solutions that meet their mental health needs.</p> <p>If fully implemented, this has the potential to address all of the mental health protective factors identified in UNCRC General Comment 20 paragraph 17: (a) strong relationships with and support from the key adults in their lives; (b) opportunities for participation and decision-making; (c) problem-solving and coping skills; (d) safe and healthy local environments; (e) respect for individuality; and (f) opportunities for building and sustaining friendships.</p>	the rights of the child during adolescence
Coronavirus (COVID-19): supporting pupils, parents and teachers – learning during term 4	Article 24	<p>The development of mental health information for children and parents/carers contributes to meeting paragraph 114 point d) of UNCRC General Comment 15 referring to the need to accessible information about mental health.</p> <p>Education Scotland’s Working Group on Health and Wellbeing contributes to meeting paragraphs 57 and 58 of the UNCRC General Comment 20, which points to the need to acknowledge structural/social determinants of mental health and to take a multi-disciplinary approach to health.</p>	<p>UNCRC General Comment 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (Article 24)</p> <p>UNCRC General Comment 20 (2016) on the implementation of the rights of the child during adolescence</p>

Question 11: In what way(s) will (or does) the measure promote or impede efforts to meet the National Outcomes for Scotland for children? (see <https://nationalperformance.gov.scot/national-outcomes>) If there are GIRFEC indicators of wellbeing that are directly relevant to your response, please note these here (<https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/>).

Measure	Outline how the measure(s) will or do promote or impede efforts to meet the National Outcomes for Scotland for children	List GIRFEC indicators that are directly relevant
Coronavirus Act 2020 (S.4; S.7; S.10)	<p>S.4 and S.7 (emergency registration of health care workers and social workers) point to the National Outcome: Human Rights (with particular reference to the indicator 'Quality of public services'), the National Outcome: Children (with particular reference to the indicator 'Quality of children's services') and National Outcome: Health (with particular reference to indicator: 'quality of care experience') by making it possible to recruit the staff necessary to maintain services in a time of unprecedented demand. However, it is not specified as to whether this will include mental health workers.</p> <p>S.10 (increased maximum length of emergency detention) risks impeding National Outcome: Human Rights with particular reference to the indicator 'Public services treat people with dignity and respect'.</p>	Healthy, Safe, Respected
Coronavirus (Scotland) (No.2) Act 2020 (Part 4)	Changes to the need for a prescribed person to witness the nomination of a Named Person by a child with a mental disorder promotes National Outcome Children (with particular reference to the indicators 'children's voices' and 'children have positive relationships') and National Outcome: Health (with particular reference to the indicator 'quality of care experience').	Respected, Safe, Healthy
Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 (Part 3 and Schedule 1, S.37)	<p>The closure of non-essential face-to-face mental health services impedes the National Outcome: Human Rights (with particular reference to the indicator 'Quality of public services'), the National Outcome: Children (with particular reference to the indicator 'Quality of children's services') and National Outcome: Health (with particular reference to indicator: 'quality of care experience').</p> <p>The closure of other community services that promote positive mental health may impede multiple outcomes including National Outcome: Children (particularly indicator 'Child Wellbeing and happiness) and National Outcome: Communities (particularly indicator 'Loneliness').</p>	Healthy, Active

