

<b>Date of Meeting:</b>	7 October 2021
<b>Meeting Location:</b>	MS Teams
<b>Attendees:</b>	Colin McKay (Chair), Karen Martin, Aileen Blower, Jackie McRae, May Dunsmuir Secretariat support: Simon Webster, Karen Colvin
<b>Apologies</b>	Sophie Ryder, Kathleen Taylor, Rebecca Irvine

<b>Agenda Item</b>	<b>Minute of discussion</b>
<b>1</b>	<b>Welcome and apologies</b> Apologies from Kathleen Taylor, Rebecca Irvine and Sophie Ryder.
<b>2</b>	<p><b>Note of last meeting and matters arising</b></p> <p>Previous meeting held 3<sup>rd</sup> June 2021, minutes re circulated. Matters arising:</p> <p><i>2.1 CYP Commissioner meeting</i></p> <p>Karen held meeting with Policy and Partnership Officers, had discussions on how to engage with young people. This is difficult with so much going on (exams, pandemic the UNCRC Bill going through court). Issues such as the rise in eating disorders need to be seen in this wider context. They advised putting together a group of dedicated CYP, who would be keen to be consulted around specific topics.</p> <p>Concerns around capacity issues, the age of individual and how capacity is a developing issue. We would need to incorporate this into any recommendations from this group.</p> <p>Will contact Children's Parliament again, previously they didn't have capacity to support in reaching out to their children, which is a younger age group. (1)</p> <p>As part of the coordination of the Scottish Young Carer Services Alliance, specific mention was made around the impact of the parent or a sibling being detained and removed from the child. Some young carers in this situation have expressed a desire to speak on this matter, and how this law review could change things for them, or make that separation less traumatic. This will continue to be pursued.</p> <p>Facing a similar dilemma in Tribunal, where there is an intention to conduct research into the experiences of CYP in remote hearings. There are a lot of ethical considerations about approaching CYP in the subject of judicial proceedings. A useful way forward might be to use advocacy groups like Inclusion and Partners in Advocacy.</p>

	<p>KM to go back to at 'Partners in Advocacy'. The profile of the review to be raised at an upcoming meeting with Partners in Advocacy.</p> <p>There are no CYP organisations within the Practitioner Reference Group. Will go back to ET discuss adding an additional organisation for the meeting discussing CYP issues.</p> <p>Trying to do the same thing for Lived Experience Reference group, so there is a dedicated lived experience meeting with parent carers. Will raise with ET meeting.</p> <p>Linked into Simon's Paper, in regards to children being seen as individuals, and recognising the importance of listening directly to children's representative organisations. One example is Who Cares? Scotland. Her experience was that moving away from adult led groups to direct consultation transformed the approach considerably.</p> <p>Maybe consider a 3<sup>rd</sup> route clearly directed at CYP and the groups who directly represent them?</p> <p>Karen met with LGBTQ community through LGBT Youth Scotland. The support worker raised there are a lot of barriers about being able to get online and consult whilst living at home.</p> <p><i>2.2 Paper Presented to Executive Group on work of CYP Group</i></p> <p>With regards feedback on the recommendation of greater integration of mental health and child law, they didn't reach a particular view. There was a recognition that there are good reasons for the change but also considerable practical difficulties. They took a holding position for now as keen to see how discussions evolve. The ET also wanted to wait until after the meeting with Scottish Government leads and Royal College event.</p> <p>Issue around 16-17 year olds in the hearing system is being addressed. There is a group looking at implications for both the criminal justice system and children's hearings system. JMc to circulate link to consultation papers: <a href="http://www.gov.scot">Raising the age of referral: consultation - gov.scot (www.gov.scot)</a> Independent analysis of consultation responses: <a href="http://www.gov.scot">Children - raising the age of referral: consultation analysis - gov.scot (www.gov.scot)</a></p>
3	<p><b>RC Psych Event - 8th September 2021</b></p> <p>Colin distributed a summary round of the various discussions in the various workstreams. There was a degree of repetition with different groups coming up with similar issues. The main issues that came through were:</p>

- The concern the mental health services were filling in for gaps elsewhere in the system
- Sometimes that meant practitioners were being pushed to distorting the law in order to keep people safe
- Detention Criteria – how can we develop better alternatives and what the human rights implications might be from the lack of these?
- The voice of young people being heard
- Crisis and emergency admissions
- Compulsion for public bodies (i.e. strengthening the duties on them)

Some colleagues really valued the opportunity discuss these issues.

There was a big impression made with the overwhelming attitude of concern for the health and welfare for their patients. There is concern regarding the strain and expectation on family shoulders when a CYPs mental health breaks down. Potential risks of losing sight of Article 8, right to family life. The impact of what care and treatment looks like or the absence of this. It was stressed that the need to keep looking at this 'from an on the ground' perspective, CYP centered perspective, led and guided and not just by adults. Need to keep asking practical questions and not the thematic type approaches.

The event was enormously useful. A couple of matters that came across:

- Health professional on their powers in the Mental Health Act, seem to push intervention in a particular direction, but the options available to them are so limited. Focus is very much on managing a crisis, safely, and protecting a young person. That detention almost seems inevitable, but if there were other options and other professionals involved, that might not always necessarily be the first outcome.
- Focus on speed of events. Critically important decisions being made very quickly with very little information. In the face of what a person was presenting or communicating.
- CYPs consent and capacity to medical care and treatment – whose role and responsibility is it to have this conversation at the point of medical care and treatment becomes an issue?
- Gaps in services – Creative thinking required to fill these gaps. Particularly at the point of crisis, often falls on A&E or the emergency duty social worker.
- Paradigm Shift - imperatives for redesign of both the law and how people operate it
- More advocacy.

