

**‘Future in Mind’
Barnsley
Transformation Plan
for
Children and Young People’s
Mental Health & Emotional Well Being**

2015 - 2020

REFRESH

OCTOBER 2018

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1 EXECUTIVE SUMMARY

CAMHS (Child and Adolescent Mental Health Services) is a term used for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing. Many mental health conditions in adulthood show their first signs in childhood, and, if left untreated, can develop into conditions which need regular care.

In previous years, all too often children and young people's emotional wellbeing and mental health has not been given the attention it needs. The 'Future in Mind' report of the Children and Young People's Mental Health Task Force, published in 2015, highlighted the significant changes needed to improve our children's emotional health and wellbeing and focused our attention on adopting a whole child, whole family approach, promoting good mental health from the earliest ages.

This third refresh of Barnsley's Local Transformation Plan has been developed with contributions from all partners via the Barnsley Future in Mind Stakeholder Engagement Group but, in particular, by the young people themselves. Barnsley's young people are represented by our trained young commissioners, OASIS (Opening up Awareness and Support and Influencing Services) and Barnsley College Peer Mentors, both facilitated by Chilypep (Children and Young People's Empowerment Project), a local charitable organisation.

All partners of the Future in Mind Stakeholder Group continue to work tirelessly together with enthusiasm, passion, commitment and dedication to deliver, in Barnsley, the ethos which sits at the core of the Future in Mind recommendations.

It is the national, recurrent funding provided in support of the Future in Mind recommendations that has enabled significant transformation to services in Barnsley that support the emotional health and wellbeing of our children and young people. This transformation is ongoing and enabling significant, positive changes to the lives of the children and young people and their families who access these services.

The focus of Barnsley's transformation plan will continue to be to provide support to children and young people at the earliest possible time to prevent escalation of their problem(s) and to support their emotional health and wellbeing throughout their childhood and adolescence. In the coming year we will focus attention on how we can enhance the support to young people in Post 16 education and in our Primary Schools, particularly in their transition year from Year 6 to Year 7. We will also consider how we can improve the emotional health and wellbeing support to children who are educated at home and those more vulnerable children residing in Barnsley, such as Children in care. The support provided by MindSpace (a schools-led emotional health and wellbeing support service for secondary school pupils) and the Public Health led THRIVE programme delivered within 50 % of Barnsley's primary schools, are excellent foundations on which we can continue to build.

Services are being planned and provided in a multidisciplinary way with all partners involved in the care pathways. A focus of this refreshed plan is therefore to further widen the delivery of mental health training to universal services (e.g. Health

Visitors, Public Health Nurses, GP's) and early help practitioners to enable more appropriate, timely interventions to occur. We will also focus on how we can improve the experience for all children who transition from children's services to adult services.

The improved outcomes that will continue to be delivered by the implementation of Barnsley's transformation plan, driven by Barnsley's Children and Young Peoples Trust, will enable the children and young people of Barnsley to be more emotionally resilient and effectively supported to prevent reduced prevalence of escalation of any mental health problems they may have. However, on those occasions where children and young people are unfortunate enough to experience mental health crisis, we will, through this plan, improve the crisis support offered to the children and young people to ensure that a timely and appropriate response is provided.

This transformation plan acknowledges that a number of key challenges still remain, especially in terms of workforce capacity and skill mix, where we have identified the need to develop a whole-system workforce strategy. There are also challenges in relation to sustainable funding, data capture and utilisation. Our highest priority however is the challenge to reduce waiting and access times into our NHS Specialist CAMHS service which, for some young people, are unacceptably long.

We are working closely with our partners to mitigate these risks, however, it is also recognised that the enhancement of the key prevention work and early years support that is being delivered by implementation of this transformation plan is fundamental in successfully supporting specialist services by enabling a sustainable reduction in demand, creating capacity and capability within the whole system.

2. STRATEGIC CONTEXT

Children and Young People's Mental Health forms an essential part of Barnsley's Health and Social Care priorities and has also been identified as one of the key areas of focus of the South Yorkshire and Bassetlaw Integrated Care System (SY & B ICS).

Mental health problems in children are associated with educational failure, family disruption, disability, offending and anti-social behaviour which places demands on social services, schools and the youth justice system. If mental health problems are left untreated, it can create distress in the children and young people, as well as their families and carers, continuing into adult life and affecting the next generation.

Mental health problems are widespread. National figures show:

- One in four adults experience at least one diagnosable mental health problem in any given year;
- Over half of all mental illness starts before the age of 14 and 75% starts before the age of 18;
- One in 10 children aged 5 – 16 years has a diagnosable problem such as conduct disorder (6%), anxiety disorder (3%), attention deficit hyperactivity disorder (ADHD) (2%) or depression (2%);
- Children from low-income families are at the highest risk;
- One in five mothers suffer from depression, anxiety or in some cases psychosis, during pregnancy or in the first year after childbirth.

In December 2017 the Department of Education published its Green Paper 'Transforming children and young people's mental health provision' (<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>)

The delivery of the commitments set out in this Green Paper will represent a major expansion to support for children and young people's mental health and build on the commitments already set out in 'Implementing the Five Year Forward View for Mental Health'.

There are three key elements to the Green Paper's ambitions:

1. To incentivise and support all schools to identify and train a Designated Senior Lead for Mental Health with a new offer of training to help leads and staff deliver whole school approaches to promoting better mental health.
2. To fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide a specific extra capacity for early intervention and ongoing help within a school and college setting.
3. As the new Support Teams are rolled out, NHS England will trail a four week waiting time pilot for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS services already underway.

In addition, the Green Paper consultation covered several other issues, including how schools can provide enough information on mental health support to parents and carers and how to take forward work to enable schools and colleges to measure the impact of what they do to support children and young people's mental wellbeing.

NHS England sought expressions of interest from CCG's, working collaboratively with partners, to create new local Mental Health Support Teams (MHST) as part of Trailblazer sites. The aim of the MHST's are to:

- Deliver evidence-based interventions in or close to schools and colleges for those with mild to moderate mental health issues
- Help children and young people with more severe needs to access the right support
- Work with and within schools and colleges, providing a link to specialist NHS services
- Build on and increase support already in place, not replace it.

Barnsley CCG, together with its partners, submitted an expression of interest to NHS England to become a Trailblazer site. Our bid was to develop two Mental Health Support Teams in schools which would focus on our Primary Schools, Post 16 students and vulnerable groups, particularly those children educated at home. The bid also comprised an expression of interest to deliver a 4 week waiting time pilot on the NHS Specialist CAMHS Mood and Emotional pathway. The outcome of the application process to become Trailblazer sites is yet to be announced but even if Barnsley's bid is unsuccessful we will still work towards delivering the ambition outlined within our bid.

Building resilience within our children and young people to enable them to enjoy robust mental health and wellbeing or to intervene early to prevent escalation of mental ill health are at the core of our transformation plans. The cost benefit of early intervention, particularly early in an infant and parent relationship, is obvious, and although it takes time, is a focal point of our plan

3 EVIDENCE OF NEED – LOCAL CONTEXT

This section utilises the most recent data available from multiple sources, in order to present an understanding of the emotional health and wellbeing needs of the residents of Barnsley and the impact of this on the children and young people of the borough.

The sources used to analyse local need are the Barnsley Joint Strategic Needs Assessment 2018, Barnsley’s Mental Health Profile and ‘Fingertips’, a Public Health resource.

The partners of Barnsley’s Health and Wellbeing Board have a shared vision which is ‘that the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, regardless of who they are and where they live.’

Demographics

Overall Population	243, 341
0 – 18 year olds	52,888 (21.7%)
19 – 64 year olds	143,951 (59.2%)
65+ year olds	46,532 (19.1%)

(Ref: Barnsley JSNA 2018)

Using the mid-2016 population estimates (and if recent trends of births, deaths and migration continue), Barnsley’s resident population is predicted to reach 252,000 by 2023 and 261,000 by 2028.

Barnsley’s population is ageing and the number of residents aged 65+ is projected to reach 58,100 by 2028, a change of 27% from 2016.

Ethnic Breakdown

	White British	BME
Barnsley	96.1%	3.9%
Yorkshire and Humber	85.8%	14.2%
England	79.8%	20.2%

Barnsley’s slight increase in BME (Black and Minority Ethnic) population in recent years is due to an increase in the number of migrants, mainly from Romania and Poland

In July 2016 the Gypsy, Roma and Traveler Census that took place showed there were 130 adults and 89 children (aged under 16years) who are known to Barnsley

council to be currently living within a small group of static and mobile encampments within the Barnsley borough.

There are however, groups within the population for whom we do not have accurate and up-to-date information.

The number of Lesbian, Gay, Bisexual and Transgender (LGBT) residents in Barnsley is unknown and very difficult to estimate, not least because there are no agreed definitions or mechanisms for routinely gathering this information.

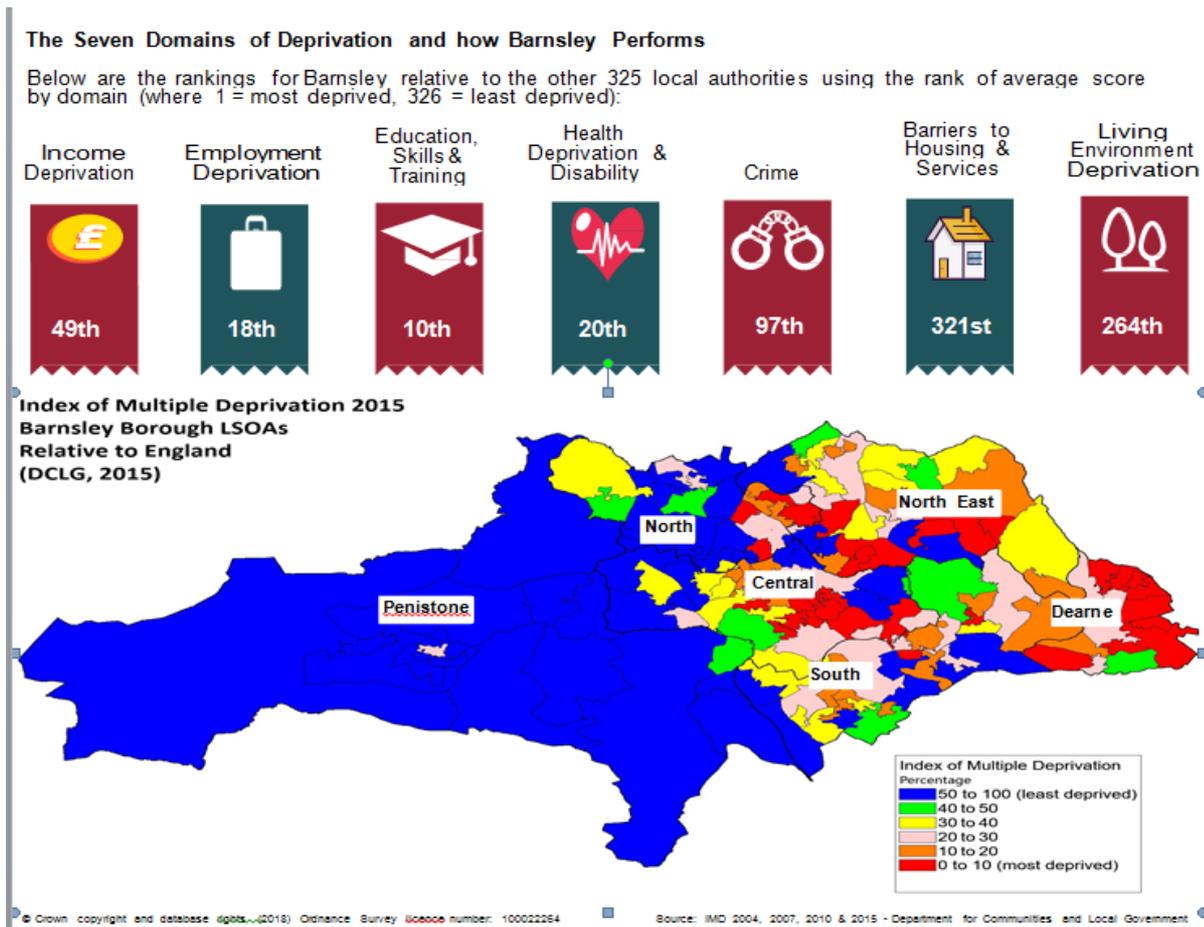
Estimates of the size of the LGBT population vary, but national surveys designed to capture sexual orientation and behaviour show 5% - 7% of the population is LGBT (Department of Trade and Industry (DoTI), 2014), which is the figure the Government uses when undertaking equality impact assessments. Taking 6% as the mid-point we can reasonably estimate that Barnsley's LGBT population is approximately 14,600.

Indices of Multiple Deprivation

Calculated using the rank of average score measure, Barnsley is the 39th most deprived local authority of the 326 local authorities in England. The table below shows the rankings for Barnsley relative to the other 325 local authorities using the rank of average score by domain (where 1 = most deprived, 326 = least deprived)

Income Deprivation	Employment Deprivation	Education, Skills and Training	Health Deprivation and Disability	Crime	Barriers to Housing and Services	Living Environment Deprivation
49 th	18 th	10 th	20 th	97 th	321 st	264 th

Index of Multiple Deprivation 2015 LSOA's



Determinants of health that may impact on the emotional health and wellbeing of children (or be affected by mental health).

Poverty is a relative concept which applies to people who are considerably poorer than mainstream society, with resources well below those of the average individual or family which excludes them from ordinary aspects of life which are the norm for the majority (Joseph Rowntree Foundation 2010).

A lack of financial resources severely limits the opportunities available to people and the life outcomes they can expect. Social mobility is difficult and most people born into poverty stay there. (JRF 2016).

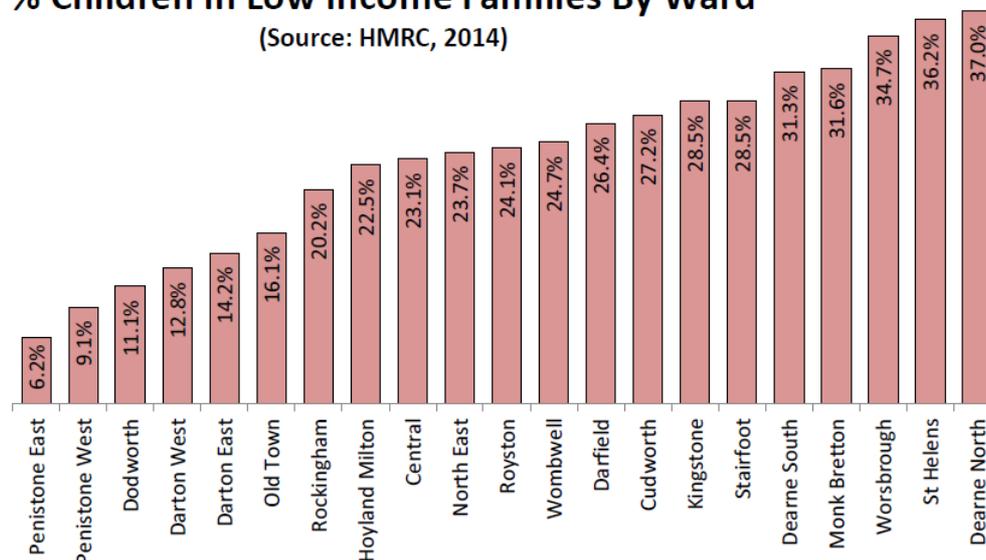
Poverty limits the ability of people to participate in society, change their lifestyles and determine their own destiny. This results in fuel poverty, poor diet, unhealthy lifestyles, low aspirations and dependency, (JRF 2016).

