



**Children's
Neighbourhoods
Scotland**

**Defining mental health and
wellbeing with children and
young people:
A framework for prevention
July 2020**

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The Research

This report draws on research data from fieldwork carried out by Children's Neighbourhoods Scotland in Clydebank, West Dunbartonshire from November 2019 to March 2020. The original study was carried out with children and young people (CYP) from one primary and one secondary school, using the CNS Capabilities Research Model to support young people to prioritise their goals for wellbeing, and to examine the barriers and enablers to achieving them. Interviews with stakeholders were carried out during the same period.

This report presents the wellbeing framework devised by children and young people, offers detailed insights into supporting CYP mental health and draws on the expertise of stakeholders to identify the resources that support and hinder mental wellbeing in Clydebank.

Summary

This report highlights findings from intensive research fieldwork with children and young people in Clydebank over the period November 2019 to March 2020. The capabilities research study did not set out to research mental health specifically, but this came through strongly as a theme across the findings. Although this research predates the Covid-19 pandemic, the wellbeing goals prioritised by CYP are more important than ever, given the increased strain on family and community resources and the impending crisis in children, young people and family mental health.

Research conducted by CNS demonstrates that children and young people can and should be at the heart of setting goals for wellbeing and mental health. Their discussions offer focused and considered insights into defining wellbeing and highlight the barriers and enablers to achieving wellbeing goals. The CYP Wellbeing Framework offers seven key goals which span standard of living, social networks, safety, health, happiness, lifespan and learning.

The study also identifies the major impact of poverty on CYP mental health. Vulnerable families suffer from a perfect storm of food poverty, financial strain, poor relationships and lack of access to activities and services. Evidence on excellent local practice demonstrates the skill and commitment of stakeholders across public, third and voluntary sectors to support CYP and family mental health but this is frustrated by overwhelming demand. Recommendations include investment in peer support, 'talking' programmes to improve the stigma around poor mental health and imbed wellbeing into everyday vocabulary, increased counselling services in schools and community programmes, and additional support for vulnerable families.

Acknowledgements

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Key Findings

- ❖ Children and young people's (CYP) wellbeing priorities are:
 1. *Have a job, safe and warm place to live, food and clothes*
 2. *Enjoy good relationships with family and friends*
 3. *Feel safe*
 4. *Be healthy*
 5. *Feel happy and confident*
 6. *Live a long life*
 7. *Be able to learn*

- ❖ Mental health underpins all other wellbeing goals
- ❖ Those living in poverty are most vulnerable to poor mental health
- ❖ Positive relationships with family and friends protect mental health
- ❖ CYP and their families need support to articulate how they are feeling
- ❖ Peers pick up on mental health issues early and could offer support advice
- ❖ with the right training
- ❖ Clubs and hobbies are protective, but Third Sector providers are subject to short-term funding
- ❖ Dedicated counselling in schools and community programmes is a priority
- ❖ Trusted adults offer the first line of support for CYP mental health. These are often teachers or community work staff in Third Sector.
- ❖ Access to nature and animals is protective but those most at risk of poor mental health have least access to the outdoors
- ❖ Section 7 offers a comparison of local findings with the Scottish Government Taskforce recommendations, highlighting both the areas of commonality and the additional concerns raised in the local context. These include considerations across the themes of context and resources, content and delivery, enablers, and challenges and gaps in provision.

Recommendations

- ❖ Children, young people and families need consistent and accessible tools to talk about mental health; parents of teenagers need specific support in how to talk to teens
- ❖ A coordinated 'talk' campaign could be valuable at school, neighbourhood, town and Local Authority level, to underline key messages
- ❖ More dedicated counselling provision is needed in schools and community projects to support work on prevention
- ❖ Young people are keen to participate in peer mental health support and would welcome tailored training in schools
- ❖ CYP research participants are skilled ambassadors for the issues raised in this report and could be encouraged and supported to continue engagement on policy issues at local and/or area level
- ❖ Intensive support to vulnerable families works well in school and local health settings but requires more resource
- ❖ Vulnerable families need additional resources to access the natural world and benefit from its protective effects

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1. Report Overview

This report summarises findings from research conducted with children and young people (CYP) aged 10–14 years in Clydebank, undertaken as part of the Children's Neighbourhoods Scotland programme in 2019-20. The aim was to support CYP to articulate their priorities for wellbeing and to explore the enablers and barriers to achieving these goals. Evidence is focused on a multi-dimensional conception of wellbeing, presenting a prospective and evaluative framework of goals alongside in-depth qualitative findings on mental health.

The paper begins by setting out the policy background to CYP mental health and wellbeing, summarising current recommendations of the Mental Health Strategy 2017 and evidence from the Mental Health Taskforce to Scottish Government and the Children and Young People's Mental Health Programme Board.

Following a brief outline on how the Capabilities Approach enhances existing frameworks for wellbeing such as GIRFEC and Scotland's national outcomes for wellbeing, we present a CYP wellbeing framework for Clydebank alongside specific findings on mental health. The report concludes with suggestions for next steps in involving CYP in the development of mental health and wellbeing prevention in West Dunbartonshire.

2. Mental Health Policy context

The Children and Young People's Mental Health Task Force report in July 2019 offered a blueprint for how CYP's services should support mental health by creating a system of mental health support and services.¹ The voices of CYP were central to the work.

Recommendations concerning prevention included a whole system approach to addressing mental health needs, a focus on early intervention and prevention, the commissioning of Scotland pathfinder projects, improved digital information and support, and the co-design and co-production of services with CYP.

An evidence summary by the Children and Young People's Mental Health and Wellbeing (CYPMHW) Programme Board mapped existing Local Authority strategies on CYP mental health and wellbeing, including location at school or in community, activity type, barriers and good practice. It also considered evidence from stakeholders, parents and children and young people, to draw out key learning points on good practice in CYP mental and wellbeing support.

A summary of evidence made recommendations on context and resources, content and delivery, enablers, and challenges and gaps in provision. These are highlighted below:

¹ [Children & Young People's Mental Health Task Force, July 2019](#). Accessed 24/06/20

Context and resources discussed the importance of a 'no wrong door' approach to CYP accessing mental health services. Clear pathways were key, and provision offering welcoming spaces that felt safe, familiar and comfortable to young people. Planning was made difficult by short-term funding, undermining stable relationships, community recognition and awareness of provision. Child-centred skills and attributes were more important than specific mental health training. Consistency in trusted relationships is key to promoting CYP mental health.