<p>Prisons and Young Offenders Institutions (Scotland) Amendment Regulations 2020 ('Arrangements for work, education and counselling' – coronavirus S.81A)</p>	<p>The suspension of counselling services within Youth Offenders Institutes impedes the National Outcome: Human Rights (with particular reference to the indicators 'Quality of public services' and 'Public services treat people with dignity and respect'), the National Outcome: Children (with particular reference to the indicator 'Quality of children's services') and National Outcome: Health (with particular reference to indicator: 'quality of care experience').</p>	<p>Healthy, Safe, Respected</p>
<p>Coronavirus (COVID-19): guidance on changes to social care assessments (S.2.2.1; S.2.2.2)</p>	<p>2.2.1. The local authority responsibility to provide services to people with mental disorders who are not in hospital remains intact promotes the National Outcome: Human Rights (with particular reference to the indicator 'Quality of public services'), the National Outcome: Children (with particular reference to the indicator 'Quality of children's services') and National Outcome: Health (with particular reference to indicator: 'quality of care experience') by ensuring that the government duty with regard to non-hospital mental health services doesn't change, despite these services being unable to take place face-to-face.</p> <p>2.2.2. Changes to the focus of young carers' support plans impedes National Outcome: Children including indicators 'Child social and physical development', 'Child wellbeing and happiness' and 'Children's voices' since they remove the requirement to focus of the support needs of the young carer.</p>	<p>Healthy, Safe, Nurtured, Respected</p>
<p>Coronavirus (COVID-19): framework for decision making – Scotland's route map through and out of the crisis</p>	<p>Reopening mental health services, as included in part of Phase 1 of the route map through and out of crisis, promotes the National Outcome: Human Rights (with particular reference to the indicator 'Quality of public services'), the National Outcome: Children (with particular reference to the indicator 'Quality of children's services') and National Outcome: Health (with particular reference to indicator: 'quality of care experience').</p> <p>The acknowledgement of the impact of the crisis upon children's mental health and the need to mitigate for this impact speaks to National Outcome:</p>	<p>Healthy, Respected, Active</p>

	Children, indicator 'children's wellbeing and happiness' and National Outcome: Health, indicator 'mental wellbeing'. Although the commitment to engaging with communities as the country moves through and out of the current crisis does not explicitly mention children, it potentially promotes National Outcome: Children, indication 'Children's voices'.	
Coronavirus (COVID-19): residential childcare	The importance of discussing measures being taken with children in residential care, listening to children's needs, creating routines within a period of uncertainty, maintaining contact with family & friends and providing relevant and accessible information speaks to all of the indicators of National Outcome: Children. This measure also speaks to National Outcome: Health, indicator 'Mental wellbeing'.	Nurtured, Respected, Safe, Healthy
Coronavirus (COVID-19): supporting pupils, parents and teachers – learning during term 4	<p>Signposting to information to support children's mental health promotes National Outcome: Children, indicator 'Children's wellbeing and happiness' and National Outcome: Education, indicator 'Resilience of children and young people'.</p> <p>The development of the Education Scotland Health and Wellbeing Working Group with its focus on mental health moving forward into the next school year promotes multiple indicators including: National Outcome: Education, indicator 'Resilience of children and young people', National Outcome: Children, indicator 'Children's wellbeing and happiness' and National Outcome: Health, indicator 'Mental wellbeing'.</p>	Healthy, Achieving, Safe

STAGE 4: CONCLUSIONS AND RECOMMENDATIONS

Question 12: Please provide a summarised overview of your key findings on the impact of the measure(s) on children and young people’s rights, addressing two aims of the Alternative CRIA:

- **to observe and document children’s human rights issues;**
- **to learn from this both in positive and negative developments**

Children’s mental health and emotional wellbeing cuts across all of the themes of this CRIA. However, this submission focuses upon measures that are specifically related to mental health/ill-health and Scottish Government measures that explicitly draw links between other policy areas and mental health and wellbeing. Similarly, it draws specifically upon children’s rights that refer explicitly to mental health and wellbeing, although it is inevitable that whether children have their other rights met or unmet will impact upon their mental health. It is important to note that at a whole population level there are many social determinants that may affect children’s mental health, and those described in further detail within the assessment include physical health (**Appendix 1**), education (**Appendix 3**), poverty, food and digital access (**Appendix 4**) and rest, leisure, recreation and cultural and artistic activities (**Appendix 5**). As noted later in this section, there are specific groups of children who are particularly at risk of mental distress, some of which are reviewed in detail in **Appendix 6** (Children and young people who may at risk of neglect and abuse, subject to compulsory intervention in family live by the State and living in alternative care separated from their parents), **Appendix 7** (Domestic abuse), **Appendix 8** (Children with additional support needs and disabilities) and **Appendix 9** (Children in conflict with the law and children in secure care).