Child poverty is an issue that occurs throughout the borough, but with large differences between communities. The likelihood of a child living in poverty is up to 6 times higher in some parts of the borough than in others; in Penistone East Ward it is 6.2% and in Dearne North Ward it is 37.0% (HMRC 2014, released 2016).

The England rate of children living in low-income families was 19.9% in 2014 compared to the regional rate of 22.2% for South Yorkshire and an overall rate of 23.8% for Barnsley. This has risen 1 percentage point since 2012. The England rate rose by 1.9 percentage points in the same period, so the gap is narrowing.

% Children in Low Income Families By Ward

(Source: HMRC, 2014)



Child poverty and deprivation is one of the most important factors determining health inequalities in childhood and throughout life. Research demonstrates that a child’s physical, social and cognitive development during the early years strongly influences their school readiness and educational attainment, their employment chances and general health and wellbeing outcomes through to adulthood and older age.

There is often a complex/cyclical relationship between determinants of health and mental health with exposure to adverse environmental, social and educational conditions leading to increased risk of emotional and wellbeing issues but also that mental health problems can in themselves lead to subsequent deterioration of a person’s social, educational, employment and housing conditions.

For children and young people the health and social wellbeing of parents and the family as a whole may impact on a child’s or young person’s emotional health and wellbeing.

Health and Wellbeing

The gap in life expectancy at birth for males between Barnsley and England is 1.3 years, whilst the gap in life expectancy at birth for females between Barnsley and England is 1.2 years.

However, the gap between Barnsley and England for **healthy** life expectancy at birth for males has grown to 4.7 years, whilst for women the gap is 4.6 years.

Under 18's Conceptions

The rate of under 18 conceptions (rate per 1,000 population Aged 15 – 17 years) is as follows:

Barnsley 33.7% Y&H 24.3% England 20.8%

Whilst the Barnsley rate has reduced each year since the 2010 rate of 54.5, it has remained significantly higher than both the regional and national rates.

Smoking

The rate of smokers in Barnsley, whilst having reduced since 2012 when the rate was 24.4%, remains significantly higher than the England rate, with the comparator rates being as follows:

Barnsley 20.6% Y&H 17.7% England 15.5%

As a consequence, Barnsley's rate of smoking related deaths (related deaths per 100,000) for people aged 35+ whilst also having reduced from a rate of 412.9 in 2007-2009 to 353, still remains significantly worse than the England rate of 272.

Healthy Weight

The proportion of children who are a healthy weight has improved in both the 4 – 5 year olds and the 10 – 11 year old age groups since 2015/16. Barnsley's rates are currently significantly higher than the regional and national rates for both age groups, as shown below:

4 – 5 year olds	Barnsley 81.0%	Y&H 76.6%	England 76.4%
10 – 11 year olds	Barnsley 66.6%	Y&H 63.9%	England 64.4%

Day to Day Activities limited (Disability Proxy)

Almost a quarter of the residents of Barnsley reported as part of the 2011 Census that their day to day activities were limited due to a long term health or disability. This is significantly higher than both the regional and national rates (Barnsley 23.9% Y&H 18.8% England 17.6%)

Working Age Benefit Claimants

Barnsley has a higher proportion of the population claiming out of work benefits compared to England and the regional rates. In addition to this Barnsley has more than double the proportion of claimants than there are regionally and nationally (Barnsley 5.5% Y&H 2.13% England 2.2%)

Basic Digital Skills

There are five categories of 'Essential Digital' skills for life and work:

- Communicating
- Handling information and context
- Transacting
- Problem solving
- Being safe and legal online

76% of adults in Barnsley have all five Basic Digital Skills.

Housing

The quality of housing has a direct impact on health, educational attainment, economic prosperity and community safety, all of which are important to the success and wellbeing of Barnsley communities.

The growing and ageing population of Barnsley not only adds pressure on housing supply in the borough, but also presents new challenges in providing suitable housing options to meet different needs. As the population ages, the demand for housing will change, moving away from family homes and towards smaller and more specialised homes for people with care needs. The composition of households will also change, with more people living alone. Good housing and support services for vulnerable people can assist them to live healthy, independent lives and reduce the pressure on families and carers.

People who live in clean, dry, warm, secure and affordable homes are less likely to experience poor health as a consequence of their housing conditions. Also, those living close to areas of green space, including parks, woodland and other open spaces, tend to experience improved health and a greater sense of wellbeing (Shelter, 2013).

The health effects of poor housing disproportionately affect vulnerable people: older people living isolated lives, the young, those without a support network and adults with disabilities (Kings Fund, 2015).

Evidence from Shelter (2103) suggests, in relation to children, that bad housing could lead to:

- Up to 25% higher risk of severe ill-health and disability during childhood and early adulthood;
- Increased risk of Meningitis, Asthma and slow growth, which is linked to Coronary Heart Disease;
- A greater chance of suffering mental ill health and problems with behaviour;
- Lower educational attainment, greater likelihood of unemployment and poverty
- Bad housing is linked to debilitating (and even fatal) illnesses and accidents;
- There is a direct link between childhood Tuberculosis (TB) and overcrowding;

- Almost half of all childhood accidents are associated with physical conditions in the home. Families living in properties that are in poor conditions are most likely to experience a domestic fire.

Education

National research has demonstrated the strong links between attainment and a wide range of health issues, both physical and mental, including obesity, teenage pregnancy and misuse of alcohol and other substances. It is therefore vital that families have access to quality educational provision that also meets the needs of the most vulnerable children in order to improve social mobility and that all children attend school regularly.

Outcomes have been steadily rising over the last five years both nationally and locally, with an 18.3 percentage point increase in Barnsley since 2013 and a change of 19 percentage points for England. In 2017, Barnsley's attainment levels improved at twice the national and regional rates, seeing an increase of 2.8 percentage points in comparison to the 1.4 percentage points in increases seen nationally and locally. (The measurement referred to is the % of pupils achieving a Good level of Development 2013 – 2017).

Barnsley has a higher percentage (8.8%) of people with no qualifications than England but has lower level than Yorkshire and Humber (9.5%). This is improving and has reduced by 4.3% since 2012.

Approximately 1 in 25 young people in Barnsley, aged 16 – 17 years old, are not in education, employment or training. This is slightly higher than the national rate, but lower than the regional rate. A low level of skills is likely to have an adverse impact on the economic growth of the borough and is a cause of concern. Barnsley Metropolitan Borough Council (BMBC) have established a new Participation Panel to work with local providers to work together to reduce these figures and increase retention levels.

% of Pupils with Special Educational Needs and Disabilities 2017

Primary School:	Barnsley 14.1%	Secondary:	Barnsley 11.7%
	Y & H 13.5%		Y & H 12.2%
	England 13.5%		England 12.4%

Children in Care |(Looked After Children – LAC)

Barnsley's 'Children in Need' (rate per 10,000 population aged under 18 years) has fallen below the regional and England average rate in both 2015/16 and 2016/17 as the following figures show - Barnsley 310.8 Y&H 348.9 England 330.4. With regards to referrals to Children's Social Care Barnsley's rate (per 10,000 population aged under 18 years) is significantly lower than both the regional and national rates. A robust and integrated 'front door' process is embedded, whereby the vast majority of referrals then proceed to 'assessment' to ensure that every child receives the appropriate course of action. The referral rates to Children's Social Care are Barnsley 434.4 Y&H 582.8 England 548.2.

In relation to children with a Child Protection Plan recent months have seen a reduction in these cases. The overall decline in numbers is due to improved management oversight and scrutiny of cases, confident decision making and improved step-down pathways.

The number of looked after children (Children in Care – CiC) is closely monitored. There is no definitive ‘good performance’, but it is important to be confident that the right children are being looked after at the right time. There were 298 looked after children at the end of 2017.

Crisis Care

Crisis resolution teams treat people with serious mental health conditions when they experience an acute and severe psychiatric crisis. However, many crisis episodes result in contact with police services or attendance at hospital A & E Departments. Mental health problems are also associated with physical health problems, which may result in hospital visits. The impact of mental illness upon A& E Departments may be significant and the need for liaison psychiatric services substantial.

Barnsley has had a psychiatric liaison service at Barnsley Hospital A & E for some time but currently this service is only accessible for people aged 18 +. Enabling young people access to this service is seen as a priority within the locality and in 2019/20 transformation monies will be utilised to develop an all-age psychiatric liaison service to ensure that anyone, regardless of their age, who requires support in a mental health crisis, will be able to access that support in a timely and age-appropriate manner.

Emergency Admissions

(Under 18 years – rate per 1,000 population)

The emergency admission rates for under 18’s in Barnsley have fluctuated since 2010/11 and have been steadily reducing since 2012/13. However, the rates have remained consistently higher than the England average, as we can see below:

Barnsley 93.2	Y & H 75.7	England 73.3
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Worryingly, the hospital admissions rate, per 100,000 population, as a result of self-harm among 10 – 24 year olds, has been significantly higher than the England average since 2013/14 with current rates being

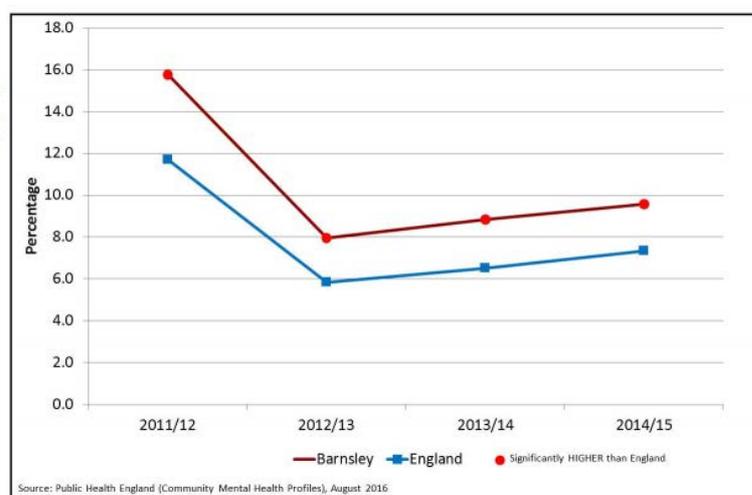
Barnsley 602.9	Y & H 384.8	England 430.5
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Alcohol

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

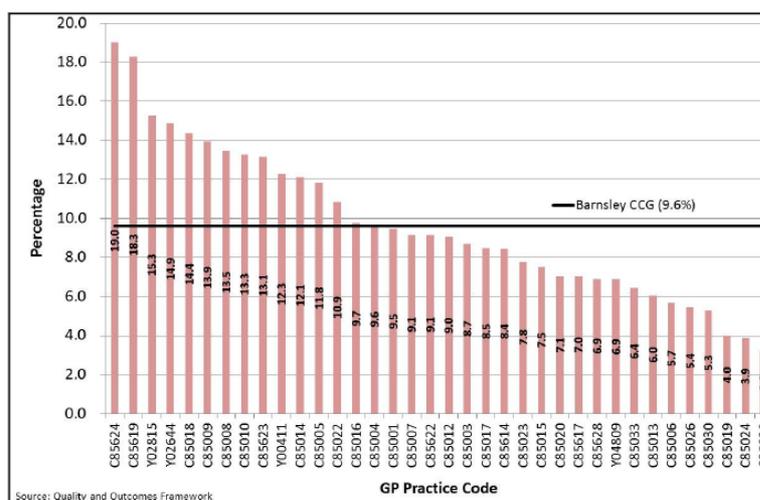
The Government has said that everyone has a role to play in reducing the harmful use of alcohol – this indicator is one of the key contributions of the Government (and Department of Health) to promote measurable, evidence-based, prevention activities at a local level, and supports the national ambitions to reduce harm. Alcohol related hospital admissions can be reduced through local intervention to reduce alcohol misuse and harm. In May 2018 the Government announced its intention of developing a new national strategy for Alcohol.

The trend data (see graph below) shows that the rates for admissions for mental and behavioural disorders due to use of alcohol for men, women and persons in Barnsley are significantly higher than the England average.



Mental Health Profile

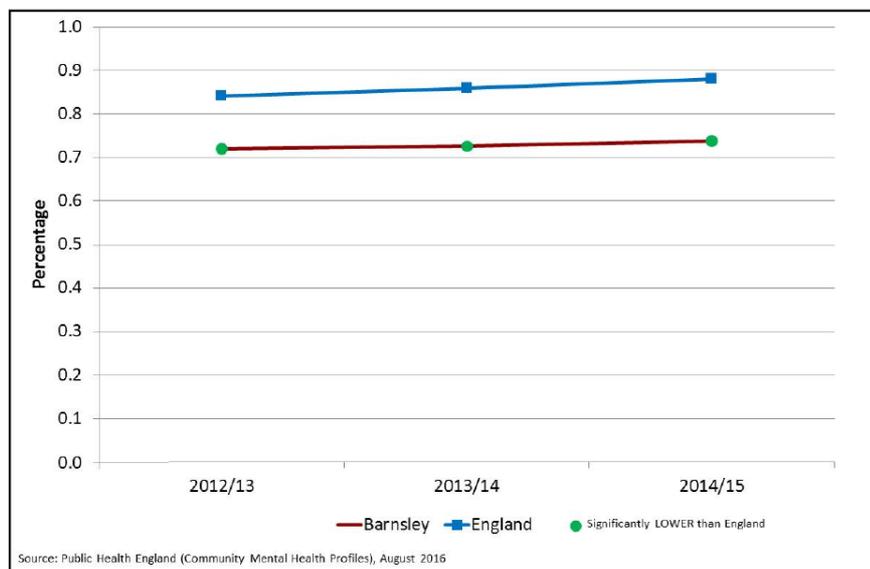
Barnsley's rates of depression prevalence have been significantly higher than the rates for England for each year between 2011 and 2015.



Diagnosed Mental Health Prevalence

Obtaining an accurate diagnosis for a mental illness is not easy. Often a period of time for careful assessment is necessary to ensure a correct and accurate diagnosis is made. A diagnosis can be useful in helping an individual to understand their own condition and access appropriate support, such as social care. It can also be helpful for health professionals to access the appropriate guidance for a particular condition, e.g. National Institute for Health and Clinical Excellence (NICE) guidelines on schizophrenia (Public Health England, 2016).