Content and delivery highlighted the importance of involving CYP in design. Activities that promote mental health may be more engaging than 'services', transition support is important, and technology is useful but should not be assumed as the main mode of engagement for CYP. Peer group support was useful and sustainable, as were positive, long-term relationships with staff.

Enablers included confidentiality and trust, wider social support and engagement, clear information and signposting, support that responds to need and positive past experiences.

Challenges and gaps identified included lack of continuity in support, barriers to access, limited provision, not being individualised, long waiting times and being rejected².

3. Covid-19 and the current context

The findings presented in this report are drawn from research conducted prior to the outbreak of the Covid-19 pandemic. Despite this, we suggest that the wellbeing goals of children and young people (CYP) not only remain current but are more important than ever. What has shifted is the context for CYP mental health. This includes increased pressure on individual mental health due to isolation, school and community activity disruption; an additional strain on local and regional resources due to the impact of Covid-19; and the wider socio-economic difficulties of rising unemployment, increased benefits uptake and health service pressures.

The pandemic presents a significantly increased risk for CYP mental health. Youth Link survey, 'Lockdown Lowdown' highlights that more than three-quarters (77%) of young people are concerned about their mental wellbeing, and two in five (40%) are not confident accessing information on mental health and wellbeing³. Pressures around school, college and university closure were a cause for concern amongst 42% of respondents, while 49% were moderately or extremely concerned about exams and coursework. Employment was a significant worry for 36% of respondents. The Covid lockdown was perceived as impacting social relationships, the ability of CYP to care for others, and youth rights.

² CYPMHW Programme Board – Evidence Summary December 2019.

³ [Youth Link Lockdown Lowdown survey](#). Accessed 240620.

A recent report commissioned by the Children's Commissioner for Scotland⁴ highlights concerns around decisions taken during the Covid-19 lockdown, and the lack of consultation with children and young people. The United Nations Convention on the Rights of the Child (UN CRC) has identified eleven key areas for action, including universal mental health provision, prioritising the rights of children most at risk, redesigning decision-making processes to include children's rights to participate at a structural level and communicating to children on issues that affect them in ways they understand.

Further concerns have been expressed around the loss of funding to youth work in Scotland, with stark warnings on the immediate funding loss of £20 million to the sector⁵. This combines with concerns for an impending youth mental health crisis following the period of isolation during the Covid-19 lockdown. This will significantly impact community-based youth provision, which to date has offered a range of activity that protects against mental health issues.

A recent report by CNS on the impact of Covid-19 on children, young people and families in Glasgow's high-poverty neighbourhoods highlights the increased pressures placed on families during the pandemic. This includes the financial pressure caused by unemployment and increased costs, the impact of digital exclusion on young people's learning, the effects of poor quality, overcrowded housing on mental health, and the significant increase in levels of family anxiety and distress. Of those working from home, 80% feel that working from home has had a negative impact on their mental health, and 25% are finding it difficult to cope with the mental health challenges of isolation⁶.

4. CNS Research methodology

The context for research in Clydebank was primary and secondary schools. Four schools adjacent to the high poverty neighbourhood of Radnor Park were contacted, with two opting to take up the programme. A further primary school participant had been planned during 2020 but this is subject to review in the current Covid-19 context.

Schools were invited to propose a group of ten to twelve pupils to participate in in-depth research and co-researcher training, according to whom they felt would benefit most from the activity. Recruitment of groups has differed across schools: some bring together mixed-age pupil council representatives; others have included pre-existing leadership or pupil evaluation groups, or classes of pupils with additional support needs. Once the small group research is complete, the whole school is invited to participate in research via a minimum 20% sample. This research is led by CYP co-researchers from the small groups.

⁴ Observatory of Children's Human Rights Scotland, '[Independent Children's Rights Impact Assessment on the Response to Covid-19 in Scotland.](#)' Accessed 170720.

⁵ [Youth Work Sector Leaders Survey Report](#), Accessed 240620.

⁶ Nuffield Health, '[Working from home taking its toll on the mental health and relationships of the nation,](#)' Accessed 130720.

School 1 was a Primary School with a school roll of approximately 350 pupils. The group proposed to work with CNS researchers was a pre-existing P6 class of pupils with additional support needs. School 2 was a Secondary School with a roll of 1500. Due to the size of the school, CNS offered the opportunity for two small groups to participate. Both groups were formed prior to research: one as part a leadership programme, the second to support pupil evaluation for the School Improvement Plan.

The schools were offered the CNS Capabilities Research Model (see Appendix A), a programme of thirteen components, comprising creative research activity, dialogue and researcher training. Pupils were invited to choose their priorities for wellbeing from the Capabilities framework (Nussbaum, 2011) and to consider the barriers and enablers to these. They then carried out school-wide research on wellbeing, and the findings were amalgamated into a wellbeing framework for each school. For this report, these findings have been further amalgamated into one framework, representing priorities for the 10-14-year group.

All fieldwork was approved by University of Glasgow's ethical approval process and conducted to a high ethical standard. This included providing full project information, gaining written consent from children, parents/guardians and stakeholders. All names and identifiers have been changed to protect participant identity.

5. Why use the Capabilities Approach?

The Capabilities Approach offers a common multidimensional framework for wellbeing with children and young people's voices at its core. The CNS Capabilities Research Model aims to create deep dialogue with CYP around prospective wellbeing goals and the barriers and enablers to achieving them. The wellbeing framework can then be used to evaluate the effectiveness of resources at individual, neighbourhood, regional and national levels, to pinpoint the specific areas of challenge.

Capabilities maps well onto the wellbeing indicators of Getting It Right for Every Child (GIRFEC) and supports the identification of the specific barriers and enablers to achieving and maintaining children and young people's wellbeing. Further, the Capabilities Approach puts children's voices at the centre, and supports them to contribute to shaping the services and activities that concern them. The Capabilities Approach builds on the GIRFEC indicators, including 'standard of living' goals such as good quality housing, jobs and income, food and clothes, and goals around lifespan such as living a full-length life and living on a sustainable planet.

