

Bridging the Gap: Whole-Family Support to Protect Children's Mental Health

Children First Family Wellbeing Service Evaluation Summary

Children First is Scotland's national children's charity. We stand up for children, keep them safe and support them to recover from trauma and abuse through our national and local services.

"It was like night and day because someone was listening." Pauline

An independent evaluation of Children First's Family Wellbeing Service, by Iconic Consulting, shows the effectiveness of community-based, whole-family support and its potential to transform Scotland's overstretched mental health services for children and families.

The service was developed by Children First in partnership with East Renfrewshire HSCP with funding from the Robertson Trust, offering whole family support to children looking for help with their mental health, but facing a lengthy wait for a diagnosis or CAMHS support.

Initially developed as a referral option for GPs, the service quickly connects children and families with a dedicated worker to listen and offer support. The evaluation found that the service:

- **Improved mental wellbeing** in children and their families.
- Offered practical **support for neurodiverse children**, improving their daily lives.
- Strengthened **family relationships**, communication and confidence.
- **Improved educational engagement**, helping children successfully return or transition to education.
- Had a significant systemic impact, **reducing pressure on both GPs and CAMHS**.

The evaluation emphatically shows a positive impact for children and families and supports the replication of this model to help address Scotland's mental health crisis and childhood emergency.

This is a summary of the evaluation, with a focus on the direct feedback from children, families, and professionals. Names have been changed to protect the identities of those who shared their stories.

Key Points

1. Scotland urgently needs to find new ways to support children and family's mental health. Whole Family, community-based support options need to be scaled up, in line with this model.
2. This model of whole family support can help tackle Scotland-wide challenges children and young people are experiencing like poor mental health and low school attendance.
3. By bridging the gap between universal services (like GPs) and specialist services (like CAMHS), this model can ease pressure across the system and improve access to timely support.

"It needs to be open to other parents as it really has positively changed our lives." (Parent/carer)

Scotland's Mental Health Crisis

Scotland's mental health system is not working for children and families. Many are looking for help but struggling to find it. For too many children, their experience of mental health support is a waiting list.

[Children First research](#) found that around 100 children are being referred to CAMHS every day. The scale of demand for children's mental health services now far outstretches capacity for support. For example, in 2017 there were 657 referrals to CAMHS in East Renfrewshire of which 216 did not meet the referral criteria at that time. Statistics only hint at the scale of the challenge – particularly since children who are seeking neurodevelopmental assessment are generally no longer included.

[Education Scotland](#) have recognised children's mental health as a "key concern" and a "significant driver" behind school absences. Children's wellbeing is affected not only by their own mental health challenges but also by the mental health of their parents and carers. [In England](#), poor parental mental health has now surpassed domestic violence as the most frequently reported concern in social work assessments about children at risk of serious harm or neglect. [In Scotland](#), parental mental ill health is similarly a major issue, cited in 37% of child protection registrations and commonly raised during child protection planning meetings.

Scotland's [Mental Health and Wellbeing Strategy](#), jointly developed by the Scottish Government and COSLA advocates for a whole-system approach, integrating health, education, social care, and third-sector services to address mental health holistically. However, community based whole family support services continue to be sporadic and inconsistently available.

The [Deep End Project](#), which researched the 100 most deprived general practice populations across Scotland, showed 'how mental health problems are increasing and directly affecting general practice capacity... [and] how most new mental health morbidity will present in general practice, below thresholds for referral to mental health services.'

Service Structure and Support Offer

What does the support look like in practice?

"Sometimes what looks quite straightforward in terms of the support is much deeper. It is about promoting connection, supporting understanding within family relationships which are often really complex... On the surface it might just look like providing parents with some hints and tips, the support is absolutely underpinned by a systemic understanding of family relationships." (Children First consultee)

The support offered by the Children First Family Wellbeing Service includes:

- An emphasis on spending time listening to children and families, with individual and joint support sessions with children, parents/carers and, if appropriate, siblings.
- Access to resources with information on mental health, wellbeing, coping strategies, and neurodiversity, webinars for parents/carers and family members.
- Specialist groups and activities for children and young people, support groups for parents/carers including Coffee and Connect, and a Facebook group for parents/carers and family members.
- Access to support from Children First's other services including the Financial Wellbeing team, Bide Oot outdoor activities, befriending, and Support Line, as well as signposting and referral to follow-on support provided by a range of other partners.