Barnsley's rates for the prevalence of mental health conditions have been significantly lower than the rates for England for each year between 2011 and 2015.



Barnsley's 2014/15 rate for the proportion of patients self-reporting that they had a long term mental health problem (6.3%) is significantly higher than the rate for England (5.1%).

IAPT (Increasing Access to Psychological Therapies)

The IAPT programme supports the frontline NHS in implementing NICE (National Institute for Health and Care Excellence) guidelines for people suffering from depression and anxiety disorders. It was created to offer patients a realistic and routine first-line treatment, combined where appropriate with medication, which traditionally had been the only treatment available. When the programme was first implemented in 2008 it was targeted at people of working age, but in 2010 was opened to adults of all ages. Barnsley's service accepts people from 16 years old.

In spring 2018 the Barnsley IAPT service was competitively tendered using a revised, more ambitious, service specification based on NHS England's IAPT Manual. The new IAPT service has been delivered from 1 September 2018 and is consistently achieving the nationally recommended targets. Barnsley's IAPT service also supports Young People in Post 16 Education at Barnsley College with a Wellbeing practitioner on site one day per week.

4 MINORITY GROUPS / VULNERABLE GROUPS

Abused children

In 2016, official records highlighted that over 50,000 children were identified as needing protection from abuse in England, with abuse and neglect referrals accounting for 60% of the number of children taken into care. In addition, 51% of children in need had abuse or neglect identified as a primary need at assessment (NSPCC Report: 'Transforming the mental health services for children who have been abused' 2017).

There is extensive evidence that experience of childhood maltreatment can contribute to the development of a range of mental health disorders, as well as substance misuse, suicide attempts, sexually transmitted infections, risky sexual behaviour and criminality.

Insecure and disorganised attachment are also particularly common among children who have been abused and neglected, and this can contribute to the development of mental health problems.

There is also evidence that experience of maltreatment in childhood doubles the risk of depression, and this depression is more treatment – resistant than depression which occurs without experience of childhood maltreatment.

Effective mental health support for children can be crucial in making the difference between overcoming trauma and living a life shaped by abuse. Mental health support should not be limited to a medical model and should explore the full potential of family, schools and the wider community network as part of the mental health offer. Effective and early targeted intervention can help manage problems before they escalate.

Barnsley CCG, together with Barnsley Metropolitan Borough Council continue to jointly commission Barnsley Sexual Abuse and Rape Crisis Services (BSARCS) to ensure that the children involved in sexual exploitation receive the specialist treatment necessary to enable them to reach full recovery.

Barnsley's local transformation plan focuses on early intervention and support by enhancing early years support through family centres with the development of parenting programmes and wellbeing practitioners amongst its partners, with particular emphasis on 'attachment' issues.

School-led emotional health and wellbeing services are at the forefront of our transformation and we have currently implemented the THRIVE principles (Appendix 1) in approximately 50% of the Primary schools in Barnsley. We are hoping to roll this out to the remaining primary schools over the next 12 – 18 months and to help with this a promotional video has been made by our local schools already implementing the model.

In doing so we recognise that failure to provide high-quality, early support to those most likely to develop serious mental health problems will not only place

considerable strain on acute services further down the line but more importantly, would mean that we had failed some of the most vulnerable children and young people of Barnsley.

Looked After Children

Outcomes for Looked After Children often fall behind that of other children and young people simply due to their life experiences which lead them to becoming looked after by the Local Authority. This inequity has been recognised and Barnsley CAMHS have reviewed their 'Children in Care' pathway (Appendix 2) to ensure that Looked After Children have priority access to CAMHS. The revised pathway is outlined in more detail in Section 6.

Work is also being progressed in terms of how the mental health and emotional wellbeing of Care Leavers can be better supported by services once they turn 18. As the Local Authority maintains Corporate Parenting responsibility for 'Care Leavers' until they reach 21 years of age (or until 25 years of age in some cases) mental health service providers are working with BMBC and the CCG to consider how Care Leavers may be identified within the system (providing consent is given) and to raise awareness among mental health staff of the unique experiences and vulnerability of these young people.

Training sessions are being delivered to our mental health practitioners by the Local Authority's Looked After Team to help them understand the particular vulnerabilities of Care Leavers to ensure that Care Leaver's needs are prioritised appropriately enabling them to access emotional health and wellbeing support in a timely manner.

BAME (Black Asian and Minority Ethnic)

Barnsley's BAME population remains less than 3% of its total population. However, it is well known that many BAME groups experience higher rates of poverty than white British in terms of income, benefits use, unemployment, lacking basic necessities and area deprivation. Much of the variation in self-reported health between and within BAME groups can be explained by differences in socio-economic status (Parliamentary Office of Science and Technology, 2007).

There are a range of complex factors affecting the health of people from ethnic backgrounds, such as the long term impact of migration, racism and discrimination, poor delivery and take-up of health care, differences in culture and lifestyles, and biological susceptibility.

The health status of Gypsies and Travelers is much poorer than that of the general population, even when taking into account factors such as variable socio-economic status and / or ethnicity (Race Equality Foundation, 2008).

BAME communities are disproportionately represented in both Mental Health care and Criminal Justice systems. However, BAME people are under-represented in substance misuse services. The severe social stigma associated with drug use in some cultural and ethnic groups may lead to underestimation of problems and

inhibit service provision and take-up. There may also be a limited awareness among BAME groups of the range of services offering support and how they can be accessed.

LGBT (Lesbian, Gay Bisexual and Transgender)

A number of recent surveys have highlighted some key areas where the health and wellbeing of LGBT people are significantly different from the general population:

- Gay and Bisexual men are less likely to live an active lifestyle, but are more likely to have a normal BMI (Stonewall, 2013);
- LGBT people are less likely to engage with public health initiatives such as HIV testing, STI testing and cervical smear test than the general population (Stonewall 2012b, 2013);
- LGBT people are more likely to self-harm; Gay and Bisexual men are more likely to attempt suicide and Lesbian and Bisexual women are more likely to suffer from eating disorders;
- Gay and Bisexual men are more likely to experience Domestic Abuse and Transgender people are more likely to suffer intimidation, violence and harassment (Stonewall 2012b and Scottish Transgender Alliance, 2012);
- Gay and Bisexual men have higher rates of recreational drug use, smoking and alcohol consumption (Stonewall, 2013).

Gypsy Travellers

The 'Health and Status of Gypsy Travellers in England' report to the Department of Health (Parry et al, 2004) found that:

Health problems amongst Gypsy Travellers are between two and five times more common than the settled community;

Gypsy Travellers are more likely to be anxious, have breathing problems (including asthma and bronchitis) and chest pain. They are also more likely to suffer from miscarriages, still births, the death of young babies and older children.

Asylum Seekers

National research shows that asylum seekers can rapidly develop health problems whilst they are in the UK. There are a number of reasons why this is the case and these reasons may include:

- A number have faced imprisonment, torture or rape prior to migration and will bear the physical and psychological consequences of this;
- Many have come from refugee camps where nutrition and sanitation has been poor thereby placing them at risk of malnourishment and communicable diseases;
- The journey to the UK could have affected them through various means such as extremes of temperatures, length of journey, overcrowded transport and the stress of leaving their country of origin.

Sensory Impairment

National research shows that sensory impairment can have a significant impact upon the life of an individual and can place additional strain upon the health, social and economic needs of both individuals and society.

For example, being deaf or having hearing loss can be a big issue and often socially disabling. People with a significant hearing loss are often very isolated, with social communication becoming increasingly difficult and no external visible signs of the individual's impairment e.g. guide dog or white stick. Furthermore, deaf people often have very low literacy and comprehension levels making reading, writing and understanding the written words very difficult. This can often lead to a rise in frustration and tension, both within the individual as well as society on the whole.

Through the facilitation of Chilypep young people have been involved in work in relation to Suicide prevention <https://youtu.be/f1kDo2xDpvo> , accessing CAMHS and have designed the following poster for CAMHS SPA (Single Point of Access) –



In addition OASIS have helped to improve the environment of Barnsley's Emergency Department to make it more young person friendly and are working with the Public Health Nursing Service, MindSpace, Healthwatch Barnsley and have been involved in recent interview panels for CAMHS practitioners, assessing the CAMHS service in relation to the 'You're Welcome Standards' and they have reviewed the CAMHS Children in Care pathway. In addition, members of OASIS have contributed to consultation clinics and national consultations / reviews.

Chilypep have been working with Barnsley College to provide a Peer Mentoring service for students at College, the need for a Peer Mentoring Service being identified through consultation with Young people across Barnsley.

The Mentors provide 1-2-1 and group drop-in sessions for students who are requiring extra support, which includes running weekly Wellbeing Wednesday Sessions in the Students Union for young people to access advice and learning strategies to improve their emotional wellbeing. Wellbeing sessions cover topics such as exam stress, revision support, transitions, creative wellbeing and managing stress.

Chilypep have recently been awarded 'Approved Provider Status' from NCVO (National Council for Voluntary Organisations) for their Peer Mentoring Project at Barnsley College. This accreditation will last until June 2021.

To better understand the breadth and depth of the involvement of Barnsley's children and young people and their influence on service delivery, additional, detailed information has been provided at Appendices 4.1 to 4.4.

6. SERVICE TRANSFORMATION

The vision for transformation of services in Barnsley is for early intervention and prevention models to provide innovative wellbeing and prevention focused service(s) that can meet the needs of the children and young people already known to services and professionals across the borough, in addition to identifying others with needs that are currently not being met or supported by other services and extending the ability to recognise and offer support to all those with emotional wellbeing needs.

The work is being delivered on an asset model and focuses on promoting factors that support human health and wellbeing (salutogenic) resources that build the self-esteem and coping abilities of individuals and communities, eventually leading to less dependency on professional services.

The services are operating within the context of wider systems to maximise synergy, reduce duplication and ensure impact across the existing systems and future developments, enabling the adults who form the child and young person's environment (teachers, professionals, parents, carers etc.) to role model high self-esteem and personal resilience, which in turn will allow children and young people in Barnsley to 'break the cycle' of low aspirations and improve mental and physical health associated with wellbeing.

The expected outcomes of the early intervention and prevention currently being delivered includes:

- Improved quality of life outcomes for children and young people by supporting them to build resilience, understand how to maintain their wellbeing and enabling self-care;
- Improved confidence and competence of children and young people facing staff to identify, comfortably and compassionately engage with and signpost children and young people into services via a clear pathway;
- Improved entry assessment and final evaluation outcomes of CAMHS by providing step up / step down services;
- Reduced number of referrals into secondary care / higher level services (for mental health / wellbeing);
- Reduced number of referrals submitted to CAMHS;
- Reduced emergency admissions to hospital for Children and young people with Long Term Conditions – children and their parents are less anxious and have access to information that allows them to effectively self-care;
- Reduced incidence of bullying in schools;
- Reduced incidence of child sexual exploitation;
- Reduced number of children and young people prescribed anti-depressants;
- Increased early identification at key development ages within existing services;

Improved information, advice and support available for children and young people, and their families and carers, enabling them to effectively self-care and support the emotional wellbeing of themselves and those around them

Universal Services

Universal services such as Health Visitors and Public Health Nurses (encompassing the role of School Nurses) are well placed to offer early intervention support.

The Public Health Nursing Service, delivering the 0 – 19 service, has been provided by Barnsley Metropolitan Borough Council (BMBC) since October 2016 and continues to pursue a collaborative development of Healthy Child Programme Pathways, including Emotional Health and Wellbeing.

As part of the restructure of the Public Health Nursing Service we have seen the introduction of a Healthy Child Programme Lead (HCPL) role for each Area Council / Locality Area within the borough. The purpose of this role is to supervise, lead and manage a locality PHN team to ensure the effective delivery of the Healthy Child Programme to achieve improved health outcomes for children and families. The HCPL will work collaboratively with locality colleagues to develop and maintain effective services to children and young people and their families in Area Council localities.

A number of staff have also been trained as Specialist Community Public Health Nurses (SCPHN). A SCPHN is a qualified nurse or midwife with post-registration experience who has undertaken further education and training to become qualified in child health, health promotion, public health and education. The role of the SCPHN is to provide evidence based public health nursing practice that promotes and improves health and addresses inequalities at individual, family and community level.

The Public Health Nursing Service currently has 4 members of staff on an Extended Practice Course to achieve a dual qualification for practitioners with a SCPHN qualification. This involves undertaking an additional period of practice assessment which then enables them to deliver services to children and young people across the 0 – 19 age range. There are plans for a further 8 staff to commence the course in January 2019.

Following audits on the consistency and quality of Health Assessments for Children in Care, the Public Health Nursing Service have reviewed their delivery model for LAC (Looked After Children) Reviews and delivery of the Healthy Child Programme. They have implemented a dedicated team of SCPHN's who will be responsible for the annual health assessment and delivery of the Healthy Child Programme. To enhance this work it is hoped that this team will be able to co-locate with the Looked After Children Social Care team in early 2019.

Service pathways are under review for Healthy Weight, Weaning and Nutrition, Behaviour Management, Developmental Delay, Emotional Health and Wellbeing, Sleep Management, Speech and Language Development, Toileting and Enuresis, transitions and school readiness, all of which are key, high impact areas. The use of the 'Family Star' is being adopted to enable the service to demonstrate improved outcomes for children, young people and their families across all pathways.

Resilience Programme (Primary Schools)

The Public Health Nursing Service focuses on using a whole school approach and encouraging health promotion in schools.

This whole school approach is mirrored in a programme solely funded by Barnsley's Future in Mind allocation and led by Public Health, to improve the social and emotional mental health and resilience in Barnsley's primary school age children.

The aim of the project is to improve the social and emotional mental health (SEMH) and resilience of young people in Barnsley through increasing the number of Primary schools providing exemplary mental health support for their pupils delivered through a whole school approach.

The overwhelming evidence is that as well as a whole school approach, interventions need substantial dedicated time to produce benefits.

This project aims to support schools to be able to achieve this, initially through enabling them to implement the '**Thrive approach**' as part of a whole school approach to SEMH.

The expected outcomes to be delivered include:

- Improved levels of SEMH as measured by the Strengths and Difficulties questionnaire (SDQ) – the SDQ is a well validated brief screening questionnaire for 4 – 17 year olds;
- Reduced requirement for additional higher level mental health support (longer term reduction in CAMHS referrals);
- Improved levels of happiness and feeling safe (pre and post intervention pictorial questionnaire);
- Improved behaviours in home and school (SDQ / teacher and parental questionnaires) - including reductions in low level disruption and bullying;
- Longer term improved academic attainment (school academic data);
- Longer term improved school attendance (school data);
- Longer term reduced instances of exclusions;
- Longer term reduced instances of unauthorised absences (school data);
- Improved development of the social and emotional skills and attitudes that promote learning and success in school and throughout life;
- Improved staff wellbeing and happiness - reduced stress, sickness and absence;
- Improved levels of resilience may mean that young people are more able to cope with, for example, low-level anxiety, frustration and anger, recovering from setbacks and being persistent in the face of difficulties;
- Reduction in risky behaviours.