6. Research Findings – The Capabilities framework

6.1. The Wellbeing Framework – CYP Clydebank

CAPABILITIES DOMAIN	FUNCTIONINGS
1. HAVE A JOB, SAFE & WARM PLACE TO LIVE, FOOD & CLOTHES	<ul style="list-style-type: none"> • Enjoy an adequate and secure standard of living including nutrition, clothing, housing, warmth, social security, social services and utilities, and being cared for and supported when necessary; Able to afford bills and keep up with payments • Access a job you enjoy • Get around inside and outside the home, and access transport • Receive tailored support, role play and information on diverse employment opportunities • Access local facilities (shops, affordable healthy food, cinema, leisure, clubs and activities)
2. ENJOY GOOD RELATIONSHIPS WITH FAMILY & FRIENDS	<ul style="list-style-type: none"> • Get support and help when you need it • Have an adult you can trust and who will look out for you • Enjoy mutually respecting, positive family relationships • Enjoy good communication; be able to make up after an argument • Have and make friends and be able to see them regularly • Able to protect yourself when using technology
3. FEEL SAFE	<ul style="list-style-type: none"> • Feel physically safe, in your own home and out and about • Feel safe in school, not being worried about people fighting or bullying • Feel emotionally safe, being able to trust others, friends, parents, teachers • Be able to access counselling and support • Be free from violence and protected from abuse • Feel safe when using technology, not being subject to bullying on social media or online
4. BE HEALTHY	<ul style="list-style-type: none"> • Attain a high standard of physical health, including access to nutritious food and exercise, and ability to maintain a healthy lifestyle including exercise, sleep and nutrition • Attain a high standard of mental health, with preventative support, supportive relationships and responsive, accessible services • Access to timely and impartial information about health and healthcare options, without discrimination • Live in a healthy and safe environment including clean air, clean water, and freedom from pollution and other hazards • Enjoy a good relationship with the natural world, through access to nature and pets or animals

5. FEEL HAPPY & CONFIDENT	<ul style="list-style-type: none"> • Support to develop and maintain self-respect, self-esteem and self-confidence • Able to address mental health problems early • Able to talk about emotions, as an individual and family
6. LIVE A LONG LIFE	<ul style="list-style-type: none"> • Access good food • Feel free • Have supportive friends and family to look after you, and not feel lonely • Have pets for companionship • Living on a sustainable planet with sustainable, healthy transport • Able to avoid smoking and drugs • Receive additional support when vulnerable (e.g. homeless, victim of discrimination)
7. BE ABLE TO LEARN	<ul style="list-style-type: none"> • Enjoy inspiring teaching • Access a range of local activity in the community • Access transport and/or outreach provision when required • Address mental health issues early • Receive support for problems in school, including problematic behavior • Able to get enough sleep

6.2. Mental Health ‘deep dive’ – findings from children and young people

6.2.1. Wellbeing goals for mental health

❖ *Mental health underpins all aspect of wellbeing*

Young people expressed mental health as fundamental to broader wellbeing. Several young people emphasised the detrimental effect that mental health deterioration has on their ability to achieve other goals:

It’s a chain reaction. See if you’re not feeling happy with who you are then you don’t really feel safe in your own headspace and if you get so far into it that it could affect your health. And then obviously that would lead you to not live a long life. You wouldn’t get to do all the other stuff that’s on [the capabilities list] like enjoying leisure activities, being able to access nature and animals and pets and you wouldn’t really have a good relationship with family and friends. You could be so insecure that you wouldn’t want to talk to them. (Lena)

The cyclical nature of poor mental health meant that feeling low was exacerbated by finding it ‘harder to go outside, because you’ll be stressed that ... someone’s talking behind my back ... so it can really mess up your mind’ (Lewis) and by a resulting lack of confidence that can

'stop you from doing more things, and then your self-esteem will just go down, and that's just not good' (Alex).

❖ **Positive relationships support mental health**

Respondents saw positive relationships with family as central to maintaining good mental health. Good family relationships can 'help you' (Eddie), 'keep you safe and protected' (Tyler) and 'keep you company' (Hamish); reciprocal care meant 'you can show love to them (Chris) and 'they look out for you as well' (Tyler). Children saw family relationships as a place to be treated as special:

Because my family, they cheer me up, they make me happy and then they often treat me (Eddie).

Those who did not have good family relationships were considered at a disadvantage in terms of mental health:

If we're not happy and confident, it could lead to all different things ... Like depression and all that, because you need your family and friends there to support you, and that'll make you happy, when if you don't have any, you might get like upset and sad and always be like down and not happy (Joseph).

Good family relationships helped to instil self-confidence in young people, with parents encouraging children to be an individual: 'Don't join the crowd, be your own person' (James).

Friendships were important, helping children to feel happy and included: 'They invite me to most things and they make me laugh and smile all the time' (Eddie); friends also helped children to feel understood: 'A good friend is where like they can talk to you, they can understand you and can help you as well, and don't leave you out' (James).

Being able to be yourself was important, and both family and friends were a protective factor in this regard. Young people who did not feel good might struggle to be themselves:

You could come across as this happy, bubbly person and on the inside, you could just feel really sad and depressed (Lena).

Poor self-image also resulted in a difficulty in building social relationships:

If you can't love yourself how are you going to love others? ... It can not only have an effect on you, but it can have a massive impact on your family and friends. (Jemma).

❖ **People with poor mental health can't describe how they're feeling**

Young people felt that those struggling with poor mental health would be unlikely to express their feelings:

Somebody with depression doesn't exactly go tell somebody that they have. They rarely tell somebody that they have depression (Martin).

Whilst family might spot the signs of a young person struggling, respondents felt that friends might be better able to help at times, by picking up on facial expression and body language, mood and someone being quieter than usual:

Ellie: Say all the time they're all cheerful and that, one day they're just coming into school upset and not talking as much as they usually would, that would indicate that they're upset about something.

Lewis: Plus, if you [...] personally know them, like I said, then you'll be able to tell easier, if they have a changing attitude to things.