Relational practice based on **listening, consistency and building a strong trusting relationship between the worker, young person and parents/carer** is integral to the service. This is trauma-informed with support delivered by skilled and knowledgeable professionals.

- *“Undoubtedly it is the inclusion of all family members to understand the nature of the distress that makes it work. That is not to say the blame always sits with the family, but it is to understand where the distress comes from. It is the way we work alongside the family to come up with a plan of support that takes account of all of their needs. If we just worked alongside a child or young person on their own that ignores both potentially the underlying reasons for their distress and doesn’t acknowledge the impact on the rest of the family and help them to move to a place where they can recover together. Also, parents are the scaffolding round about young people and they are the people we need to be supporting and increasing their confidence to cope with any bumps in the road in the future. Often parents are desperate, they don’t know what to do, who to turn to, lost faith in their own ability to support their child.”* (Children First consultee)
- *“They are consistent. When they say they are going to phone you back they do, or they’ll get someone else to and that was really good because you always knew there was someone to speak to.”* (Parent/carer)

There is **flexibility** in terms of the type and length of support rather than following a prescribed programme or set timescale. Approximately two thirds of families were supported for a year or less.

- *“It is absolutely about understanding each individual family and what is going on with them. Two families are never going to be the same. The flexibility is really important. Flexibility of developing individual plans and the ability to change the plans for the family if need be”.* (Children First consultee)
- *“The advice was really practical. We were all able to use it and it was individualised. What worked for one child didn’t work for the other. So, it was about helping them to not feel overwhelmed.”* (Parent/carer)
- *“She worked with us to what we needed. When things were really difficult we would see her often, when things were good she’d back off but tap in every now and again to make sure everything was OK... she would see my son if, say he was struggling with something like exams or whatever. Basically she would base it around what our needs were.”* (Parent/carer)
- *“Families like the approach and the feel – it’s not got that council, social work sort of façade to it and it is easier for families to engage.”* (HSCP stakeholder)

In total 752 families were referred to the Family Wellbeing Service between June 2019 and September 2024 to provide help and support to families with a child aged 8-18 experiencing emotional distress.

Two distinct referral routes have operated during the time: GP referrals to the Family Wellbeing Service, and open referrals (including education and social services) via the Healthier Minds Hub. One of the original success criteria was supporting 90% of families within two weeks of being referred by their GP and this was achieved throughout the initially funded years.

After the initial pilot, and despite demonstrating success, staff numbers halved following a reduction in funding. This led to a marked decrease in staffing capacity and referral rates, which in turn impacted the service’s ability to provide timely, person-centred support and maintain the responsiveness that had previously been a core strength of the model.

Impact for children, families and the system

The Family Wellbeing Service in East Renfrewshire has significantly improved mental wellbeing for children and families. Young people became calmer and more confident, while parents felt heard, supported, and better equipped to help their children.

The evaluation found that the service:

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Lucy's Story

"One of the young people interviewed, Lucy, expressed her frustration at the start of the support at not being able to access the *"happy"* lives she felt others were having because of her autism and not being understood by others. She said:

"At that time I wanted any kind of help. I didn't know what I wanted to do. When you see teenagers all having fun in films and on TV and I didn't feel that way. I just wanted to be seen".

Her mother, Aileen said it was good that the Family Wellbeing Service had taken the time to build trust with Lucy and learn about each person in the family before beginning the sessions. They felt this was the reason Lucy had started to open up and was not *"masking"* in the sessions. She had also participated in the young people's group Children First had set up, helping to break isolation and raise confidence.

"The worker also set up a group for the kids, and that got Lucy to meet someone in the same position as her (who has autism). That was my big thing about forcing her to go to school but she didn't have close friends. She never had these close friends who were always going to be there for her. When she stopped going to school, I wasn't worried about her education because she is smart. But it was the social isolation".