In the context of this CRIA, the word *measure* relates to Scottish Government legislation, policy and guidance rather than to research tools or interventions and this CRIA relates specifically to legislation, policy and guidance, but not to implementation of these measures, (although evidence of implementation is included where this exists). *It must be stressed that the impact on children’s rights and children’s lives will largely depend upon the success and effectiveness of the implementation of these new measures and existing measures designed to support children’s mental health, and that effective implementation must be backed by sufficient funding.*

In this narrative, explicit links to children’s rights tools that are made elsewhere in this Appendix are not repeated. It is important to note, however, that in the context of the ongoing crisis, the child’s right to life (UNCRC Article 6) and the general principle that a child’s best interests is a primary consideration in all actions concerning children (UNCRC Article 3) require that all legislation and policy decisions are made with reference to public health messages related to controlling the pandemic. This potential need to prioritise public health messages is acknowledged in UNCRC General Comment 20, and also points to the indivisibility of children’s rights.

While there is a clear acknowledgment of the probable negative impact of the pandemic itself and of necessary restrictions to limit the spread of the virus on children’s mental health and wellbeing – an assumption backed up by the emerging evidence related to children’s experiences of the current crisis (See **Questions 3 and 4**) – there are relatively few measures that specifically seek to mitigate for this. Similarly, most likely because of the tight and simultaneous timescales, the evidence about children’s experiences of the current crisis is not directly related to specific Scottish Government measures and, therefore, it is extremely difficult to provide compelling evidence of the impact of specific measures.

Article 24 of the UNCRC emphasises every child’s right to facilities to treat their health, and this article is developed in General Comment 15, Para: 1 which states that “children are entitled to quality health services, including prevention, promotion, treatment, rehabilitation and palliative care services. At the primary level, these services must be available in sufficient quantity and quality, functional, within the physical and financial reach of all sections of the child population and acceptable to all”. It is, therefore, positive to note that Scottish Government has maintained its responsibility for providing services for children experiencing mental ill-health either in or out of hospital (Coronavirus (COVID-19): guidance on changes to social care assessments). However, face-to-face services outside of hospitals were suspended from 26 March 2020 (Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020) and so, in order to ensure children have access to the services that they have a right to, these services have had to adapt. There is some evidence that the new ways that these services are being provided (e.g. moving to online formats) might make it more difficult for some children, resulting in them no longer being able to access the support that they need (see **Questions 3 and 4**). However, there is currently limited information available about the service use of specific groups of children, particularly those in the most vulnerable groups. The evidence outlined in **Questions 3 and 4** suggests that some children are experiencing reduced access to mental health services during the pandemic. Around a quarter of children with existing mental health problems report that they are no longer able to access mental health support and children who are disabled or seriously ill have been particularly affected by a reduction in the support available to them, including CAMHS and psychology/psychiatry support.

It is encouraging to see that mental health services will reopen in the first phase of ‘Scotland’s route map through and out of the crisis’, but it must be emphasised that, for the vast majority of children, the key services that promote positive mental health may be community services that do not have an explicit mental health focus, such as schools, leisure centres, youth clubs etc. The closure of these services is likely to disproportionately affect the most vulnerable families in our society, and the limited evidence available suggest that families with multiple complex issues, children in care and young carers may be particularly struggling due to the withdrawal of, or changes in the format of support services. Scottish Government must, therefore, prioritise reopening all community groups and services that support children. Similarly, it is important to note the

impact of family wellbeing and parents' mental health upon children's mental health (Maybery et al, 2009; Ramchandani et al, 2003; Stallard et al, 2004; Wolford et al, 2019). Adults become stressed when unable to work (Sumner and Gallagher, 2017) and the pandemic itself is highly stressful, especially for frontline staff. (Li et al, 2020). This is particularly true for families living in poverty (many of whom experience in-work poverty).