Alex: I think it's much easier for people to tell when I'm like more sad than happy. When I'm usually like sad or like really upset, I won't talk nearly as much as I normally do, because then you actually hear in my voice, and when I start talking about why I'm sad, that's what actually makes me cry.

Young people felt that teachers could help them to talk about mental health, and that it wasn't always teachers designated as 'pupil support' that you would go to, but someone with whom you had a positive relationship. Further, teenage respondents felt that parents would benefit from training and support in knowing how to talk to a young person who was suffering from poor mental health.

❖ *Mental health and feeling safe*

Young people prioritised safety in relation to mental health. Safety was articulated in terms of physical and emotional security, safety online, and being able to access counselling and support when feeling unsafe. Feeling safe was perceived as key to achieving all goals:

It's important to everything. If you don't feel safe, you won't sleep properly; if you don't sleep properly you won't be able to cope with school; if you don't cope with school you won't get qualifications; if you don't get qualifications, you won't get a job (Alex).

Physical safety was important at home and in the wider community, and was negatively affected by violence: 'say, there's people fighting then you won't feel safe all the time in case it could be you next or something in your area (Aileen). Anxiety about physical safety could prevent young people from going out and affect social relationships: 'If you don't feel safe then you won't want to go out and if you don't go out that's not good for your health' (Farah) and 'it would be difficult to make friends if you don't feel safe' (Ariana). Violence in the home was described as affecting all areas of a young person life: 'People can really get in the way of you feeling safe so maybe in your home life you could be getting abused' (Jemma).

A lack of trusting relationships could be detected in a young person's behaviour:

If someone is really quiet or they don't want to speak out or they don't go out a lot that's how you can tell that they don't feel safe. They don't feel that they can trust anyone, so they feel like something's going to happen to them if they say something or do something or go somewhere (Aileen).

Poor treatment at home might result in a young person lashing out at others: 'You could turn out a certain way because someone's treated you a certain way or you could act out or lash out because you think it's okay. Because like your parents used to do it when you were younger' (Lewis). Conversely, knowing that 'there are people there that would help you' (Peter) 'gives you peace of mind' (Lewis).

Respondents described some CYP as being more susceptible to bullying, particularly online: 'Different mindsets can affect it because if you're someone that takes things to heart if you open up a message then it can affect people in different ways' (Anna). Younger teenagers were thought to be more vulnerable, 'It was more in first year I felt like that' (Ariana) and struggled to know who to talk to if being bullied by peers: 'everyone's just like, oh, snaking this and snaking that' (Ariana); 'You're a grass if you tell on someone (Anna). Dealing with manipulation online was difficult for young people in S1 and S2:

Someone could say something like, 'You're really, really nice', and then the next minute you can get another one saying something really nasty (Peter).

By S3, respondents felt more confident about how to deal with a situation of bullying: 'If you have an issue then you know that you need to speak to someone' (Anna); 'You need to be strong, if you don't want to do something and if your friends are telling you to do it you need to be strong and say I don't want to do it (Rebecca).

Several young people expressed safety concerns over global affairs, such as political leaders that were perceived as dangerous or unstable:

I wasn't feeling safe in Scotland when ... Donald Trump and that, when all that was going on, because like Kim Jong-un and Donald Trump, I wasn't feeling safe. I wanted to move out the country, I wasn't feeling safe at all (Ariana).

Concern was also expressed at damage to the planet through climate change:

See if Greta completes her goal of stopping climate change, I think the world will go back to normal because the sea levels will stop rising and the ice will stop melting, and maybe if some people see that happening and the change, they might just stop littering and kind of realise (James).

Protective factors for feeling safe were seen as loving family (Leon), a trusted group of friends (Alex), being safe in your own home and 'able to lock your door' (Lewis), being able to tell someone if you experienced something difficult online (James) and being able to deal

with mental health problems quickly, by getting therapy or medication if necessary (Brandon).

6.2.2. Barriers to mental health

❖ *Poverty results in poor mental health*

Young people chose standard of living as the primary goal for wellbeing. This encompassed having a job, safe and warm place to live, food and clothes. Key to good mental health were 'money ... and a job and a house and food' (Martin), and having 'something to fall back on, like money and that' (Maria). Prevention was important because early mental health issues could continue into later life if left unaddressed:

With the mental health thing because if it happens and eventually you get a job, it can still stay there, and you can still remember it which will affect you later on. So, it's important to try and prevent that early on' (Emma).

Standard of living offered a vital source of stability, underpinning all aspects of wellbeing:

If they've got like a stable, happy life then they'll have an opportunity to get a better education, go to better work, maybe have a better family because if you want to start a family, you obviously want to have a good job and everything to actually start it well. So, it'll give you more opportunities in life in general so that you can, will make you more happier' (Lena).

Stability was noticeable by its absence: 'If you can see a lonely person, they've maybe not got the right amount of food, they've not got the right amount of clothes, they've not got a home, they probably don't feel safe, they don't have a job ... you can kind of see it and it can really affect how they act as well (Rachel).

Having personal resources was protective, supporting independence and future success:

I think it'll make you more happy because you'll be independent, and you know you can do stuff by yourself without getting other people to do things for you, to help you. So that'll make you more confident and you'll be a happier person in general' (Lena).

A good standard of living helped young people to achieve employment more easily, and is 'the key to a good life and it's the key to being healthy and it's good for your mental health as well (Rachel).

Achieving success in life meant that young people could go on to reciprocate support to parents later in life: 'If you have a good job you can give back to your parents who gave you that from like your early childhood, in your childhood. So, I feel like that's important' (Rachel).

❖ ***Damaging relationships: poor communication, lack of support and gender stereotyping***

Poor relationships with family led to low self-esteem and unhappiness, such as 'a toxic relationship where your parents want you to be something and you're not' (Rachel). Being prevented from expressing feelings also resulted in poor mental health, and this was more likely to affect boys: 'Being brought up in a persona where they can't be sad and upset ... as the man in the house they have to be strong and not really show emotion. So that's why they can't to talk to their parents because they feel it will make them feel weak' (Rachel). Gender stereotypes also caused problems for girls:

Girls don't fight, girls don't do boxing. It's just stereotypes. It's like, kind of, saying, boys are stronger, they do the fighting, girls stay home in the kitchen, practically in the kitchen (Jemma).