This work with schools is supported by Public Health who will ensure that this work complements that of the 0 – 19 health and wellbeing service. The steering group for this project is the Barnsley Schools Alliance 'Closing the Gap' group which includes schools representatives.

Approximately 50% of Barnsley's primary schools are implementing the THRIVE approach and in these schools we are seeing positive outcomes in terms of

behaviour, improved attendance, reduction in exclusions and an improvement in children's engagement in learning. However, the main barrier to schools undertaking this approach appears to be a financial one and as a result we are discussing with THRIVE the potential of reducing the costs in terms of ongoing commitment.

To promote the many benefits of this approach to those schools not currently implementing the THRIVE model a short video has been produced outlining the impact this approach is having in Barnsley.

MindSpace (Secondary Schools)

A significant proportion of the Future in Mind funding in Barnsley has been invested in developing a schools-led mental health therapeutic support service offering early intervention and prevention support for the emotional health and wellbeing of all secondary school pupils in Barnsley. This support service was established in Barnsley prior to the Department of Education's Green paper, 'Transformation of Children and Young Peoples Mental Health provision' but is clearly reflective of the ambitions contained within the Department of Education's publication.

The service, MindSpace, is widely known in Barnsley following a re-launch of the service in October 2017. At the re-launch event in October 2017,

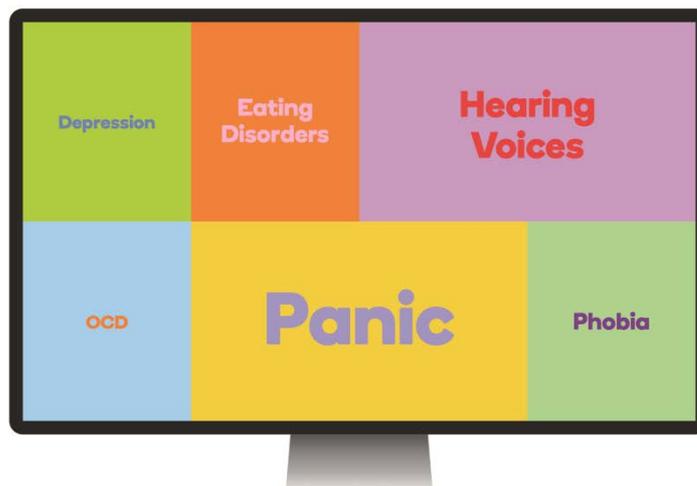
Welcome to the launch of



MindSpace was widely promoted within the borough and beyond, with radio air time from BBC Radio Sheffield and bulletins on Capital Yorkshire Radio and newspaper articles in the Guardian as well as Barnsley's own local paper, the Barnsley Chronicle. The following video was presented at the re-launch of this service which highlights both what the service is about and the positive impact that the service is having on the lives of the young people and their families – <https://vimeo.com/user2682826/review/235441567/4095193cb1>

The MindSpace report (Appendix 5) details the number of pupils and parents who have benefitted from the support provided by the MindSpace team and our ambition is to develop similar services for our Primary School children and the more vulnerable children in our borough such as Children in Care, children attending the SEMH (Social, emotional and mental health) special school and children educated at home. This ambition is incorporated within our bid to become a Trailblazer site (see Section 2) but regardless of whether we are chosen as a Trailblazer site or not we will aim to deliver this ambition over the next two years.

As part of the ongoing consultation with our young people it became apparent that they desired access to a young-person friendly website which would contain an abundance of relevant information as well as self-help strategies. The young people provided a number of specific requirements, such as the need to be colourful and easy to navigate. Below are extracts from the MindSpace website that was developed following these consultations:



The website www.wearemindspace.com was finally launched in November 2017 and is proving to be an invaluable resource for young people and parents alike.

Yorkshire and Humber Schools Competency Framework

The Yorkshire and Humber CYP Mental Health Network brought together a number of interested partners in the region to develop a Social Emotional Mental Health Competency Framework for Staff Working in Education. The framework 'In It Together' is aimed at all staff, from gardeners to governors, business managers to teachers by outlining role appropriate levels of skill, knowledge and training.

Barnsley was represented in the development of the framework by our partners Wellspring Academy who deliver the MindSpace service to Barnsley's Secondary Schools. We are pleased to note that the following Barnsley schools piloted the framework:

Horizon Community College
Barnsley College
The Forest Academy
Greenacre School
Penistone School
Netherwood Academy

Their evaluations, together with the evaluations of the other 40+ schools in the Yorkshire and Humber region who are also piloting the framework, will ensure continued, sustainable support for our children and young people's emotional health and wellbeing that is provided by confident and competent workforce within schools, leading to appropriate early intervention and prevention. The frameworks have incorporated the feedback from all of the pilot sites and final versions of the frameworks (Appendix 6) are now available for use to all schools in the UK.

It is our intention to roll-out the use of the appropriate framework in each of the educational settings within Barnsley.

Chilypep (Children and Young People's Empowerment Project)

In addition to facilitating the fantastic engagement work with our young people and supporting OASIS and Peer Mentors, Chilypep are also responsible for providing large elements of training to our school staff (teaching and non-teaching) which complements the work of MindSpace. The attached report (Appendix 7) details the extensive training provided by Chilypep to date.

Chilypep have also been commissioned to deliver the BRV (Belonging, Resilience, Vocabulary) project in Barnsley. The BRV project works with a group of young men and boys to help them achieve a sense of belonging, resilience and improved understanding of themselves.

Through group workshops, art and photography sessions, the boys explore and enrich their emotional intelligence. The boys engage with themes such as personal and group identities, health and wellbeing, how to manage difficult emotions, citizenship and core values. All of this enables them to navigate adolescence and help them to aspire to positive futures.

Outcomes of the BRV programme are that the boys:

- Recognise, value and respect their emotions and those of others and recognise boundaries
- Increase knowledge and understanding of self, and learn to like themselves more
- Explore and challenge perceptions of contemporary masculinity within the context of their lives
- Identify situations/places where they felt vulnerable, then learn how to address their emotions and develop helping strategies
- Develop help-seeking behaviours and identify support needed
- Identify and address risky or life chance blocking behaviours/attitudes
- Be able to critically reflect and make informed choices
- Increase sense of citizenship and belonging
- Have positive opportunities and experiences focus on their future in terms of career opportunities, relationships and emotional wellbeing.

The newspaper clipping below highlights the positive impact that the BRV programme is having on a number of Year 10 boys.



BRV project – delivered at Horizon College – Barnsley Chronical April, 2016

The programme commissioned in 2018 was for 15 boys and given the overwhelming positive impact of the BRV programme and a growing need in Barnsley, we will commission a greater number of places for 2019 and beyond.

The young people of Barnsley have consistently stated that they are not aware of all of the services that are available to support them and once they do know of them they are not always sure how to access them. Chilypep were tasked with gathering data on all services in Barnsley that are available to support the emotional health and wellbeing of our young people and this has been a mammoth task. However, Chilypep are about to launch their new Directory of Services (Appendix 8) which will be maintained by members of Chilypep and MindSpace to ensure that it provides real-time, current information. The effectiveness of this Directory of Service will be evaluated in 12 months time.

TADS (Therapies for Anxiety, Depression and Stress)

Barnsley TADS is a Charitable Unincorporated Organisation who provide free complimentary therapies to the people of Barnsley. Barnsley TADS did not form part of the original transformation plan but through the extensive engagement, development and promotion of MindSpace, they have become an enthusiastic and committed collaborative partner.

Barnsley TADS have established a 'TADS Young People's Wellbeing project' which includes:

- Running a drop in service twice a week between 3:30pm and 5:30pm;
- Offering a five-week wellbeing workshop teaching young people different ways to handle their issues;
- Provide therapies such as Indian head massage, reflexology, reiki, hypnotherapy and EFT (Emotional Freedom Techniques);
- A dedicated, confidential email and text messaging service for advice and/ or support;

Barnsley TADS were also one of the partners involved in the development of 'MindSpace' and provide some elements of this service.

NHS Specialist CAMHS

The Barnsley Child and Adolescent Mental Health Service (CAMHS) is based at Upper New Street, Barnsley and provides a comprehensive and quality service to children and young people in the Barnsley area. The services are provided to children and young people up to their 18th birthday who are experiencing a wide range of behavioural, psychological and emotional problems, difficult relationships, trauma or abuse. 100% of young people presenting to Barnsley CAMHS in an emergency are seen within 24 hours.

Barnsley CAMHS is made up of four teams:

- Child and Adolescent Unit
- Young People's Outreach Team;
- Community Early Intervention Team;
- Learning Disabilities and Development Disorders Team.

The services are provided in a variety of settings including health centres, clinics, schools or in service-user homes. There is a range of support and interventions offered to children, young people, families and carers who use the Barnsley Specialist CAMHS service. Examples of this support includes:

- Brief solution focused therapy (a goal directed therapy that focuses on solutions instead of problems);
- Cognitive behavioural therapy (CBT) (a talking therapy that can help you manage your problems by changing the way you think or behave);
- Evidence based parenting interventions;

- Eye movement desensitisation reprogramming (a treatment used to reduce the symptoms of post-traumatic stress disorder);
- Family therapy;
- Group therapies;
- Play therapy;
- Psychiatric assessment and diagnosis;
- Psychologist assessment and interventions.

Barnsley Specialist CAMHS has participated in the national CYP IAPT programme since the first implementation phase in 2012. The service is part of the North West CYP IAPT Learning Collaborative. There are currently 20 partnership members of the collaborative - supported by Greater Manchester West Cognitive Behavioural Therapy Training Centre (GMW CBTTC)/The University of Manchester.

CYP IAPT is a pivotal factor in delivering the Five Year Forward View in Mental Health objective of enabling an additional 70,000 additional children and young people in England to access emotional health and wellbeing support by 2020.

CYP IAPT works in partnership with children and young people to help improve and monitor services. A key component of CYP IAPT is the training of practitioners (and supervisors) in NICE approved and best evidence based therapies. Historically, NHS England has funded the backfill posts to enable staff to undertake this training, but this funding is coming to an end and the responsibility to fund future training places now sits with Clinical Commissioning Groups. Barnsley CCG see CYP-IAPT trained practitioners as a key workforce delivering the emotional health and wellbeing support to our young people and are therefore committed to continue to support the CYP-IAPT training programme.

The introduction of CYP-Well-being Practitioners has brought an additional layer of opportunity. The team is now undertaking Skills and Knowledge assessment within the pathways to inform the training and development required and to consider how the Specialist CAMHS service can develop a wider offer for evidence -based individual and group based interventions.

The service has now recruited to a new Family Therapy post which had been identified as a gap in provision. The service is also looking to train a nurse prescriber as this has also been identified as a gap in provision. The General Manager of CAMHS and Family Centre manager from the Local Authority, Early Years, continue to work together to access fully funded parenting trainee places on the national CYP-IAPT Post Graduate Parenting programme whenever possible. Parenting programmes are a focus of our early intervention and prevention plans in many of our services supporting young people, not just in Specialist CAMHS, a key element of these programmes focusing on attachment issues.

The Trust wide CAMHS service is actively engaged in a workforce development review and identifying common training needs to agree a training strategy.

MindSpace team members work closely with Specialist CAMHS. They come together every Monday morning and triage the referrals received by both services. This ensures that the young person referred receives support from the most

appropriate service in a timely manner. MindSpace staff have access to the Enhanced Evidence Based Practice training via CYP – IAPT.

The service is actively engaged in CYP-IAPT and the General Manager Barnsley CAMHS attends the regional Collaborative Board and collates partnership returns on behalf of the local services.

CAMHS are actively engaging new partners as part of our Local Transformation Plans, as evidenced by the links with MindSpace.

Additional Investment of Future in Mind funding into a CAMHS Single Point of Access (SPA) has enabled this service to become fully operational. A number of the SPA staff members have attended the CYP-IAPT Enhanced Evidenced Based Practice programme (EEBP) which will further embed and sustain early evidenced based interventions. In addition, 2 CYP well-being practitioner trainees are co - located within SPA.

The YOT (Youth Offending Team) CAMHS staff are both trained to deliver evidenced based interventions and have successfully completed the CYP-IAPT CBT Post Graduate Diploma programme.

The services across Barnsley embrace collaboration and participation in a number of ways. This includes work with the young commissioners and 'Chilypep' as well as having participation leads and a CAMHS participation group. Specialist CAMHS launched an anti-stigma video in October 2017 which features our young people and was shortlisted in the Trust excellence awards. The video can be accessed at <https://www.youtube.com/watch?v=-SsOEGwyyco>

The school and eating disorder service worked in partnership and introduced a group named by children and young people as the Body Image and Feelings (BIF) group. This is located at a local college. It offers early intervention and an opportunity for young people to discuss any concerns they have and complete a screening tool to enable self-referral to the specialist Eating Disorder Team if required. This was assisted by project management from a CAMHS member of staff as part of their CYP-IAPT Leadership programme. This service now offers Self-referral.

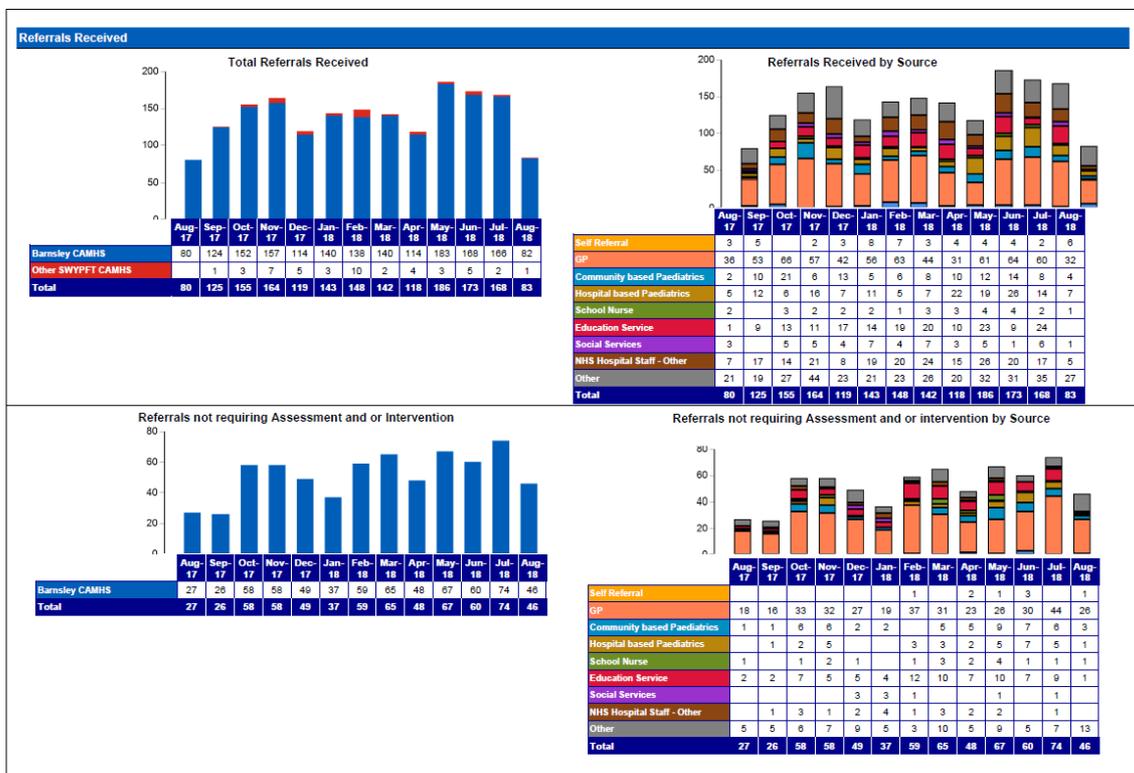
The service continues to use Routine Outcome Monitoring and working to further improve and embed this within supervision continues.