Aileen reported that her daughter was no longer prescribed antidepressants and was about to begin a college course. The worker had also supported and encouraged Lucy to travel to the shopping centre independently taking two buses which was building her confidence. Lucy's mother said that before engaging with the service her daughter did not leave the house. The worker helped her to build her confidence and went on the route with her to help know what she should do and where to go.

Lucy saw the transformation in herself, as she said: *"I think if you saw me a year ago and now. You would think I was a completely different person"*. Lucy added that without the service: *"I don't think good things would have happened. Before I met my worker I wasn't getting into a better place as I wasn't accepting help. I don't think I would be here without it"*.

Lucy had also been connected by Children First into volunteering and was supporting her to complete her PVG to work in a care home. She said she was *"excited"* to do this and would *"love"* to work in this field. Lucy's case was about to be closed and she said that although she was *"sad"*, she also felt that it was important another young person who really needed the support would be able to get it."

Family Wellbeing Service Model Evaluation Report July 2025

Improved mental wellbeing in children and their families

The evaluation found that: “evidence gathered during the pilot showed the service improved emotional wellbeing in children, young people and families.”

It noted that: “Some parents/carers described dramatic changes in the mental health of their children that preceded their referral to the Family Wellbeing Service. They described how their child had gone from being “happy” and “fine” to experiencing severe mood swings, becoming depressed and withdrawn, and in some cases suicidal. Some also had physical symptoms.”

It also found “There was experience among the parents/carers of being referred to CAMHS but not being offered support. These nine parents/carers reported feeling at a loss about what to do at that time as they could not understand how their child had been assessed as not “bad enough” - in their own words - to be seen by CAMHS. Parents/carers also highlighted the negative impact that COVID-19 lockdowns had on their children’s mental health and self-confidence, and engagement with school during and after lockdowns. [...]”

It said “Several parents/carers described being at “breaking point” and feeling hopeless when they were first supported. Some reported they were on medication to try to deal with the situation but it was not helping and they felt they were on the verge of a nervous breakdown, feeling lost about what to do and really worried about their children. Parents/carers felt listened to, heard, understood and not judged by the workers. They also felt encouraged by the support they had received and welcomed the “space” to consider their own needs as well as their child’s.”

- *“I just got stronger through this and realised there were other options. I felt so helpless in the beginning... I was quite down myself. It did help me to get stronger.” (Julie)*
- *“It has made a difference to me. You don’t realise how you feel at the time as there is so much going on... To come out the other side – I think I am in the best place I have been.” (Lisa)*

Offered practical support for neurodiverse children, improving their daily lives

The evaluation found that the service: “Assisted parents/carers to support neurodiverse children & young people. They welcomed support for young people without a diagnosis, receiving help on supportive techniques to help the child, and those attending groups the opportunity of speaking to others in the same situation as them.”

- Claire and Mary’s daughters, who have autism, were given very practical advice that helped them to manage day to day life and to communicate more easily. Both young people are non-verbal at times or with people they do not know and had both been helped by the service to use emotion and colour cards to communicate how they were feeling. *“My daughter has autism and really struggles... You know she has realised – I am different but I am ok... She helped us to put together colour cards, so that when she is trying to explain how she feels she can use this. She becomes selectively mute with people so this really helps her to communicate. She joined the Coffee and Connect version for the young people and I was really surprised that she has made a friend, like her, that has been a big breakthrough.”*
- *“When I speak to people about being autistic, they say they know, but for her she doesn’t pretend she knows but always tries to understand. She will make it clear to you what she understands and what she does not and really listen to you... All of the workers – have a glow about them. Instead of being in a gloomy room, they see you and don’t know everything about you, they see all the dark things but they see the light.” (Young person)*

Strengthened family relationships, communication and confidence

The evaluation found “The support helped them to understand and manage their emotions which resulted in the young people being calmer, less anxious or depressed and more positive, and in turn this benefitted the whole family.”