❖ ***Bullying and discrimination***

Young people cited bullying as a key barrier to mental health, eroding self-confidence and causing isolation. This could be 'people making comments about you' (Jemma) or 'people who'll stand in your way' (Leon). Bullying was often compounded by a young person feeling unable to get help, 'if you don't feel like you can talk to anyone' (Ellie) or if 'the bully stop(s) you because they might threaten you' (Jemma).

Discrimination was a significant issue, including racism and cultural assumptions (Jemma), stereotyping, such as associating Islam with negative behaviours (Lena; Martin) and religion being used to discriminate against certain groups, such as LGBTQ people (Rachel). People with disabilities also experienced discrimination in that 'they always feel like they need help and they may not want that' (Jemma).

❖ ***Self-image: unattainable media portrayals cause anxiety and unhappiness***

Young people – particularly young women - experienced negative feelings when comparing themselves to others. Instagram influencers were cited as an important influence, but comparing yourself to a popular figure could cause poor self-image, with girls thinking 'maybe I shouldn't look like this, maybe I need to look like this and you just don't accept who you are' (Jemma).

Media images of women were perceived as attainable through social media promotion, but feeling that such images were personally unattainable caused unhappiness:

You get the clothes and it just doesn't fit you the way it fits them, and you think, oh, well, I must need to look like that for that to look nice on me. So, you might think different about yourself so you might think, oh, well, she's really pretty but I need to look like that to be pretty (Maria).

6.2.3. Enablers for mental health

❖ *Clear pathways: getting the right treatment at the right time*

Whilst discussion focused mainly on preventative measures for mental health, participants also discussed the importance of clear routes to help when suffering from poor mental health. Young people wanted to know that they would be offered options backed up by evidence for 'what works' in order to make an informed decision about treatment (Lewis).

Being able to get access 'to a therapist and talk to people they can trust' (Rachel) was important, and in some cases, anti-depressants might be helpful (Martin). Medication was a last resort, 'if someone's bottled it up for so long and then they've done something stupid then there's doctors and psychiatrists and stuff there to help you' (Lewis). Participants emphasised the importance of contacting others, getting support from family and friends, and keeping things simple (Jemma) as ways of addressing mild anxiety or mental health issues.

❖ *Support from friends and family*

Support from family helped to make participants feel safe: 'Family could help you a lot feeling safe, like with a nice neighbourhood, like always having food for you, being always there for you (Leon). Family offered 'financial and emotional' support (Anna); 'emotional, physical, all that stuff' (Brandon); 'Basically, most types of support' (Alex). Family also supported young people through difficult periods in life:

When you're going through tough times you have someone that's there for you and things and they love you ... and if you ever fail in life you can fall back on them (Ariana).

Good family relationships offered positive communication (Alex), 'talking while knowing when to shut up and all that stuff' (Brandon). Being able to disagree was the sign of a good relationship: 'some people might be angry, but some people might have like mutual respect for each other' (Brandon). Spending time together with family was important, 'like see When you come into school if you're like happy and you say, oh, I done this with my mum or something, it shows you have a good relationship' (Anna).

Friends helped with self-confidence: 'they'll make you feel confident, like they'll compliment you or they'll encourage you to do things (Ellie). Friends also helped you to access support when needed: 'If you need help then they can help you like find someone to help, like the police or someone like that' (Emma)

❖ *Support at school*

School offered valuable confidential support through school counsellors and pupil support staff:

We've got our pupil support teacher and we could go to her if we're feeling like that and she'll listen to you, she'll really help you. I had an issue not that long ago and she really helped me through it, if you get what I mean. If some of the

issues happen in school straightaway you can just go to them (Jemma).

Despite this, some young people felt that designated support staff 'don't really know much about you' (Lena) and would prefer to talk to a teacher with whom they already have a good relationship:

Teachers are a big one. Obviously, I feel like family's my first instinct, I would go to my family first, but I feel like see if it's a load of topics to go about with school, the teachers ... might be a bit more understanding' (Jemma).

Secondary pupils identified the Getting it Right for Every Child (GIRFEC) indicators as a helpful tool for measuring young people's mental health:

Some schools and especially in my primary school we did a thing called SHANARRI and that was like a survey for young people to tell how healthy they are, how safe they feel and I feel like that's a really good way to measure how people feel in school - because there's like loads of different sections, so there's how they feel in the house and how they feel in school. So, I feel like that's a really good one' (Jemma).

Respondents felt that a school system for picking up on mental health issues early would be helpful, and that peer support would be helpful in many areas of school and home life.

❖ ***Getting outside: contact with nature and animals***

For primary aged children, getting into nature and enjoying positive relationships with animals and pets was vital to happiness. Climbing trees (Chris; Keith; James; Kyle) was good for exercise and feeling confident, as was taking a dog for a walk (Keith). Getting out to parks and visiting attractions was valued, although several children commented on the cost being prohibitive (Eddie; Keith; James; Tyler).

Getting outside was preferable to staying inside to play on an X-box, for example, which 'can damage your body mentally because you're thinking, I need to play this, I need to play this and you're forgetting a lot of stuff, but see if you had football practice, [you're not] just sitting playing the game and it gives you fresh air (James).

Having a pet was helpful in building relationships because it allowed you to be caring: 'If you have a good bond with them you can kind of understand what they are kind of wanting' (James) and 'some people might be lonely and just want like a friend to talk to, to like let their emotions out' (James). Concerns about the expense of having a pet were expressed, and children pointed out the benefit to society by adopting a rescue animal, the costs of which might be supported by the state to make pet ownership more accessible to all.

❖ ***Hobbies and activities – at home, in school, and in the community***

Having a regular hobby or activity outside school was a protective factor for mental health. School clubs were enjoyable (Lewis), and personal hobbies such as arts and crafts supported

emotional wellbeing: 'It makes me feel quite happy because I just get to like sit there alone, just painting and that' (Alex); 'art is very therapeutic when you have all your other subjects, and then I have art and it's just a way to get the stress away' (Ellie). Drawing or reading was enjoyable (Lewis); 'hanging out with friends, going to the gym, and walking my dog' (Ellie).