Barnsley has a full Early Intervention (EI) pathway in place for children and young people and medical responsibility for EIT (Early Intervention Treatment) CYP sits within CAMHS until they are 18 and / or whilst Transition is completed. All referrals from CAMHS made to EIT are assessed for suitability (within 2 weeks if routine) and fall into 2 categories. If the assessment concludes they are experiencing a first episode psychosis they will be offered a full 3 year package of care from the specialist team, with medical responsibility remaining with CAMHS.

The CYP is care co-ordinated by Specialist CAMHS under the CPA (Care Programme Approach) framework.

A second pathway is now in operation. This is the 'ARMS pathway' (At Risk Mental State). This is where the CYP presents with a range of difficulties and experiences that do not fully meet the diagnostic criteria for psychosis, but following the completion of the CARMS assessment (Comprehensive assessment at risk mental state) do indicate an 'at risk' mental state. This is assessed around frequency and intensity of unusual experiences, plus significant and recent decline in social function and first degree family history of psychosis. These children and young people will be offered 6-12 months of intervention which is focused on a CBT (Cognitive Behaviour Therapy) approach. If they transition into a psychotic episode in this time they will be taken onto the full caseload (for up to 3 years). The aim of this additional role for EIT nationally is, wherever possible, to prevent this transition, and also to tighten up the care package for first episodes. The Trust-wide EI service has reviewed the operational policy.

Demand for Specialist CAMHS has remained consistently high over the past 5 years, as seen from the referral data below:



A significant challenge for the Barnsley NHS Specialist CAMHS service however lies in relation to the lengthy waits experienced by many of our young people between their initial assessment and the start of their treatment. The current waits, as at August 2018, on each of the CAMHS pathways are shown below:

<i>Average days wait by pathway</i>	Feb 17	Jun 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	As @ 14-5-18
Complex Behaviour	313	274	299	295	305	321	322	326	324
Mood & Emotional	215	155	195	210	192	203	213	218	241
CIC (LAC)					0	52	51	42	38
Eating Disorder	The access and waiting time standard applies: 7 days for urgent and 28 days for routine and the service is meeting this								

The longest waits are experienced by those children entering the complex behaviour pathway, which will include those young people with Learning Disabilities, ASD (Autistic Spectrum Disorder), ADHD (Attention Deficit Hyperactivity Disorder) and others. The long waits are partly attributable to the lack of therapists who deliver that pathway and partly to the intensive needs of this client group.

The service has evidenced however that the process from assessment to diagnosis on the ADHD pathway is significantly lengthy and they are proposing some changes to the pathway that may significantly reduce the overall process. In addition, the Barnsley ASD and ADHD Steering Groups are working together to look at the potential of developing just one neurodevelopmental pathway, a pre-requisite of entering the pathway being that the young person has undergone an Early Help Assessment. This is to ensure that the young person and their families obtain the appropriate support as early as possible.

The Barnsley Children and Young People's Trust Children's Services Improvement Plan for 2018/19 has included a new strategic action whereby all providers across health, education and social care will work together to design a sustainable approach to the assessment, care and treatment of children and young people with ADHD. The interface between family centres, parenting programmes, school-based mental health services, educational staff, paediatricians and GP's will be integral to this work.

The service has also evidenced that approximately 75% of a CAMHS Consultant's workload is centred around young people with ADHD and that a significant portion of that workload is medication reviews. The CAMHS service are therefore looking at alternative ways of undertaking the medication reviews, possibly utilising other skilled professionals in order to free consultants' capacity to enable them to focus on those young people on the waiting list.

The NHS Specialist CAMHS service has developed and introduced a process for the review and management of risk for children and young people whilst waiting on each of the pathways and continues to provide support and advice to families and professionals via the SPA, i.e. is the young person deteriorating – if this is the case then the child / young person's priority becomes greater and they access the service sooner.

Reducing the waiting time between assessment and the start of treatment is both a key focus and a key challenge of our transformation plan. As part of our bid to be a Trailblazer site we included a bid to support a 4-week waiting time pilot on the Mood and Emotional pathway. This pathway would link in well with the work of the

mental health support teams in schools and hopefully help to reduce the rising numbers of young people in Barnsley who are attending A & E due to self-harming.

In order to ensure that the NHS Specialist CAMHS provision is as efficient and effective as possible whilst delivering the optimum outcomes possible for our children and young people, Barnsley CCG and SWYPFT are discussing with NHS England's Intensive Support Team (IST) the possibility of the IST undertaking a service review in 2019. The agreement to undertake a review and the scope of such a review has yet to be decided

Community Eating Disorder

A children and young people's community eating disorder service, provided by CAMHS, has been established in Barnsley in accordance with the recommendations of the guidance for 'Access and Waiting Time Standard for Children and Young People with Eating Disorder'. The Barnsley service has been established through a collaborative commissioning arrangement with four other CCG's, these being Wakefield, Kirklees, Greater Huddersfield and Calderdale.

The Barnsley CAMHS General Manager and the Consultant Psychiatrist Wakefield CAMHS are the Operational and clinical leads for the implemented Community Eating Disorder Service for children and Young people across the districts of Barnsley, Calderdale, Kirklees and Wakefield. The service is implemented as a team operating via a hub and spoke model.

The 'hub' performs an important professional leadership and learning network role across the full service thus ensuring robust and consistent approaches to staff development and quality assurance. The initial focus has been on strengthening the local resource bases and pathways, investing in increasing the capacity and skills set of the current multi-disciplinary teams.

The service has been successful in submitting data via Unify for all Quarters in 2017/18 and has commenced automated reporting against national access standards for urgent and routine cases to CCG's in an agreed KPI report. Barnsley CCG has now included in contract a threshold of 95% to meet the access standard. (Appendix 9 – CAMHS Eating Disorder KPI Report)

In 2017 the Barnsley service undertook a 3 month pilot scheme named by children and young people as the Body Image and Feelings (BIF) group. This was located at a local college and hosted by the Eating Disorder team and a MindSpace Primary Mental Health Practitioner. It offers early intervention and an opportunity for young people to discuss any concerns they have and complete a screening tool to enable self-referral to the specialist Eating Disorder Team if required. Due to the success of this scheme it will be rolled-out across other schools in response to the needs of the young people who attend. The offer is primarily psycho education.

The service has revised the Eating Disorder Pathway to include GP and Paediatric protocols that have been developed in partnership with GP and Paediatric representatives across the 4 CCG's. A presentation to the regional paediatrician network hosted by the Barnsley paediatricians was attended in July 2017 to

promote the pathway. The team continue to promote the protocol to GP's and other health professionals.

The Operational and Clinical Eating Disorder service-wide leads and the Barnsley Eating Disorder lead attend the Yorkshire and Humber Clinical Network. The Operational and Clinical ED service -wide leads and the Wakefield clinical nurse lead have all participated in QNCC (Quality Network for Community CAMHS) Eating Disorder Peer Reviews and a series of internal Peer Reviews were undertaken in November 2017 resulting in positive evaluations for the Barnsley service.

In 2018 South Yorkshire Eating Disorder Association (SYEDA), a local charitable organisation, were commissioned to pilot a student, in-school eating disorder counselling service in 4 schools in Barnsley. This pilot will be evaluated in March 2019 which will inform whether the counselling service is rolled-out to more schools within the borough. Early indications are positive.

Vulnerable Groups

A Dialectical Behavioural Therapy (DBT) has commenced to offer evidenced based group intervention for those young people with complex presentations and intense difficulties with emotions which often leads to self-harm.

The service has reviewed its offer and the Younger Peoples Outreach Service now extends the offer of duty cover to 8am – 8pm.

Youth Offending Team (YOT)

Exposure to crime and anti-social behaviour are one of the determinants of poor emotional health and wellbeing in children and young people. In recognition of this Future in Mind funding has been utilised to increase CAMHS capacity to provide additional input into the Youth Offending Team.

These practitioners are hosted by SWYPFT CAMHS but located in and offered first line management, by the YOT service supported by a joint management arrangement with the CAMHS Team Manager. There is a Band 7 Senior Mental Health Practitioner 0.6 wte and a Band 6 Mental Health Practitioner 0.8 wte.

The offer for young people identified by the YOT CAMHS staff as requiring Specialist CAMHS intervention is that they will have more rapid access than the generic population for routine face to face assessment when required. The generic expectation is for the offer of initial assessment within 5 weeks whereas for YOT this is 2 weeks.

Both the YOT CAMHS staff are trained to deliver evidenced based interventions and have successfully completed the CYP-IAPT CBT Post Graduate Diploma programme.

This is enabling timely access to the support needed by this vulnerable group of children and young people.

Looked After Children

Barnsley CAMHS has published and promoted the revised Children in Care CAMHS service Pathway (Appendix 2).

The review of the pathway has been in response to changes in the Local Authority Social Work resource for CiC (Children in Care) to support CAMHS from April 2017.

CAMHS has revised the pathway and the offer for CiC now includes expedited access for routine face to face assessment when required. The generic population are offered initial assessment within 5 weeks, for CiC this is reduced to 2 weeks.

The CiC pathway is based around a Consultation model and a consultation clinic is offered within 6 weeks. This enables the network of professionals and carers to discuss how best to meet a child's needs. The offer is for support and training to carers and the wider professional network, assessment of children and young people's emotional health needs and, where appropriate, direct therapeutic work for trauma and attachment issues to a young person and/or their carers.

In addition to the CAMHS CiC Pathway Lead Psychologists revised offer includes:

- Provision of consultation to Barnsley's children and young peoples' residential provision;
- 12 week Fostering Lasting Attachments group (FLAG) for foster carers, Kinship carers and adoptive parents;
- Representation at the Multi -Agency Victims of Complex Abuse (MVCA) Panel;
- Attendance at the Children with Health Needs in Care group;
- Potential to co-opt clinical consultation at the Children's Resource Allocation Group (CRAG).

Crisis Care

Barnsley CCG and its partners continue to work closely together to implement the Barnsley Mental Health Crisis Care Concordat Action Plan to improve the crisis care of anyone in Barnsley who requires such help, where and when they need it. Barnsley's CCG are in the process of reviewing the effectiveness of their Mental Health Crisis Care Concordat Group and a workshop is to be held in January 2019 for partners to discuss how we can make better progress. Chilypep will facilitate the 'children's' voices in these discussions.

The Early Intervention Crisis pathway (as outlined earlier in this section) is fully embedded but the 24 hour Psychiatric Liaison Mental Health service based at Barnsley hospital currently excludes under 18's. Barnsley CCG held a Five Year Forward View for Mental Health Workshop in October 2018 to determine the mental health transformation priorities for the system as a whole. Overwhelmingly all partners agreed that a key priority for 2019 would be to develop an all-age psychiatric liaison service and to better support third sector organisations to enable improved pre-crisis support within the community. This is aligned with work being undertaken at the South Yorkshire Integrated Care System level to ensure equity of support throughout the region

Learning Disabilities

There are key developments regionally in relation to the national TCP (Transforming Care Plan) programme which aims to improve the care of people with a Learning Disability, autism or both and their families and carers.

The footprint for Barnsley's TCP is CKWB (Calderdale, Kirklees, Wakefield and Barnsley). In relation to children and young people's programme there are three key aspects:

- I. To develop an 'at risk of admission' register
- II. To develop a robust CETR (Care, Education and Treatment Review) process
- III. To improve parental and young people's engagement

The 'at risk of admission register', in simple terms, is a list of those children and young people who potentially may require admission to a Tier 4 bed (specialist placement) or a 38/52 week residential placement. The intention would be that professionals would proactively utilise the register to consider whether the young person's current support could be enhanced to prevent any form of in-patient / residential stay.

Aligned to the development of the register is the development of a robust CETR process. The CKWB TCP footprint have drafted a CETR policy (Appendix 10) which is currently going through the process of being adopted by each of the CCG's within the footprint, to ensure all of the children and young people in the area receive the same high standard of service. CETRs are only undertaken for those children and young people who have a Learning Disability and / or ASD (Autistic Spectrum Disorder).

CETRs bring together those responsible for commissioning and providing services (this will include nurses, social workers, commissioners and other health, education and social care professionals alongside strategic commissioners where appropriate) with independent clinical opinion and the lived experience of children and young people and families from diverse communities with learning disabilities, autism or both.

CETRs are driven by the NHS but the involvement of local authorities and education services in the CETR process and its outcomes is integral to improving care, education and treatment for children and young people with learning disabilities, autism or both and their families.

Perinatal Mental Health

Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. If left untreated, it can have significant and long lasting effects on the woman and her family.

Perinatal mental health problems can also have long-standing effects on children's emotional, social and cognitive development.

Barnsley's Perinatal Mental Health pathway (Appendix 11) reflects the engagement with in-patient and outreach services to prevent relapse. Barnsley were pleased to be part of a successful collaborative bid with Kirklees, Calderdale and Wakefield CCG's for national funding to improve perinatal mental health provision in the area.

This funding has enabled the development of a new Specialist Perinatal Mental Health team. The team consists of five senior perinatal practitioners, two part time psychologists, an occupational therapist, two wellbeing practitioners, two consultant psychiatrists, a full-time peer support worker post, an administrator and a team leader. The service is organised in a hub and spoke model, with the Dewsbury hub taking new referrals and practitioners working alongside mental health colleagues in each of the service providers' localities.

The Specialist Perinatal Mental Health service became operational in October 2017 and offers a range of different interventions depending on need and current involvement with our services. It works with women who already receive input from teams within SWYPFT, offering specialist perinatal support around care planning, contingency planning, medication, mother-infant interactions and coordinating the wider multi-agency team such as health visitors. Staff will assess and care coordinate people newly referred to secondary care services, either during pregnancy or up to the baby being one year old, referring them on to more appropriate teams if necessary. The consultant psychiatrist will provide pre-conceptual advice to women who have had a previous perinatal illness. The team will also provide perinatal mental health training to colleagues and teams, primary care services and third sector organisations.