Evidence presented in **Question 4** suggests increased anxiety and worry among children and young people about missing friends, family members, not being able to play outside and catching the virus. There are particular implications for those who do not have access to digital technology to maintain relationships during lockdown or who find this difficult to use due to language or communication barriers. This evidence about the particular concerns of children, which may be a result of specific measures (e.g. school closures; restrictions on movement and gatherings), must be used to identify areas to focus on either with information and advice, or with changes to measures as restrictions are eased in order to mitigate anxiety and worry among children.

General Comment 15 states that children have the right to health services that are available, accessible, acceptable and good quality and there is evidence (see **Questions 3 and 4**) to suggest that children and their parents want more information about protecting mental health and mental health services in the context of the crisis. It is concerning that not all children have the technology available to them to be able to access services and/or access information about services (including information in languages other than English). In order to maintain children's access to information and support services, Scottish Government has provided additional funding to support children's wellbeing, including supporting increased capacity of online and telephone counselling services (including those specifically for children), development of additional online resources around mental health and wellbeing for children and signposting to additional support services, and additional advice for parents about children's mental health and wellbeing. It is, however, concerning that the lack of consultation with children (which all the measures stated was a result of tight timescales) might lead to information and services that are not acceptable to all children or certain groups of children. Support and information must be appropriate to the specific needs of children and more needs to be done to ensure that children and their parents/carers can find this information and know what support is available to them. Therefore, further evidence is required to establish whether the additional resources and services funded by Scottish Government are effectively meeting the needs of children and their parents/carers.

It must also be noted that the provision of face-to-face counselling services specifically for young offenders may be temporarily withdrawn. The limited evidence available suggests secure care centres are working hard to provide the usual level of support services, where possible, and this is discussed in further detail in **Appendix 9**.

Temporary changes to mental health and mental capacity legislation are included in the measures, which are likely to affect children with mental health problems, and may have particular impact for those aged 16-17. This includes changes to powers for detention and compulsory treatment orders, and for appointing a nominated Named Person. However, there is limited evidence about how, or if, these measures have been implemented, the impact of these changes on children's rights or when these temporary measures might be reversed. There is a clear gap for further evaluation if these measures are to remain in place for any length of time.

'Scotland's route map through and out of the crisis' acknowledges the potential mental health impacts of the crisis. However, with the exception of Education Scotland's Mental Health & Wellbeing Working Group, which has a specific school focus, there are no measures to address the possible increased demand for children's mental health services specifically. Although it is noted that measures have been put in place to increase capacity and mitigate against loss of staff due to illness and isolation more generally within health and social care services by the emergency registration of health care workers and temporary registration of social care workers, it is unclear whether this will lead to increased capacity within mental health services specifically.

It is widely acknowledged that there are certain groups of children who are more at risk of mental distress and ill-health (Campion, 2019; Pitchforth et al, 2019). UNCRC General Comment 15, requires that State Parties "ensure that health and other relevant services are available and accessible to all children, with special attention to under-served areas and populations". The measures assessed – and other Appendices – draw attention to some of these particularly vulnerable groups of children including care-experienced children, disabled children and children who have experienced domestic abuse. This assessment includes recommendations related specifically to measures that explicitly impact upon the mental health of young carers and young offenders. However, there are other groups of children who are mentioned in the children's rights tools that are not specifically considered in the measures and who should be given specific attention in consideration of ongoing measures. These groups include:

- LGBTQI+ children
- Very young children
- Refugees and children seeking asylum

While recent evidence suggests that BAME children are no longer at higher risk of diagnosed mental disorder (Sadler et al, 2018), concerns around patterns of infection of COVID-19, along with associated structural factors, suggest that BAME children should also be included in this list. Scottish Government must be particularly mindful of the different ways in which

racism and discrimination are being experienced by BAME children and families during the pandemic and the impact these experiences have on mental health.