Joining activities in the community was valued, including sports such as football (James), swimming (Tyler; Kyle), and boxing (Chris). Going on holiday was also important to respondents, because they enjoyed a wee break' (Chris), 'sunshine' (Kyle) and being active outdoors (Eddie; Kevin; James).

6.3. Mental Health 'deep dive' - findings from stakeholders

The following data was taken from four in-depth interviews with frontline stakeholders in Clydebank. These included two third sector youth workers, a teacher and an NHS Health Centre staff member. Many of the themes raised resonated with what was highlighted by CYP. Stakeholders added useful perspective on three main areas: those most at risk of poor mental health, 'what works' in terms of good quality provision for CYP mental health and the current barriers to effective mental health provision and prevention.

6.3.1. Those most at risk of poor mental health

❖ *Poverty: the effects on mental health*

Several stakeholders commented on the strong link between poor mental health and poverty. The level of poverty in Clydebank was considered greater than other nearby towns: 'deprivation, with poor housing, less of it, and visibly more poverty' and food bank use was high (Michelle, NHS Health Centre staff member). This had long-term effects on children's wellbeing: 'Poverty moulds your outlook on life. If you've had challenges as a child, it stays with you' (ibid).

This was compounded by the fact that the most 'in need' families were least likely to access resources. The pressures that families were under meant that they could not take children to evening activities or were put off because they 'feel left out or they feel like they don't know what to do. It's not very welcoming' (Kirsty, Teacher).

Further, stakeholders questioned whether non-judgemental support was available on addiction issues or other sensitive problems. A mistrust of the system resulted in families considered most vulnerable avoiding contact with services that could support them. For example, there was a reluctance for people to get advice on money because they were afraid of getting their benefits reviewed and being moved onto Universal Credit.

Children from high-poverty neighbourhoods were particularly vulnerable to being let down by the adults around them:

A lot of our children can be really let down by family, by teachers, by circumstances and I think, for them, they almost don't believe that some people just have their best interests at heart (Kirsty, Teacher).

Staff expressed concern that poverty was being normalised for children from a young age, 'growing up with that kind of lifestyle ... it's always got a knock-on effect with everything' (Ellen, Youth Worker). The ongoing effects of poverty were cumulative, adding stress across a number of concerns:

There's this harshness that comes with poverty as well ...it can ebb away at people, you know what I mean ...things like fuel poverty, like food, do you know what I mean? Your household day to day living, that obviously has an impact. And then it goes back to the health and wellbeing factor, their physical, their mental health just really, really suffer then. And it'll come out all different ways. (Georgia, Youth Worker).

Third sector activity programmes offered a safe space for children to develop trusting relationships over time, with staff and children of other ages, which keeps children returning over the longer-term. Children got to know young people from other schools and made long-term friendships out with school.

Health services had been using the Strengths and Difficulties questionnaire to closely target resources on support to vulnerable families with children aged 3-6 years who were on the trajectory to achieving poor outcomes. These families were offered a system of wraparound support in health and education.

Stakeholders were aware that sometimes parents felt defensive about the efforts of community staff to support their children, particularly where there were problems in relation to mental health:

The mental health thing is massive, and people can't work because of their mental health. It's such a massive debate and dilemma just now that people can't get out of their house. So, there's so many aspects to it that it's hard to think of how we can support. We do try and we do reach out to parents and ensure they know what's going on and where we're taking the kids and all that kind of thing, but a lot of the parents will...sometimes they don't appreciate it (Ellen, Youth Worker).

Poverty also impacted heavily on domestic violence, with prevalence of domestic abuse in the area the second highest in Scotland (Michelle, NHS Health Centre staff member). This had a profound impact on children's wellbeing. Efforts to combat this have included a zero-tolerance policy to crime in Local Authority housing, 'No home for domestic abuse,⁷' to aim for a cultural change in this difficult and resistant issue.

⁷ West Dunbartonshire Council, '[No home for domestic abuse.](#)' Zero tolerance housing policy. Accessed 170720. [WD Children's Services Plan 2017-20.](#) Accessed 170720.

6.3.2. What works in good quality prevention?

❖ *Talking about mental health, maintaining a positive attitude and building good relationships*

The teacher interviewed commented on the importance of creating a safe space for children to and their families to share their feelings:

That reciprocal relationship can only happen if you invest the time in building the relationships with them and with their kids. I think them sharing and giving their opinion most of the time happens because they feel safe and because they feel like they can and it's a safe space to do so ... We check in every single morning, I've always done that with all my classes: 'how are you feeling today, have you got anything on your mind?' (Kirsty, Teacher).

Schools were able to use tools such as 'Kitbag, which supported primary-aged children in talking about their emotions. Children needed support to develop resilience and were not used to coping with failure:

Resilience is a massive thing and that's across the school. Lots of children now not being prepared if something doesn't go the way that they want it to go, not knowing the strategies of what you could do if you are feeling challenged or you are feeling like something isn't working out as you would have liked (Kirsty, Teacher).

Community provision was particularly important for families living in poverty, providing not only activity, but support in building positive relationships:

We've stopped talking about deprivation, and it's like actually, there's deprivation in social contact. So, if you've not got those kind of community groups and that community, then you're very isolated ... That goes for the children, the young people and adults. (Georgia, Youth Worker).

❖ *Tailored provision at school*

Building positive relationships in the classroom was considered vital. This had been possible in one school by creating a small class to support those with additional support needs. Self-directed learning was also valuable in maintaining motivation and integrating pupil voice allowed children to get involved in decision-making activity. Young people at high school also highlighted the importance of being given second chances, with additional study support in small groups when they had fallen behind.

❖ *The value of third sector neighbourhood provision*

The Third Sector played a unique role in supporting the mental health and wellbeing of young people, building relationships that lasted into adulthood through regular and varied activity provision:

We provide that safe sanctuary ... for young people even if it is just a drop in ... feeding them and all that kind of thing. If they've got fruit and crisps after school or if it's on the Saturday cycle, it's giving them lunch and at least you know they've, kind of, got something ... The young people come straight after school, they don't even go home first ... they've created such great bonds and friends and stuff down there (Ellen, Youth Worker).