The Specialist Development Funding has also enabled the CCG to commission a Specialist Mental Health Midwife post (previously undertaken as a pilot), based at Barnsley Hospital NHS Foundation Trust. This post is the cornerstone of perinatal mental health support in Barnsley as it contributes to the provision of a comprehensive and accessible Maternal Mental Health service throughout Barnsley providing specialized knowledge, expertise, advice and guidance to women and their families within the hospital and community setting to support them with their mental health in pregnancy and in the early post-natal period. This post is also a source of expertise and advice for Midwives and other health care professionals, providing maternal mental health advice and education. Appendix 12 is a report which highlights the numbers of women who have utilised this service in Barnsley and shows how integral this service is to positive perinatal health of the women in Barnsley and their families.

There are close links with the Specialist Mental Health Midwife and Barnsley's IAPT (Improving Access to Psychological Therapies) service. Approximately 300 women per year are referred to the Barnsley IAPT service, where appropriate, to receive timely intervention.

It is recognised however, that a gap still exists with regards to pre-conception support and how best to provide this is still under discussion.

A Maternal Mental Health strategy group, led by Barnsley Hospital NHS Foundation Trust, lead on developing a perinatal mental health strategy. Perinatal mental health is one of the priorities of the Mental Health Workstream of the South Yorkshire and Bassetlaw Integrated Care System and will feature as a priority within the upcoming refresh of Barnsley's All-age Mental Health and Wellbeing Commissioning Strategy.

Mental Health Peer Review

The transformation of services that have been enabled due to the financial resources linked to the Future in Mind publication is now becoming embedded within our community. However, as we move forward we need to reflect and assure ourselves that these services will continue to provide the most effective support possible for our children and young people's emotional health and wellbeing.

With this in mind, Barnsley CCG 'buddied' with Doncaster CCG to undertake a Peer Challenge Review of those services transformed / redesigned as part of our Local Transformation Plans. The Peer Challenge Review was undertaken in Autumn 2018 and was supported by NHS England's CYP Mental Health & Emotional Wellbeing Clinical Network and by Rob Mayall, Director of SIMUL Ltd and Local Authority North of England Transformation Lead.

This review of Future in Mind transformed services is the first review of its kind that we are aware of and it was therefore decided to base the principles of the review around the tried and tested SEND Peer Review (Appendix 13).

It was agreed that the focus of the Peer Review would be:

- School preparedness in relation to the Green Paper
- Progress towards developing a sustainable workforce
- Effectiveness of arrangements for children in crisis and /or with acute needs
- Effectiveness of Transforming Care arrangements
- Effectiveness of Early Help arrangements

A Self-Assessment tool was developed using the criteria above which both CCG's completed. The self-assessments were then swapped and each team critically analysed the other team's self-assessment and the outcomes shared with each team of assessors. The teams then came together to discuss and challenge the outcomes. Barnsley's self-assessment form, together with Doncaster CCG's comments can be found at Appendix 14.

Undergoing the Peer Challenge itself was felt overwhelmingly to have been a positive experience and a huge amount of good practice was identified. However, there were two key areas for Barnsley in which we need to focus our attention in 2019:

- I. There is a clear need to develop a robust, system-wide workforce strategy to provide assurance of the ability to deliver on all of the recommendations of the Future in Mind publication and to face the challenges that arise in relation to reducing long waits on our CAMHS pathways

- II. We need to have a clear focus on improving our young people's experience of transitioning not only from children's services to adult services but also in transitioning from Year 6 to Year 7

7 COLLABORATIVE WORKING WITH NHS ENGLAND

Health & Justice

NHS England's Health and Justice specialised commissioning team in Yorkshire and the Humber are currently involved with two of the three work programmes that are focussing on improving collaboration between various commissioners of services for those children and young people who come into the NHS England Health and Justice pathway. Commissioners of such services include NHS England, Office of Police and Crime Commissioners, Local Authorities and Public Health England. The two programmes are 1) the development of a framework for integrated care for Children and Young People's Secure Estate (CYPSE) known as *Secure Stairs* and 2) establishing collaborative commissioning networks. The third work programme involves establishing a Specialist Child and Adolescent Mental Health Service for High Risk Young People with Complex Needs (Community Forensic CAMHS) across Yorkshire and the Humber.

One of the key objectives of these three work programmes includes identifying and addressing ***gaps in mental health provision*** for children and young people held within, and transitioning into or out of, the CYPSE either on youth justice or welfare grounds, Child Sexual Assault Assessment Services (CSAAS) and Liaison and Diversion services across Yorkshire and the Humber. Another objective involves focussing on those children and young people whose mental health needs may not meet ***traditional service thresholds***, but for whom the aggregated impact of multiple health and social issues presents not only an immediate risk, but also one which may escalate to the point of crisis if left unaddressed.

Local CCG commissioners need to ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community and that they have access to appropriate mental health/emotional wellbeing support following that transition. Whole packages of care need to be commissioned to ensure that there is full pathway consideration. Priority areas for development include increased Speech and Language provision to address communication barriers, identification of learning disabilities and improve engagement with youth justice services. There needs to be a greater understanding and awareness of the impact of complex trauma on CYP across the whole spectrum of health and social care and there needs to be the encouragement of a trauma aware approach to working with CYP. Psychological support needs to be considered for CYP who come into contact with one of the four CSAAS or Youth Offending Teams in Yorkshire and the Humber and how they transition into mainstream CAMHS.

Ensuring seamless transition and integrated working is the key to supporting CYP who come into contact with Health and Justice services are some of the most vulnerable in Yorkshire and the Humber.

Specialised Commissioning

Progress continues following the Mental Health Service Review for CAMHS, with a working bed reconfiguration plan that is now seeing new build developments in the Humber region for General adolescent and PICU services. For West Yorkshire, developments are at the planning stage however the St Mary's hospital site in Leeds has been announced as the new build site; again this will see General Adolescent and PICU services. Within South Yorkshire collaborative provider partnerships are being formed to enable further bed reconfiguration.

This high level reconfiguration will see the distribution of beds being more able to meet young people's needs more locally and support a positive pathway experience. The overall plan is aimed for delivery within 2020, and this will also include Low secure for MI and LD, for which Yorkshire and the Humber have not had prior.

A further progression to meeting local population needs, is the announcement that 'New Care Models' being seen as the steady state of commissioning, which is essentially aiming for collaborative and devolved commissioning. We already have a wave one (North Yorkshire) and a Wave two (West Yorkshire) sites for CAMHS. Progress in South Yorkshire on implementing a provider partnership is ongoing and being supported. Both the bed reconfiguration and New Care Models support each other in refining clinical models and enabling local innovation.

8 GOVERNANCE

Barnsley has had well-developed partnerships and integrated working arrangements for some time which has enabled strong partnerships to be developed to ensure delivery of the objectives of the transformation plan.

The Future in Mind Stakeholder Engagement Group (Appendix 15: TOR) is accountable to both the Children and Young People's Trust (formed in 2007) and the Trust Executive Group (TEG) which was established to ensure a partnership approach to encourage integration in the Children's workforce to prevent the developing of isolated solutions to system-wide issues. Membership of TEG include the following:-

Barnsley Metropolitan Borough Council (BMBC)

- Executive Director for the People Directorate;
- Service Director, Children's Social Care and Safeguarding;
- Service Director, Education, Early Start and Prevention;
- Head of Public Health;
- Interim Head of Barnsley Schools Alliance;
- BMBC Cabinet Members;
- Spokesperson for Achieving Potential;
- Spokesperson for Safeguarding;
- Barnsley Safeguarding Children Board Independent Chairperson;
- Voluntary Action Barnsley;
- Barnsley Hospital NHS Foundation Trust;
- Head of Midwifery;
- Barnsley Association of Head-teachers of Primary, Special and Nursery Schools;
- The Association for Secondary Head-teachers working in Barnsley Local Authority;
- Barnsley Clinical Commissioning Group – Chief Nurse;
- Barnsley College - Vice Principal Teaching, Learning and Student Support;
- South Yorkshire Police – Chief Superintendent;
- South West Yorkshire Partnership Foundation Trust (SWYPFT) - Deputy Director of Operations;
- South Yorkshire Community Rehabilitation Company (CRC), Sheffield/ Barnsley Cluster - Assistant Chief Executive;
- Barnsley Local Medical Committee – GP;
- School Governors;
- Youth Council;
- Job Centre Plus (to be invited as and when required).

BMBC

- Head of Commissioning, Governance and Partnerships;
- Strategic Lead, Procurement and Partnerships;
- Performance Improvement Officer;
- Governance, Partnerships and Projects Officer.

The seniority of the members of the TEG (which reports directly to the Health and Wellbeing Board) reflects the influence that each is able to bring to their organisations. Each member is committed to delivering the transformation plan and this commitment is pivotal in ensuring that the required culture change is effected, this being essential for the transformation plan to succeed.

Reporting to TEG is the Children's Executive Commissioning Group (ECG). Both the TEG and ECG are chaired by the Executive Director for the People Directorate at Barnsley Metropolitan Borough Council, who is also a member of Barnsley's Health and Wellbeing Board.

The Children's Executive Commissioning Group membership includes the following:-

- BMBC Executive Director People (Chair);
- BCCG Chief Nurse;
- BMBC / BCCG Children's Services Commissioners;
- Public Health;
- BMBC Service Director Education, Early Start and Prevention;
- BMBC Service Director Children's Social Care and Safeguarding;
- NHS England.

The Future in Mind Stakeholder Engagement Group is led by the CCG's Chief Nurse and reports directly into the Children's Executive Commissioning Group, in recognition of the fluidity of the group and the access required to key stakeholders to enable partners to drive forward the implementation of the transformation plan.

Barnsley CCG is the nominated lead commissioner for the Future in Mind project and therefore co-ordinates and chairs the Future in Mind Stakeholder Engagement meetings and updates ECG on a monthly basis. These clear and robust governance arrangements are effectively ensuring delivery of the priorities within the transformation plan (Appendix 16 Governance flowchart).

9 SUMMARY - NEXT STEPS

Service transformation to support the emotional health and wellbeing of the children and young people in Barnsley continues to develop at pace due to the sheer commitment, dedication, enthusiasm, passion and vision of all of Barnsley's Future in Mind partners. The evidence being gathered and the powerful testimonies of the young people and their families tell us that we are moving in the right direction. We need to reflect on the recommendations of the Peer Review and we need to work towards delivering the ambition within our Trailblazer bid.

We will continue to strengthen links with the Early Start and Families service to ensure that delivery of integrated services which impact on the outcomes and life chances of children are of the highest possible quality. Parenting programmes will continue to be a key focus.

As per our Trailblazer bid we will aim to provide Mental Health Support teams focused on our Primary Schools, SEMH Special School, Post 16 students and those young people educated at home. We will consider how the 'THRIVE' principles could be rolled-out to more of Barnsley's Primary Schools and also embedded within our Secondary schools. It continues to be acknowledged that implementing the THRIVE approach may not be appropriate for all primary schools in Barnsley, therefore supporting alternative approaches will be evaluated.

There needs to be a key focus in the next 12 to 18 months on enhancing support to children and young people during the time that they transition from Primary School to Secondary School as well as improving young people's experience when they transition from children's services into adult services.

The level of lower level support needed in relation to eating disorders among children and young people is relatively unknown in Barnsley but evidence is building which suggests that there is a growing unmet need. We will evaluate the SYEDA Eating Disorder Counselling service for young people that is currently piloted in 4 of Barnsley's Schools and roll this service out to more schools if the outcome of the evaluation recommends this as an effective way forward.

There has been much discussion among partners in relation to the continued funding (Appendix 17) and the workforce required to deliver this transformation in its entirety. During 2019 we will develop a system-wide workforce strategy to be aligned with the workforce strategy being developed to deliver the Mental Health Five Year Forward View. Although our vision is clear and all partners are aware of the direction of travel, a more robust roadmap will be developed to ensure that the outcomes of the transformation of services are on track.

Appendix 1

Thrive helps adults prepare children and young people for life's emotional ups and downs.

The Approach teaches you how to be, and what to do, with children's differing and sometimes challenging behaviour. As a result, children become more self-assured and ready to engage with life and learning.

Based on neuroscience and attachment research, Thrive training provides a targeted intervention. All practice is underpinned by Thrive-Online, an assessment tool and extensive action planning resource that charts progress and measures outcomes.

Thrive provides training for professionals who work closely with children and young people from birth to adulthood, and it fully involves parents in the process as well. Thrive is used by:

- [Parents and Carers](#)
- [Adopters and Foster Carers](#)
- [Early Years Settings](#)
- [Teachers/Schools](#)
- [Health Professionals](#)
- [Social Workers](#)
- [Family Workers](#)
- [Youth Offending Workers](#)

BARNSELY CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

CHILDREN IN CARE (CiC) PATHWAY

Date issued: July 2017

Author: Children in Care Pathway Lead & General Manager

In consultation with Children in Care Service,
Barnsley Metropolitan Borough Council

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Service Description:

The Barnsley CAMHS Children in Care (CiC) Pathway delivers specialist consultation, skills and training to children in care (0-18 years) and their carers' to promote emotional and psychological wellbeing and placement stability. The service offers support and training to carers and the wider professional network, assessment of children and young people's emotional health needs and where appropriate direct therapeutic with a young person and/or their carers for trauma and attachment issues. Liaison and progression to other CAMHS pathways can be made for specialist assessments or pieces of work and the service also signposts and facilitates referral to other services as appropriate to meet identified need.

Background:

The provision of mental health services for children in care have traditionally been viewed as highly complex and lacking structure, with children and young people in care frequently denied access as they often do not meet thresholds for diagnostic criteria, despite the high prevalence of mental health issues in this group (NICE 2015)¹. There has also been concern around timely access to appropriate therapeutic support for those young people who are in short-term and/or unstable placements.

NICE guidelines on attachment offer best practice advice on the care of children and young people with attachment difficulties including those adopted from care, in care or at high risk of going into care (on the 'edge' of care). One of the key recommendations relates to the need to ensure all children and young people and their parents or carers get equal access to interventions for attachment difficulties regardless of their context.

The evidence suggests this client group needs targeted and dedicated provision that prioritises their needs, allows flexible and timely access to services, alongside the development of clear referral pathways and effective partnership and multiagency working. Statutory guidance is clear that a specialist mental health Children in Care (previously described as 'looked after children') should be provided to support children according to need.² The guidance also gives consideration to those on the 'edge of care', adopted from care and special guardianship arrangements. There are many such kinship care arrangements in Barnsley and there is a clear need for work targeting this client group.