Colin will feedback to the executive team the enthusiasm for more of these types of events in the future.

<p><b>4</b></p>	<p><b>Meeting of Collective Leadership Group</b></p> <p>Originally set up as response to COVID around children and family services, now taking on more of a coordinating role in relation to the reform agenda around children’s services.</p> <p>Colin and Jackie presented on the potential for wider integration of law in relation to children; or the judicial bodies who oversee those interventions.</p> <p>Presentation was warmly received, and argued:</p> <ul style="list-style-type: none"> <li>• Services are over stretched</li> <li>• Failure demand adds to this</li> <li>• Young people are circulating around the system</li> <li>• Legal and professional frame works are designed around professional or organisational silos</li> <li>• Particular difficulties for people with autism</li> <li>• We need a system that focuses on early intervention and not just a crisis approach</li> <li>• Human Rights approach was needed</li> <li>• Consider a judicial framework where rights are upheld in all settings</li> </ul> <p>Action plan still required to take matters forward. Most significant proposition was for John Scott to meet with Sheriff Mackie, who is looking at review of children’s hearing systems.</p>
<p><b>5</b></p>	<p><b>Children’s Rights and Mental Health Law</b></p> <p>Have we as a group come to a consensus, on what mental health and law for children, and where it should sit?</p> <p>Have we reached a watershed moment as a group? Whether or not we now need to consider where consensus sits and that would then drive forward the fine tuning of future work. There is a risk we move in a circular motion, recognition without progression. Marker needs to be put down to determine where consensus lies. Simon’s paper harnesses a lot of that for us.</p> <p>From the viewpoint of psychiatry, there is a worry about disconnections in the life course, when interventions may be necessary across childhood and into adulthood. Similarly, there is concern about support for people with intellectual disabilities not being fragmented, and the need for continuity over the lifespan. In seeking to address mental wellbeing across society and for children generally, it is important not to dilute focus on the particular needs of children and young people with acute mental illness, and not to make things more fragile than they are already. There would also be concern about courts making orders to</p>

	<p>make children take medication. It may be possible to resolve these worries, but they need to be addressed..</p> <p>It was suggested that Scotland is particularly well placed to make such a change happen, because of the existing commitment to collaboration and integrated practice, and to implementing both the UNCRC and UNCRPD.</p> <p>Children often don't understand why services aren't joined up, and don't see why they have to tell their story over again to different professionals.</p> <p>One reason for this is that consensus hasn't been established yet within the group is because some of the thinking on how this can be done in the wider system has to come from outside the group. However we do need to do more in the Review to test out :</p> <ul style="list-style-type: none"> <li>• Whether there is a consensus</li> <li>• How wide the consensus lies</li> <li>• Where the concerns and anxieties might be that need addressed</li> </ul>
<p><b>6</b></p>	<p><b>Developing Proposals for Reform</b></p> <p>Simon gave an overview, brief points below, explaining a large part of paper is going through the CRC and CRPD principles and most relevant articles; and setting those out against the 2003 act. Displaying areas clearly where there are issues, for example the 2003 act does not deal with restraint or seclusion. These are major issues, not just in terms of human rights in general, but have been raised consistently by Committee on the Rights of Persons with Disabilities. Huge gaps in the UK.</p> <ul style="list-style-type: none"> <li>• Challenges and opportunity - disjointed issues across services for children and across culture that can be addressed.</li> <li>• New paradigms called for by both CRC and CRPD. Agents in their own treatment.</li> <li>• The 'Right to Health' itself, economic and social cultural right. Another convention on way to being incorporated.</li> <li>• Progressive realisation - Katie Boyle has explained that in order for the state to comply, we need to be mapping out where we are at, where we need to get to with investment and health, tracking and monitoring things that work. health services are available and of good quality, budgeting.</li> </ul> <p>Simon's paper proved extremely helpful and she was still absorbing its implications. We should use this as a platform to develop a consensus of where we take this next.</p> <p>Within the ASN Tribunal, they were already having to negotiate the tension between the CRC and CRPD over the appropriateness of a 'best interests' test. Incorporation is right but important not to forget we have actually developed well concepts where the conventions first took us.</p>

	<p>Practitioner Reference Group will be looking at CYP on 18<sup>th</sup> November, following another CYP advisory group meeting on 11<sup>th</sup> November. Will put together paper on what the foundational recommendations are, tangible things we want to see be done, as way forward.</p> <p>In preparation the next meeting will put some draft recommendations down around what kind of information and support that should be provided for families. Also recommended looking at:</p> <ul style="list-style-type: none"> <li>• The Role of Named Person</li> <li>• Right of under 16 year olds to nominate a named person where there is capacity to do that (previously rejected during passage of 2015 Act)</li> <li>• Advocacy</li> </ul>
<b>Actions</b>	<ol style="list-style-type: none"> <li>1. KM to contact Children’s Parliament, requesting support in reaching out to their children’s groups.</li> <li>2. KM to contact ‘Partners in Advocacy’.</li> <li>3. CMc to raise adding an CYP organisation to the Practitioner Reference Group with ET meeting.</li> <li>4. KM to suggest a dedicated lived experience meeting with parent carers with ET.</li> <li>5. CMc to put together paper on the foundational recommendations, to discuss at next advisory group meeting on 11<sup>th</sup> Nov.</li> </ol>

**Secretariat – SMHLR**  
**07/10/21**