❖ *'Getting outside'*

Stakeholders agreed on the value of outdoor activity to support mental health and commented on the lack of opportunities children had to socialise outdoors. For children in high-poverty neighbourhoods, getting them out on a bike was a positive and enjoyable experience:

A lot of the young people they maybe don't have the social skills or they're just indoors and it is a lot of health and wellbeing that comes into [our activity] (Ellen, Youth Worker).

Although some children engaged with community activities, there was little opportunity for children to get out and about with their families. Some families did not engage with any extracurricular activity, but for those who did, it tended to be indoor clubs such as gymnastics or football but did not engage in family trips or activities outdoors.

This had led school staff to notice that some children were not able to use creative visualisation in the classroom. During one activity where children were asked to imagine being at the beach:

A lot of them had never seen a beach before. The teachers, much like myself, were being complacent to the fact of, right, we're at the beach, what kind of things would you see at the beach? (Kirsty, Teacher)

This resulted in the school applying for funds to arrange a trip to a local nature reserve so that children could experience nature. This had a significant impact on participants:

They couldn't believe it. They couldn't believe how green everything was. We took them up the wee hill ... One of the boys said to me ... this is the best day of my life (Kirsty, Teacher).

A local youth project had gained ownership of basic accommodation where groups of children and young people could stay and enjoy nature. The project had supported young people in decision-making about rules for access to the facility, which had given them a

sense of ownership and responsibility: 'it's good for them to feel that they made that...they voted on it, made their decision' (Georgie, Youth Worker).

❖ ***Building on trusted relationships with vulnerable families***

Building supportive relationships at a hyper-local level was important. School and health centres were the sites of positive relationship-building, with dedicated staff in both facilities working with the most vulnerable. Existing trusted relationships provided the basis for further activity, such as after-school clubs where families could cook, eat and play together, building links with other local services in a safe space. This allowed parents who struggled to build positive relationships with their children the chance to interact with support from other adults.

Pupil support workers also strengthened links between home and school:

If parents are having any issues or any worries, her door is always open. They can come in and speak to her and because she's not a teacher and that, kind of, authoritative figure, she's good at just saying it as it is. She's had her own experiences as well which she's happy to share with the families and parents too so people are very open and willing to open to her and share their concerns which means then it's easier to check in (Kirsty, Teacher).

Other ideas for support included making activity visit packs for families, which would provide a map, instructions for transport and costs, and ideas for activities on site.

6.3.3. Barriers to effective mental health provision and prevention

❖ ***Cost of attending activities***

The costs of attending activities was raised by several stakeholders. Parents had been unable to afford to take children swimming, and this, combined with parents themselves having had few opportunities to go on trip or visit local attractions, meant that children from high-poverty neighbourhoods consistently missed out.

Stakeholders felt there was a lack of consistency with provision due to funding challenges. What children needed was to 'go somewhere every week' (Kirsty, Teacher) because this would help children to make a commitment to seeing activities through. Making it easier for poorer families to take part was a priority. This could be done by covering the cost of activities, allowing children to attend activities when there was no adult available to take them along or support vulnerable adults where activities were seen as 'cliquey', and making up activity packs to prepare parents for how to make visits to local attractions (Kirsty, Teacher).

❖ *Waiting lists for mental health support*

Levels of mental health for teenagers were described as 'shocking' (Michelle, NHS Health Centre staff member). The waiting list for CAMHS was described as a year in length, and this was compounded by the depletion of the school nursing service and the lack of counselling availability in schools 'because there's been no money' (ibid). Younger children and families were also unable to access timely services, and provision was significantly outweighed by need, even when schools had access to a psychologist:

The ability for them to take children on that really require attention or support, through no fault of them, is just not going to happen. Their lists are far too long, they've not got enough time and they can't possibly manage the workload of the amount of children, especially in a school like this where there is such a massive need. There's children that I've raised concerns about a year ago and they're still on the list. That's the kind of time that you're dealing with (Kirsty, Teacher).

❖ *Erosion/diversion of resources*

Stakeholders described the difficulty in long-term planning caused by a lack of funding. Projects spent time breaking down the barriers to vulnerable families attending, but this required significant resources and could not be sustained longer-term. The diversion of resources to early years support, whilst valuable, has resulted in a sense that there is 'nothing for older children or teenagers' (Michelle, NHS Health Centre staff member).

Being asked to fulfil a role beyond the scope of their job description was common amongst stakeholders. Some felt out of their depth having to deal with mental health issues or serious problems at home (Ellen, Youth Worker), while others were expected to make diagnoses due to a pressure on expert services (Kirsty, Teacher). A dedicated worker with mental health expertise was considered a priority.

7. Conclusions: comparing CNS research findings with the Scottish Government context

There are many points of resonance between CNS research findings with CYP and the summary of evidence from the CYPMHW Programme Board, as well as some additional findings that offer specific evidence on the local context in Clydebank.

Whole system approach

A coordinated approach across services was considered important. The Wellbeing Framework created by CYP in Clydebank provides a common framework for planning coordination and evaluation, by drawing the wellbeing goals that CYP value. The Capabilities Research Model offers an internationally recognised framework to involve CYP in the development of strategy and services around mental health and wellbeing.

Context and resources

The 'no wrong door' approach proposed by CYPMHW was borne out by CYP evidence in Clydebank. **Young people valued trusted adults** and would often turn to teachers and Third Sector staff when looking for help, not necessarily mental health professionals. This placed **additional pressure on staff, who did not always have the resources to offer in-depth support** and were **frustrated by the length of time mental health referrals took** – frequently up to a year for children and young people who were thought to be of concern. **Awareness campaigns and consistent, effective tools for talking about mental health were a priority for all.**

Planning was difficult due to short-term funding and this undermined effective provision. Welcoming spaces were important but were **not equally accessible** to young people. Transport was an issue for young people living further from school and neighbourhood services.

Families living in poverty were significantly more vulnerable to poor mental health, and concern was expressed at **children growing up in environments where food poverty was normalised**. Dedicated support for vulnerable families in schools and health settings was effective but stretched. These 'hub' relationships had significant potential as a channel for further resources, such as free family activities promoting wellbeing.

Content and delivery

Young people were keen to be involved in designing wellbeing goals, and using the Capabilities Research Model, were **able to contribute rich and considered discussion to identifying priorities, barriers and enablers to wellbeing**. They identified seven wellbeing priorities, including having a job, safe and warm place to live, food and clothes; good relationships; safety; feeling happy and confident; health; and learning.