Finally, this assessment draws attention to a number of measures that research suggests are likely to have an impact upon children's mental health-related rights but have not been included in detail here because they do not explicitly refer to mental health. These measures are covered in other Appendices; however, some key potential links to children's mental health are made below. In particular, families with multiple and complex needs might not necessarily be receiving specific mental health support but their mental health might be more likely to be impacted (Bali et al, 2020; Davidson et al, 2012).

- School and education (**see Appendix 3**) is an area that has a particular impact upon children's mental health (Education and Health Committees, 2016). There are particular measures related to school closures (School closure: Coronavirus Act 2020, Schedule 16 and 17), school transitions (Initial Impact Assessment on the Strategic Framework for Reopening Schools and Early Learning and Childcare Settings in Scotland) and appeals processes (Placing in schools and appeal committee: Education (Miscellaneous Amendments) (Coronavirus) (Scotland) Regulations 2020) that will impact upon children's mental health but are outside the scope of this section of the assessment.
- Further to the right to participate in decisions that affect them, as enshrined in Article 12 of the UNCRC, General Comment 20, Paragraph 17 notes a number of factors that promote resilience and wellbeing including opportunities for participation in decision-making. Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 makes it possible for children whose parents live in different locations (including children whose parents live apart and care-experienced children who may live in complex family situations) to move between their parents if this is the plan developed by the parents or carers. However, there is limited evidence suggesting children may not always be given this opportunity (see **Question 4**), and there is no requirement for children to be involved in decision-making about these arrangements and no requirement that these decisions be made with a focus upon the best interests of the child (UNCRC Article 3).
- The links between poverty, inequality and mental health are complex and well researched (Ayre, 2016; Elliott, 2016; Reiss, 2013; Yoshikawa et al, 2012). This assessment pulls out one particular link, which is the disadvantage for children without access to internet and/or appropriate technology when accessing services and maintaining relationships that are currently unable to take place face-to-face. This is, however, only one piece of the complex puzzle. UNCRC General Comment 7 (Paragraph 36) and General Comment 20 (Paragraph 57) point to the impact of structural societal issues on children's mental health and indicate a responsibility to address these. An example of this is a Child Rights and Wellbeing Impact Assessment (CRWIA) completed by Scottish Government for the Coronavirus (Scotland) Act 2020, which makes clear links between family debt and mental health, an issue that is likely to have ongoing medium and long-term impacts. Wider issues around financial insecurity, including parental stress related to

financial insecurity, are particularly relevant in the current context and are likely to have implications for both parent and child mental health (**see also Appendix 4**).

Children’s mental health is affected by all aspects of their lives and different measures will impact differently on individual children and groups of children’s mental health-related rights depending on their circumstances. It is inevitable that there are other implicit impacts of the measures upon children’s rights related to mental health that are beyond the scope of this assessment.

Question 13: Based on your key findings what recommendations should be made and to whom should they be addressed?	
	Body addressed to (e.g. Scottish Government)
Prioritise recruitment of additional children’s mental health support staff (including CAMHS, school counsellors and third sector staff who support children’s mental health) to manage potential increased demand for services as we move through and out of the crisis. This would address the right to quality mental health services outlined in UNCRC General Comment 15, Para: 25.	Scottish Government
Fund rapid research (and interventions based on this research) looking specifically at the types of mental health support that children need and think would be most useful as they move through the crisis and how to get information about support available to children and parents, with particular focus on children particularly vulnerable to mental distress and ill-health. This would address UNCRC Article 24.	Scottish Government
The research above should pay particular attention to vulnerable groups of children who are either identified through this CRIA, or those who are specifically mentioned in Children’s Rights Conventions but notable in their absence from the measures assessed here including: very young children, disabled children, children with SEN, LGBTQI+ children, BAME children, care-experienced children, young carers, refugees & asylum seeking children.	Scottish Government
Ensure that all children have access to internet and the technology necessary to make use of available support. It is, however, important not to assume that having access to the internet makes it possible for all children to access virtual support. Staff supporting	Scottish Government