Guidance for children in care (NICE 2010)³ reports on the need for more flexible and accessible services from CAMHS to both help improve mental health and well-being, but also prevent the escalation of challenging

¹ Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care, (NICE, 2015 : [nice.org.uk/guidance/ng26](https://www.nice.org.uk/guidance/ng26))

² Promoting the Health of Looked After Children(DoH and DfE, (2015)

([https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting the health and well-being of looked after children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked_after_children.pdf))

³ Promoting the quality of life of looked after children and young people (2010 NICE: [https://www.nice.org.uk/guidance.ph28](https://www.nice.org.uk/guidance/ph28))

behaviours and placement breakdown. The guidance has recommendations specific to CAMHS which includes early identification and prevention of physical and emotional health problems and access to specialist CAMHS services for children and young people who are in care. Guidance also recommends that professional consultancy and regular training; support and education programmes are available for social workers and carers.

The Commons Select Committee report (2016)⁴ recognises the significant challenges children in care face accessing mental health service and recommends they be given priority access to mental health assessments by specialist practitioners, with subsequent treatment based on clinical need.

Current context:

NICE guidance reports that children and young people placed out of their local authority area are less likely to receive CAMHS in their new location and there is a clear need for services to prioritise this client group.

Information shared by Barnsley Local Authority in March 2017 indicates that there were 291 children and young people in the care of Barnsley local authority. Of these 93 children were placed outside of Barnsley

- 58 – 0 to 10 miles
- 11 – 10 to 20 miles
- 24 – 20 plus miles

For those Barnsley young people placed out of Borough the CAMHS service in the locality in which the child is residing will assess and offer any service requested to meet their needs.

Likewise Barnsley has significant numbers of out of area children and young people placed in the local area and the CAMHS service accepts referral of these children. There are a number of private beds located within Barnsley and the young people in these specialist placements have complex needs and often present for urgent assessment and crisis management due to presentations of high risk.

In line with statutory guidelines these young people are seen within the Generic Emergency Care Pathway in conjunction with the CiC Pathway. The proactive management of risk via the consultation and training offered to professionals and carers is a key objective of the CiC pathway.

Data:

From 1st April 2016 and 31st January 2017 52 of cases have been reviewed in the consultation clinic of which 32 were from Barnsley and 20 were placed in

⁴ Mental health and wellbeing of looked after children: Government response to the Committee's Fourth Report of Session 2015-16, DH & DfE published 2016

Barnsley from another authority and are described as 'out of area' for the purpose of this pathway. Of these 30 cases were then offered a service within specialist CAMHS. This is 19 Barnsley and 11 out of area cases.

As at December 2016 there were 310 children and young people in the care of Barnsley local authority of which 115 had been known to CAMHS at some time and of these 34 were out of area cases.

Currently, the service provides a small dedicated resource for all CiC referred to CAMHS

Referral Process:

The Social Worker completes a referral form to CAMHS ensuring to identify the child as a 'Child in Care'. The referral is then triaged for urgency by the Single Point of Access (SPA) team at CAMHS. If the outcome of triage is that an Emergency assessment is required the referral will be allocated to the Emergency Care Pathway who will see the child and ensure liaison with the CiC Pathway Lead.

The core offer is that the CiC Pathway initially offer an appointment for a consultation clinic meeting with the young person's social worker, foster carers and any other professionals working with the young person. This meeting is not typically attended by the child/ young person or the birth parents. At this meeting, the young person's psychological and emotional health needs are explored and a psychological formulation of the young person's presentation is produced. The purpose of this meeting is to enable a supportive environment for those staff and foster carers to inform a decision about the most appropriate support/intervention including who will be responsible. This plan of care may be for further consultation and support, work directly with carers (either individual or group work), or the young person can be offered further assessment and/or therapeutic work for attachment and trauma issues. Where necessary the child may require an intervention via another Specialist CAMHS pathway and the CiC will always signpost and /or facilitate referral to other services as appropriate.

To facilitate a decision about who should be invited to this meeting the child's Social Worker will be asked to identify and or provide (at the point of referral) the following information:

- The Legal status of the child i.e : which care order they are subject to and who holds Parental Responsibility and the overriding authority for decision making.
- A detailed Chronology
- Any Previous work undertaken both in and out of area and copies of any reports commissioned by social care.
- Details of any prior CAMHS involvement from another CAMHS service and details of the service with dates that is held on the child's social care record (Note: NHS organisations do not have access to a

centralised health record and may need to request details from the relevant CAMH Service)

- Details of agencies involved and current placement details.

Involvement of Children / young people and birth parents:

Where a child / young person or birth parent has requested to attend the CiC consultation meeting the CiC pathway staff will consult with the child's Social Worker to enable a decision to be made on a case by case basis as to how the young person's psychological and emotional health needs are best explored.

Consideration will be given as to the benefits of a CiC consultation and subsequent family meeting or an integrated CiC initial review. This will typically be based on the age and competence of the child, legal rights of the birth parents and the risks and benefits to the child of any decision to include / exclude.

The CiC pathway will seek guidance from the Local Authority with regard the child and family's requests and rights to participate in part or all of the CiC offer. This guidance will also include the legal right to information such as the outcome of any decisions and plans of care agreed.

On reaching a decision upon the participation of children and birth parents the CiC pathway will advise the allocated Social Worker of the dates of any planned meetings and request that they invite the agreed family members in a timely manner.

Access to Service:

An appointment for the initial consultation meeting should take place within 6 weeks. If there is clear evidence that a child or young person needs a face-to-face assessment this is prioritised and they will be seen within 2 weeks of the request. This is compared to a commissioned 5 week wait in the generic population.

See flowchart for CiC pathway (see Appendix 1).

Current service provision:

The service will offer an individualised package of care based on assessed need. This package will be agreed by the multiagency team under the guidance of the CiC CAMHS pathway. The CiC pathway will then arrange the delivery of the package from a variety of interventions on offer as below.

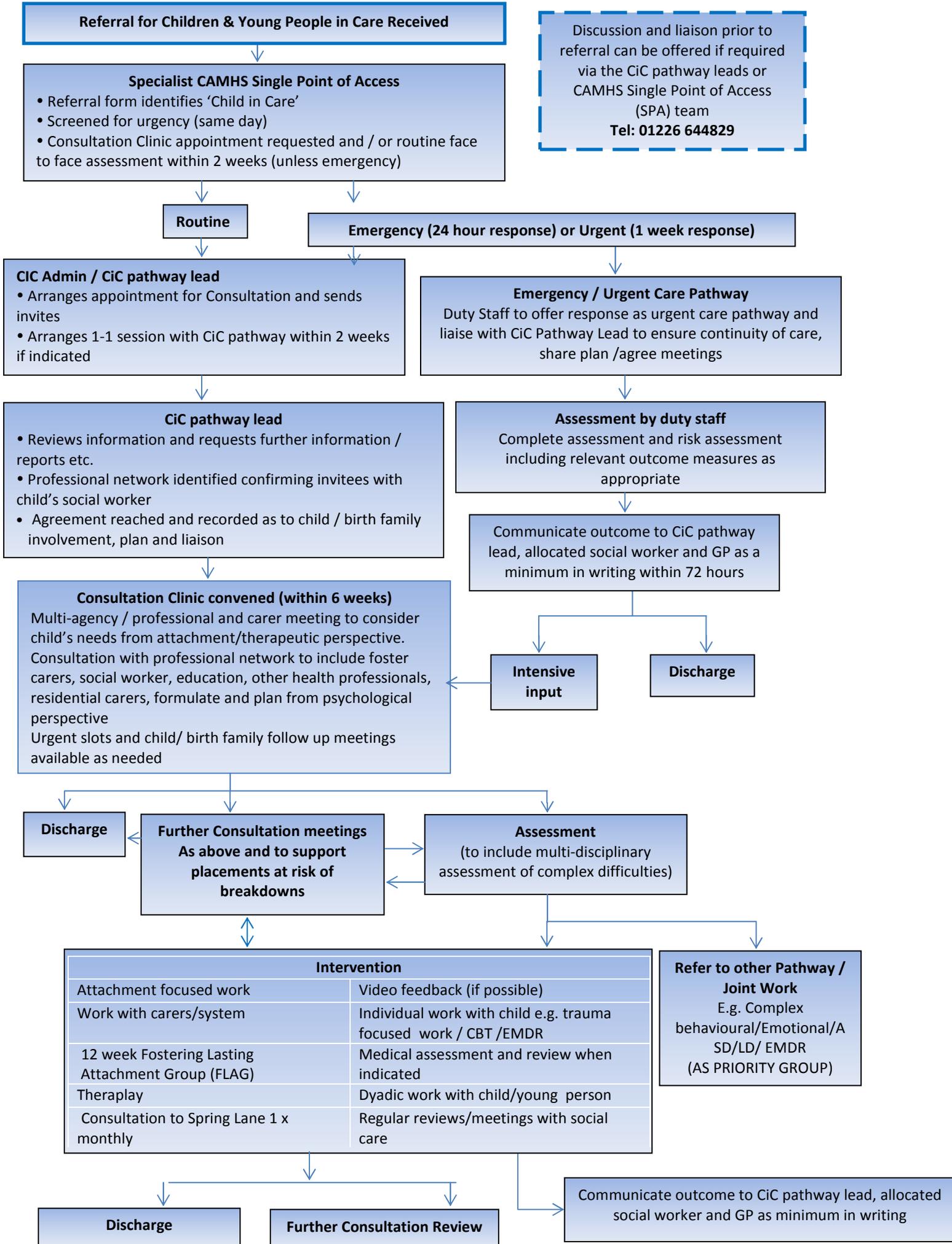
1. Advice, consultation and training to carers and the professional networks responsible for the care of children and young people to facilitate the provision of quality parenting and care in order to promote the emotional wellbeing of children and young people in care. This includes the offer of a

12 week Fostering Lasting Attachments group (FLAG) for foster carers, Kinship carers and adoptive parents. This aims to provide carers with support for their therapeutic parenting and increase understanding of their childrens' emotional and behavioural needs through an increasing understanding of attachment theory and its application to the parenting of these children.

2. On-going consultation, advice and training to social workers to assist care planning, the identification of any therapeutic needs, help with placements and transitions for children and young people in care. Consultation is also available to support placements at risk of breakdown and this may be by invitation to a 'core stability meeting' which is hosted by the Local Authority. Attendance will be by the appropriate member of CAMHS staff with the best knowledge of the family or of the presenting difficulty.
3. Direct assessment of children and young people's emotional health needs and appropriate therapeutic work for trauma and attachment issues from the CAMHS CiC pathway.
4. Access to specialist pathways in CAMHS where this is deemed more appropriate or as an additional requirement to the offer from the CiC pathway.
5. Liaison with wider services and signposting to other services as appropriate, for example early intervention services such as the schools based mental health provision for children in secondary education.
6. Teaching and training.
The Children in Care pathway contributes to training via the Local Children's Safeguarding Board. The pathway also offer bespoke training on request based on identified need. This can be delivered to professionals and carers.
7. CAMHS representation at the Multi Vulnerability and Complex Abuse (MVCA) case meeting. This forms part of the overall offer for children to ensure collaboration and agreement to the required package of care to meet the needs of this high risk group of children.
Note: attendance is typically from a member of staff from the CAMHS emergency/ urgent care pathway to ensure urgent response times for allocation are met where required. Liaison with the CiC pathway takes place for CiC cases discussed as required.
8. Provision of consultation to Barnsley's children and young peoples' residential provision.
9. Attendance at the Health & Wellbeing of Children in Care Steering Group.
10. Co-opted attendance for clinical consultation at the Children's Resource Allocation Group (CRAG).

BARNSELY CAMHS CHILDREN IN CARE PATHWAY

Contact details: Barnsley CAMHS, New Street Health Centre, Upper New Street, Barnsley, S70 1LP Tel: 01226 644829



Barnsley Child and Adolescent Mental Health Service (CAMHS) Information for Referrers

About CAMHS

The service is designed to meet a wide range of mental health needs in children and young people. These needs will include emotional well-being and mental health issues as well as more complex and/or enduring mental health symptoms that are causing significant impairments in their lives.

Barnsley CAMHS is made up of a multi-disciplinary team that provides a range of evidence based interventions for children, young people and families.

Who can be referred?

All children and young people up to their 18th birthday who are registered with a Barnsley General Practitioner (GP) can be referred to the service where:

- there are concerns about their mental health and/or psychological well-being
- and
- where it can be demonstrated that they have received support from professionals in universal services that has not helped to make sufficient improvement to their problems.
- or
- their problems are at a significant level that means the referrer feels they need immediate access to assessment and treatment from mental health professionals.

In addition to this, the service offers consultation, assessment and interventions for children and young people with moderate to severe learning disabilities who also have mental health, emotional and behavioural problems.

There is a dedicated pathway for Children in Care who have mental health, emotional and behavioural problems.

The service also provides a 24 hour emergency response for young people actively displaying suicidal ideation or following suicide attempts, with severe symptoms of depression (with suicidal ideation) , life threatening harm to self, harm to others as a result of a mental health concern, acute psychotic symptoms or presentation of anorexia with severe physical symptoms.

How to refer

There is a single point of access (SPA) to CAMHS. Professionals are encouraged to telephone the service to discuss referrals in the first instance on **01226 644829** Monday-Friday 9-5pm.

A referral form for our service needs to be completed and can be posted to:

Barnsley CAMHS
 Child & Adolescent Unit
 New Street Health Centre
 Upper New Street
 Barnsley, S70 1LP

Or by Fax : 01226 280897

Or via **secure email only** (i.e.nhs.net) to barnsleycamhs.referrals@nhs.net.

PLEASE NOTE: Emailed referral forms must come from a secure address such as nhs.net.

If the national nhs.net guidance is not adhered to it will result in a breach of Information Governance; after which the necessary governance procedures will be followed and appropriate authority informed.

Barnsley CAMHS accept emailed referrals on a completed electronic referral form (not via referral letter)

Emails to the secure email address containing subject matter other than a referral form will be returned to sender

Who can refer?

- GPs, paediatricians and other health workers e.g. public health nurse (school nursing), health visitor.
- Social workers
- Educational psychologists, Special Educational Need & Disability Team , Teachers / educational staff and SENCO's
- Youth Offending Team, Substance misuse workers and Multi Systemic Therapy Team

It is essential to meet with both the young person and parents/carers to gain consent for the referral, explain the referral process and complete initial screening. This will help to identify actual need and encourage attendance for appointments as young people and their families will fully understand the reason for referral.

Referral Guidance Barnsley CAMHS

What makes a good referral?

The more information you can provide, the better we are able to prioritise and respond. Using the CAMHS referral form details the essential information we require, however, please provide any additional information that might be useful along with the referral form.

Routine CAMHS are coloured Black and will be offered an Initial Assessment usually within 5 weeks

Urgent CAMHS are coloured RED and will be triaged within 24 hours Monday – Friday

Where other agencies are more appropriate these are coloured BLUE

The CAMHS Out of Hours service operates for Emergency referrals outside of ‘office hours’.