- *“My son had all these feelings but nowhere to put them. And then he’d put them on me but feel bad afterwards. He was angry. And it was the same for me. I’d get angry and upset with him. Now we laugh together, we do things together. He’ll talk to me. It is a nice relationship now. I look forward to him coming in. I was at crisis point. I felt so exhausted. I felt upset. I had no confidence being a Mum anymore and I absolutely thought I can’t do this anymore. I felt like I wasn’t doing a very good job. And it is a horrible thing to say but I thought he would be better off with someone else as I had nothing left to give. Now I would say I am happy, I am thriving. I have got a relationship back with my son. I feel respected. I feel loved and I feel happy for him that I’ve got hope, hopeful for his future.”* (Jenny)
- *“As a family we are getting on better. Lucy said she wanted to be able to communicate more. But for me it was a shock because she was so withdrawn in her room. She would never come out for her meals even. We are now watching box sets together. She is helping me a lot with cooking and things like that. So yeah a big change.”* (Aileen)

Improved educational engagement, helping children successfully return or transition

The evaluation found that “Stakeholders reported that a key impact from their perspective, was the service’s success in supporting children and young people to engage with school. Referrals from education tended to be concerns regarding school attendance, behaviour and engagement in lessons and subsequent improvements helped demonstrate the service’s value.”

- *“In schools, there is definitely an impact in terms of young people’s relationships and self-regulation. Children are more comfortable, confident, able to talk about their feelings and ask for help when they needed it. They are more able to recognise triggers and take themselves out of a situation. There’s more emotional regulation and ability to talk about feelings.”* (HSCP stakeholder)
- One parent, Lisa, said that as a result of the support from the service her daughter started attending school again and with her anxiety under control she had been able to manage the transition into high school well, even walking to school, something her mother did not think would have been possible when she had initially sought help. *“She is now a different girl, she is more confident, she understands her feelings. She is coping so much better. School has also said the same.”* (Lisa)
- *“It was difficult because the school were, you know ‘Why aren’t you getting her into school?’ It was quite difficult. I wanted her back at school too but it was a horrible time. I have blocked a lot of it out, it was so bad. I felt guilty as well as my mum had dementia, and that had spiralled. You don’t see clearly when you are in that situation. I couldn’t talk to anyone in the family because they were in it too. Even my husband, he had poor mental health before the pandemic, so I didn’t want to tell him how bad things were but I could talk to her (worker) about it all.”* (Julie)

Had a significant systemic impact, reducing pressure on both GPs and CAMHS

The evaluation noted that: “Most notably, the service led to a significant reduction in the number of repeat presentations to GPs for young people referred to the service with emotional distress... in Year 3, Children First reported a 66% reduction in re-presentation to GPs during the first six months since referral to the service and a 86% reduction in re-presentations to GP at six months post-closure to the service.”

It also noted that: “The service has established itself as an impactful and trusted option for GPs and other professionals seeking an alternative to a medical approach to support young people experiencing emotional distress and other mental health issues.”

- One parent reflected on the long-term costs saved as a result of the services support: “*They walk alongside you. I don’t know how much it cost but it saved antidepressants for me, hospital admissions, money for support for her dad. I don’t even have the words.*” (Pauline).

Conclusion and Recommendations

The evaluation found that “The success of the model in East Renfrewshire support its replication in other areas, if the key components of the model are present, and, if necessary, it is adapted to the local context.”

The evaluation leads us to conclude that:

1. Scotland urgently needs to find new ways to support children and family mental health. Whole Family, community-based support options need scaled up, in line with this model.
2. This model of whole family support can help tackle Scotland-wide challenges children and young people are experiencing like poor mental health and low school attendance.
3. By bridging the gap between universal services (like GPs) and specialist services (like CAMHS), this model can ease pressure across the system and improve access to timely support.

The full evaluation can be found on the Children First website: [iconic-consulting-children-first-family-wellbeing-service-evaluation-final-report.pdf](#). The evaluation was funded by the Robertson Trust, who also provided initial funding to develop the service.

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