Activities that promoted mental health were not usually designated as 'prevention', and included after school clubs, non-formal education and community activity, and individual hobbies. **Positive relationships were considered key** to mental health, and CYP would welcome increased opportunity to participate in learning about good relationships, both in school and with their families.

Peer support was hugely popular amongst CYP as a sustainable way to promote mental health. Peers at secondary school were identified as the first to pick up on problems, and young people were keen to receive training and support so that they could help others with issues around bullying, online safety, feeling good about yourself, and how to get help.

Enablers for wellbeing and mental health

Clear pathways for support, **trusted relationships** and **social support and engagement** all featured in the CNS findings. CYP also highlighted **the protective value of clubs and hobbies** and stakeholders pointed to **the importance of getting outside and access to nature**.

Challenges and gaps

A lack of information on pathways was identified by CYP participants, whilst stakeholders commented on the **lack of continuity between services and issue of waiting times**.

Participants also highlighted **poverty as the major barrier to mental health** and saw a 'perfect storm' of problems for the most vulnerable families, which resulted **from food poverty, financial strain, poor relationships and lack of access to support**. Young people further commented on the impact of **bullying** and **negative self-image** on mental health.

Appendix 1: Children's Neighbourhoods Programme

Children's Neighbourhoods Scotland (CNS) is a distinctive approach to improving outcomes for all children and young people in neighbourhoods with high levels of poverty. The approach is neighbourhood-based and has the empowerment of children, young people and communities at its core. Taking account of the principles of the [Christie Commission](#), CNS uses a collective impact approach and works in partnership with children and young people, their families, local public, private and third sector organisations. CNS is working to support efforts and services within a locality to reduce poverty, increase participation and capacity within communities, and support improvements in the poor childhood outcomes associated with disadvantaged settings. CNS is not restricted to improving outcomes in single policy area (e.g. education), but instead, adopts a holistic approach which is driven by the views and input of children, young people and their families, community members and local professionals.

CNS draws on expertise, experience and the lessons learned from a range of placed-based initiatives internationally and nationally. These include [Children's Communities](#) in a number of sites across the UK such as the Children First Pioneer Projects in Wales, and the [Greater Shankill Children and Young Peoples' Zone](#). Similar models exist elsewhere in northern Europe and in the US (including [Strive Together](#) in Cincinnati and [Harlem Children's Zones](#) in New York). CNS draws on the insights and principles from these approaches and has developed them into a model that will work in our Scottish context and which can be tailored and responsive to the neighbourhoods CNS works with.

The expansion of CNS in Scotland is supported by the national Tackling Child Poverty Delivery Plan; [Every Child, Every Chance: tackling child poverty delivery plan 2018-2022](#) as a mechanism to alleviate the impacts of child poverty. A total of six CNS sites will be established, including one small town and one rural site, making it possible to examine how transferable the approach is in a range of contexts and settings.

CNS sites are located in Bridgeton and Dalmarnock in Glasgow's east end and Clydebank. Two further sites in Glasgow City are being set up in the communities of Castlemilk and Drumchapel. The rural and small-town sites are in the South Lanarkshire communities of Rigside and Smyllum in Lanark respectively.

Appendix 2: Capabilities Research Model

A. EXPLORING CAPABILITIES AND DEVELOPING RESEARCH SKILLS			
	Learning component*	Purpose and methods	Skills development
1.	Introduction to Capabilities Approach	To introduce the Children's Neighbourhoods programme To introduce the Capabilities Approach and why it is a useful way of measuring wellbeing in neighbourhoods	Critical thinking
2.	Mapping the community	To explore the local neighbourhood using visual research methods Research method: Mapping your neighbourhood	Working collectively
3.	Mapping the community (2)	To explore the local neighbourhood and what makes it unique using visual research methods (2) Research method: Neighbourhood walkabout/narrative photography	Critical thinking Working collectively
4.	Exploring identity	To explore what is important in supporting wellbeing Research method: self-portraits	Self-reflection and confidence-building
5.	Vote on priorities	To choose the key priorities for action for CYP in this neighbourhood	Dialogue and democratic decision-making
6.	Understanding local issues	To explore the complexities of a key local issue or priority through a structured debate Research method: gathering data and participating in debate Group discussion on capabilities priorities 1 & 2	Debating and dialogue – understanding and presenting complex information.
7.	Uncover local stories	To explore the rich history and experience of local people in our neighbourhoods Research method: storytelling Group discussion on capabilities priorities 3 & 4	Listening and analysis
	Learning component	Purpose and methods	Skills development
8.	Explore digital media	To research digital resources of community information To explore digital research tools Research method: online research/digital tools Group discussion on capabilities priority 5	Digital awareness Analysis skills
9.	Early Findings	Analysis of small group priorities and capabilities framework	

B. CONDUCTING RESEARCH (CO-RESEARCHER PROGRAMME)		
Learning component	Purpose and methods	Skills development
10. Develop research methods	To develop understanding of different research tools, their potential uses, strengths and limitations To develop a research tool(s) to undertake 25% sample of school/group population (Optional: to undertake qualitative research, e.g. focus group discussion) Research methods: Questionnaire; Focus Group facilitation	Dialogue and deliberation
11. Fieldwork	To undertake research with a 25% sample of the school/group population Research methods: Questionnaire; Focus Group facilitation	Co-researcher skills: presentation, listening, organisation
12. Analysis	To analyse research findings and draw out common themes Analysis of questionnaires; Analysis of group dialogue transcripts	Analysis: simple statistical analysis Analysis of focus group discussion
13. Presentation of findings	Presentation of overall school/group capabilities framework and discussion of next steps based on research Design and production of poster	Presentation skills Dialogue on next steps



Children's Neighbourhoods Scotland

This report is published by Children's Neighbourhoods Scotland.

About us

A children's neighbourhood is an initiative that brings together people, resources and organisations in a neighbourhood area, so that all of those things can work together towards better lives for the children living there.

Children's Neighbourhoods Scotland is a collaborative centre, developed by Glasgow Centre for Population Health, Policy Scotland and Robert Owen Centre at the University of Glasgow.



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