

# Family Wellbeing Service



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# Background to Development

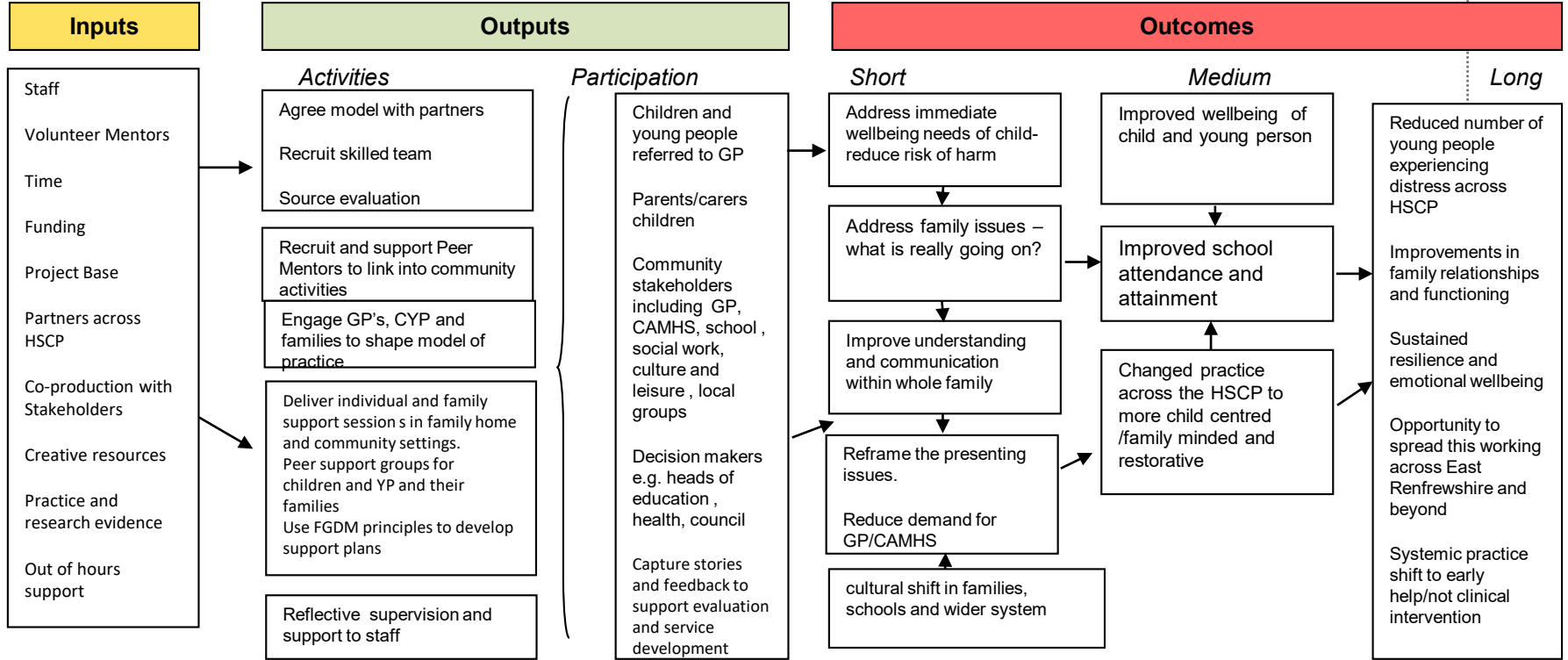
*Testing a new approach to  
addressing the “crisis” in  
children’s “mental health?”*



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Problem statement: High numbers of children and young people across East Renfrewshire are distressed and services are overwhelmed

**Goal:** To improve the emotional wellbeing of children and YP in East Renfrewshire



**Assumptions:**

Whole Family engagement is key  
 A focus on courageous conversation about what led to the distress  
 The HSCP remains committed to developing this model of practice if the outcomes are sustained

**External Factors:**

National pressure on CAMHS  
 Increasing need  
 National Taskforce on mental health  
 Increased evidence and understanding of ACEs and Trauma

# The challenges

Increasing numbers of distressed children and young people

Overwhelmed professionals and systems

Anxious parents and families

Poor reported outcomes

Continued presentations for help



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# The hypotheses

The emotional wellbeing and resilience of children and young people is built, compromised and recovered within family relationships.



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# The Approach

- Time to Listen and Hear
- Relationships
- Restorative
- Trauma sensitive/responsive
- Child/YP centred
- Family Minded
- Connect before Content
- Attachment
- Systemic Family work
- Courageous conversations based on trust
- Family Group Decision Making (FGDM)
- Mindfulness



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# The Model

- Based in health alongside GP's
- Families with a child/YP between the age of 8 and 18
- Child or Young person is displaying signs of emotional distress
- A whole family approach
- Relationship based
- Response within 2 weeks.



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# The stories of our Young People

- **72% experience anxiety**
- **One fifth have self harmed**
- **49% have experienced loss or bereavement**
- **49% experience lack of parental emotional availability**
- **67% are impacted upon by their parents own adversity**
- **74% have difficulty managing their emotions**
- **44% have/are being bullied**
- **65% have experienced family relationship conflict and/or breakdown**
- **One fifth feel under pressure to achieve**
- **One third – emotional distress is responded to as a behavioural problem in school**



# The stories of our Parents

- Unresolved childhood trauma
- Family relationship breakdown
- Loss/bereavement/grief
- Problematic use of alcohol
- Mental and physical health
- 



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# Cont'd

- **Care experienced**
- **Domestic Abuse**
- **Debt/financial pressure**
- **Work Pressure**
- **Impact of Racism**



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**no confidence** **frightened** **rejection** **low self esteem** **alone**  
**Lack of self worth** **sad** **under pressure** **Cant regulate feelings**  
**Substance misuse** **worried**  
**afraid** **hated** **Help!!!** **Suicidal thoughts**  
**being bullied** **aggression and anger** **stressed** **embarrassed**  
**helpless** **Identity struggles** **Self Harm** **Isolation**  
**tired** **Relationship difficulties** **confused** **desperate**  
**different** **Caring for family members**  
**missing school** **Lack of belonging** **lonely** **Paralysed**  
**misunderstood** **Struggle with everyday things – bus, café, shops**



# Family Wellbeing Service – Being With Families

Hear the family's story – what has happened? What do you want to change? How can we help?

Helping the family to make sense of their story and the impact on family members.

Developing a shared understanding and setting goals for improved health, wellbeing and relationships.

- Relaxation, regulation and mindfulness
- Positive coping strategies/more positive responses
- Emotional literacy
- Psycho-education
- Promoting and supporting communication



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# Whole Family Approach



emotional safety



emotional wellbeing



resilience

# The Outcomes

- Confidence from GP's in a non clinical approach
- Evidence from schools
- Reduced presentations to GP and early resolution
- Reduction in self harm
- Improved family relationships.



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*C's mum approached her GP numerous times for support as her daughter was experiencing anxiety which was at times paralysing for her. She was unable to go out, her confidence and self esteem were low; she was very critical of herself and found friendships and social situations a real struggle.*

One year later -

“C is doing amazing. I'm so happy she has had your support. She has got back into a sport she enjoys and has started uni. The help and support from Hannah has been amazing. She has made some great friendships at uni – she wouldn't have been able to do this without Hannah and the Family Wellbeing Service. The help came at the perfect time – she was feeling so low. I was worried about her. But now she is just doing great.”

# Feedback from families

- The swift response and feeling heard
- The “human connection” less formal than CAMHS
- Empowering and not diagnostic
- At the families pace
- Out of hours support



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