children (including, but not limited to, CAMHS and school staff) should offer alternative forms of support and tailor their approach to the particular needs of the child. This would ensure that children's right to accessible mental health services, as outlined in UNCRC General Comment 15, Para: 114, is met.	
For vulnerable children and those unable to access support remotely, resume face-to-face mental health support services including, where appropriate, health visitor and social work home visiting, at the earliest opportunity. Alongside other vulnerable groups of children, face-to-face services should ensure that they prioritise accessible services for disabled children to meet the needs evidenced by Family Fund (2020) (see Question 3). This addresses paragraph 28 of UNCRC General Comment 15, requiring a particular focus on services that meet the health needs of children who are particularly vulnerable or underserved.	Scottish Government
Reinstate statutory time limits for review of compulsory treatment orders and detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 for children as a priority. This would address children's right to facilities for the treatment of illness and rehabilitation of health (UNCRC Article 24).	Scottish Government
Resume counselling services in Young Offenders Institutes as a priority in order to address children's right to mental health services, as addressed in UNCRC General Comment 15, Para: 25.	Scottish Government
Refocus young carers support plans on the best interests of the young carer rather than on the needs of the person they care for, including where this means additional support is necessary, in order to address UNCRC Article 3	Scottish Government

Question 14: The COVID-19 response is likely to have several phases, with varying degrees of restrictions, and uncertainty about their removal and possible re-impositions. What (if any) additional concerns about children and young people's rights do you anticipate in the coming phases?	
Potential concerns about children and young people's rights	What recommendations do you have that could mitigate these concerns?
Potential increased demand for children's mental health services at	Prioritise recruitment of additional children's mental health support staff to manage potential increased demand for services as we move through and out of the crisis.

<p>the same time as services face challenges related to staffing, funding and social distancing may affect children’s right to available, accessible, acceptable and appropriate mental health services as outlined in UNCRC General Comment 15.</p>	<p>Ensure that sufficient funding is available to manage the immediate additional costs related to services reopening and meeting the mental health needs of the children they support.</p> <p>As already identified elsewhere (Together, 2020), undertake a CRWIA on the allocation of funding for mental health services in order to ensure that, moving forward, resources are directed towards the most vulnerable children who are most likely to experience a negative impact on their rights.</p>
<p>In order to meet children’s right to mental health services (UNCRC Article 24 and General Comment 15) it is necessary to identify, communicate with and support children who have been particularly affected by the crisis (particularly with reference to increased financial insecurity and inequalities). If we need to step ‘backwards’ into tighter lockdown restrictions how can we better support these children the second time around?</p>	<p>Develop procedures for identifying which children have been most impacted by the ongoing crisis, with particular reference to key groups of children who we know are vulnerable and children who were not previously receiving support for the mental health.</p> <p>Develop a realistic action plan for possible future lockdowns focusing on how to meet children’s rights and based upon evidence gathered about children’s views and experiences.</p>
<p>In order to address UNCRC Article 12 there needs to be ongoing engagement with children about what the ‘new normal’ should be like as we move through the crisis, as well as an acknowledgement that we might need to take steps ‘backwards’ and need to engage regarding this. Commitment to involving communities in</p>	<p>Fund rapid research looking specifically at the types of mental health support that children need and think would be most useful as they move through the crisis and how to get information about support available to children and parents, with particular focus on children particularly vulnerable to mental distress and ill-health.</p> <p>Such research should have a ‘future-focus’ including consideration of the current situation as an opportunity to improve our society in ways to support the mental health and wellbeing of all children.</p>

decision -making needs to be extended specifically to children.	
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