Issue	Symptoms / presenting difficulties	Discuss with / refer to :
Anxiety, General and Social	Worrying about specific situations, Clingy, tearful, bodily symptoms.	Therapies for Anxiety, Depression & Stress (TADS) The Core County Way Barnsley S70 2JW 01226 320 122 / 07597114156 www.tadsbarnsley.co.uk and or discuss with School Nurse or CAMHS SPA
	Panic attacks Severe and disabling phobias (Social and specific phobias). That have not responded to support from universal services	CAMHS
Behavioural issues <i>Poor Behaviour in one setting should be dealt with in universal services in the first instance</i>	Poor Behaviour at home only	Community Evidence Based parenting programme
	Poor behaviour at School only	School (Learning mentor etc.) Educational Psychologist
	Severe and persistent behaviour at School and home	CAMHS
Bereavement (Complex and Unresolved Grief)	Before referring to CAMHS The young person should have been given time to experience a normal grief reaction and should then be offered counselling either through school or a recognised bereavement counselling service.	Explore local Bereavement counselling services, discuss with School Nurse, and family.
	A referral to CAMHS should be made Where there is a prolonged grief response or where the child/ young person are experiencing significant distress following a death that has occurred in traumatic circumstances.	CAMHS
Conduct Disorder	Very severe and persistent behavioural problems, at home, school and in the community, and unresponsive to parent training. If school related – preferable for school/	CAMHS

	Educational Psychologist to make referral with relevant background information.	
Deliberate Self Harm	Presenting with maladaptive coping strategies but less severe/frequent/recent.	Discuss with school nurse to support harm reduction, Access SPA for advice.
	Presenting with maladaptive coping strategies (e.g. self-cutting and where recent occurrence).	CAMHS Discuss case with duty team to help guide urgency
Depression and low mood <i>(Where symptoms present for at least 2 weeks)</i>	Low mood, not impacting on daily life and no risk evident (no suicidal thoughts or self-harm)	TADS as above in Anxiety
	Persistent low mood. Physical symptoms – poor sleep (or early wakening) or loss of appetite and weight Cognitive symptoms including pervasive negative thoughts Loss of interest/Social isolation/withdrawal at home and school. Suicidal thoughts without planned intent (discuss urgency of referral with team)	CAMHS
	Suicidal thoughts with planned intent REFER URGENTLY. Suicidal thoughts without planned intent (discuss urgency of referral with team) Previous attempts to end life	CAMHS : urgent priority in hours or discuss as possible CAMHS emergency Out of hours
Eating Issues	Eating Issues (Low Level) – Will only eat certain foods	Discuss with health visitor / school nurse or contact CAMHS SPA for advice
	Anorexia: evidence of self-induced weight loss and/or fear of fatness. Rapid and sustained weight loss Bulimia: Persistent binge & purge behaviour. BMI / height to weight ratio may be normal <i>*Tests to be taken prior to referral – Blood tests, full blood counts, urea & electrolytes, liver function, thyroid function & random glucose, Cholesterol, Mg, Ca, Phosphates, ECG.</i>	CAMHS will classify urgency on same day <i>*Where case is not high risk and has not been seen by GP in previous 2 weeks CAMHS will notify GP to request consultation with child in 2 days.</i>
	Weight to Height ratio will be one indication used by the service regarding the level of priority therefore referrers must include the height and weight information on referral forms.	CAMHS: urgent priority or CAMHS and paediatric emergency. <i>*CAMHS may request consultation with GP same day.</i>
Gender Identity Disorder	Initial discussion / exploration required	LGBT Barnsley
	Strong, persistent cross-gender identification. Persistent discomfort in gender role. Above causing impairment in social, family	CAMHS <i>*CAMHS can refer on to Tavistock if necessary after thorough assessment.</i>

	and school functioning	
Learning Disability	Mental Health, emotional and behavioural problems alongside moderate to severe Learning Disability.	CAMHS
Obsessive Compulsive Disorder (OCD)	Repetitive intrusive thoughts, images or behaviour affecting daily life and activity, and disrupting family life. Obsessions/compulsions causing functional impairment.	CAMHS
Psychosis or suspected psychosis <i>If child over 14 years and first episode refer to early intervention in psychosis team</i>	Active symptoms include: Paranoia, delusional beliefs & abnormal perceptions, (hearing voices & other hallucinations). Fixed, unusual ideas. Negative symptoms include deterioration in self-care & social & family functioning.	Requires consultation may be CAMHS or CAMHS (Urgent) or Early Intervention in Psychosis Team
Post-Traumatic Stress Disorder – Symptoms Following an event very traumatic to the individual	Avoidance of reminders of the traumatic event. Persistent anxiety. Repeated enactment of reminders of the traumatic event. Intrusive thoughts and memories – e.g. nightmares. Sleep disturbance. Hypervigilance. Symptoms continuing longer than three months following event.	CAMHS
Suspected Autism Spectrum Disorder / condition (ASD/ASC)	Persistent and severe problems with communication & social & emotional understanding in 2 or more settings – e.g. Home, School. Consider whether referral would be better made by school and/or Educational Psychologist.	ASDAT
Suspected Attention Deficit Hyperactivity Disorder (ADHD)	Refer if symptoms persist after parenting work. Poor concentration, Over-activity, Distractibility Impulsivity All the above of early onset before 6 years old and persistent and evident in at least 2 settings, e.g. home, school.	Initially refer to evidence based parenting programme. CAMHS

If in doubt please contact CAMHS on Barnsley 01226 644829 to discuss a referral

Barnsley Child and Adolescent Mental Health Service (CAMHS) Referral Form

Barnsley C.A.M.H.S see Children & Young People with severe, complex or persistent mental health difficulties

Please refer to Barnsley CAMHS Referral Guidance document for further information

Please post to: Child and Adolescent Unit, New Street Health Centre, Upper New Street, Barnsley, S70 1LP

Ring: 01226 644829 to discuss a referral with the Duty Worker

Fax to: 01226 280897 if urgent

Email to: barnsleycamhs.referrals@nhs.net (emailed referrals **must** be via secure email i.e. NHS.net, GCSX, pnn.police.uk)

About the Young Person	About the Referrer
Name:	Name:
Also known as:	Job Title:
Date of Birth:	Agency:
NHS Number:	Address:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Postcode:
Ethnicity:	Telephone:
First Language:	Email:
Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:
Asylum Seeker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of referral:
Home Address:	Has the young person consented to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Postcode:	Has the parent/carer consented to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Method of contact: Post <input type="checkbox"/> Telephone <input type="checkbox"/> Mobile <input type="checkbox"/>	Other people / agencies involved:
Postal Address (if different):	
Postcode:	Is an Early Help Assessment in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please attach latest copy and name of lead professional:
Telephone:	
Mobile:	Is a Child In Need plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please attach latest copy and name of lead worker:
Parent / Carers names Relationship	
	Is there a Child Protection Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please attach latest copy and name of lead worker:
School / College:	Past CAMHS involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Person to contact:	Date child/young person last seen:
GP Name:	Is the young person in the care of the Local Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No
GP Address:	If yes, please give name of Local Authority responsible for providing care:
GP Post Code:	Name of Social Worker:

Please circle as appropriate

Is the client attending school?

Yes

No

Sometimes

Do they have positive friendships?

Yes

No

Sometimes

Do they settle and sleep in their own bed?

Yes

No

Sometimes

Do they keep themselves safe from harm?

Yes

No

Sometimes

Do they participate in social activities?

Yes

No

Sometimes

Do they eat regularly throughout the day?

Yes

No

Sometimes

Referrers concerns and aims :

Details of mental health difficulties and how these are affecting the child / young person, current situation, relevant background information, what has been tried etc. (Please attach any further information as necessary)

Young Person's concerns and aims (if different)

Can they talk about how they feel? If so who to?

Parent / Carer concerns and aims (if different)

Have other support/self-help methods been applied prior to this referral?

Special Needs and Risk Factors

Does the child/young person have:

Learning disability:

Mild Moderate Severe None

Poor mobility:

Mild Moderate Severe None

Literacy problems:

Mild Moderate Severe None

Sensory impairment:

Mild Moderate Severe None

Other disability / special need – Please specify

Child Health issues: Yes No

Educational Breakdown: Yes No

Family Health issues: Yes No

Housing issues: Yes No

Parental agoraphobia: Yes No

Parental Separation: Yes No

Parenting Issues : Yes No

Risk of violence / Domestic Abuse: Yes No

Substance Misuse Issues: Yes No
Alcohol Drugs

Youth Offending issues: Yes No
Please attach appropriate details (contact name, report, etc.)

Other risk factor – Please specify

NB: Below is for CAMHS Internal use only

Presenting Problem

Adjustment to health issues		Drug and alcohol difficulties		Obsessive compulsive disorder		Relationship difficulties	
Anxiety		Eating disorders		Organic brain disorder		Attachment difficulties	
Conduct disorders		In Crisis		Phobias		Self-harm behaviours	
Depression		Neurodevelopment conditions		Post-traumatic stress disorder		Unexplained physical symptoms	

Additional or Other - Please specify (Bi Polar / Other Psychosis / Emerging Personality Disorders / Gender Discomfort issues)

Office Use:

Date Received:

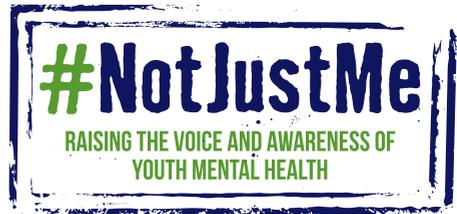
Date read at allocation:

People reading at allocation:

Outcome at allocation: Urgent : Passed to Duty Worker Choice Consultation Clinic
Discuss at Team Meeting Other Not accepted

With **all of us** in mind.

Our Voice Matters, Innit Manifesto



Making Our Voices Heard: call to action and change

In Barnsley, the OASIS group (Opening up Awareness and Support, and Influencing Services) have been using creative consultations to talk other children and young people about mental health and emotional wellbeing, to find out what they need and what problems they face.

Now we want to raise our voices to tell others what we've found out!

The Our Voice Matters, Innit? manifesto draws on our key findings and shows some of the issues and difficulties children and young people are dealing with in Barnsley, and more importantly, what has worked well for them!

It is our Call to Action and Change, with 8 Key Recommendations, that we hope will inspire children, young people, families, communities, professionals and politicians to focus more attention on improving the

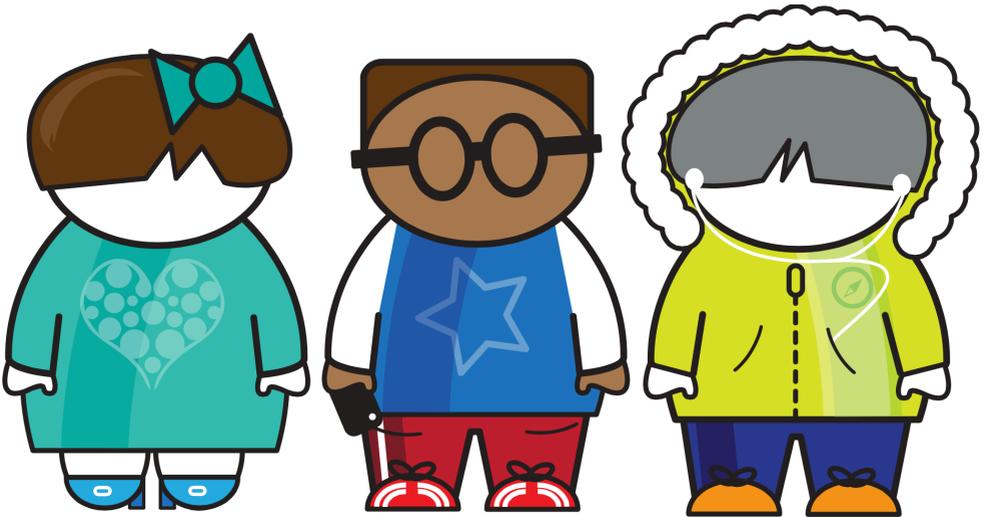
emotional wellbeing and mental health of young people.

We want to see everyone in Barnsley work together to reduce stigma and isolation. To ensure that supporting young people's resilience, emotional wellbeing, and mental health are everyone's priority.

These stories illustrate the key problems young people face and how they can be improved by Barnsley's services and the wider community.

We hope that they will inspire everyone to think about what they can do to respond to the recommendations - as individuals, members of organisations and communities, and as service providers, commissioners and policy makers.

We believe that by responding to our Call to Action and Change, together we can truly transform services and support for young people today, and create a 'r8 Mental Health Friendly Barnsley' now and for the future!



The OASIS group are facilitated by Chilypep and funded by Barnsley Clinical Commissioning Group as part of the Barnsley Future in Mind Local Area Transformation Plan.

Unite Us: put in place peer support programmes for young people

How would you support someone close to you?

Name: Shelly

Gender: Non binary

Age: 15

Sexuality: Pansexual

I go to a youth group that has a peer-mentoring project for young people in the community. It's really good because other young people who all have similar experiences and understanding run it.

A teacher at school told me about the youth group and the peer-mentoring project. I needed some support and this is something that worked for me.

Peer support **unites us**. It gives young people a chance to come together and talk about our issues openly with each other. We make new friends at the group, have a right laugh and build our self-esteem and confidence at the same time.

I've built a great relationship with my mentor and I know the other

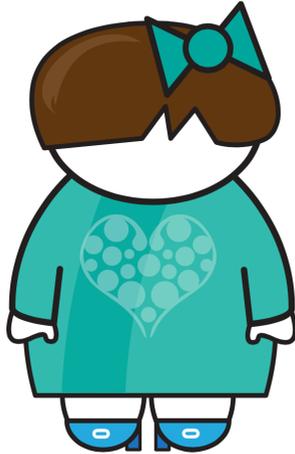
mentors well. The group provides me with regular activities and a break from home, away from my caring responsibilities. I even get access to a quiet space to catch up on my school work in a relaxing place.

Providing emotional care for my mum who has mental illness is important and I'm glad to be there for her but sometimes I need time for me, which I recognise now. My mentor has shown me different healthy coping mechanisms, which actually work, and I feel more positive about my future and passing my exams at school.

The peer mentors are going to train new young people to become mentors and I think I'd be a good person to help others in the future. I think peer-mentoring projects would be good in different settings. They would support young people moving from primary to secondary school and then into higher education.

It would be great to see this kind of support in other places like mental health in-patient hospitals and supported accommodation.

If young people work together it will **UNITE US**.



The majority of young people talked about the value of friendships, naming their friends as a key source of support. Young people involved in groups said that by meeting people of a similar age, with similar experiences, their confidence had improved as well as their general wellbeing. This highlights the need for peer support in relation to mental health and it is recommended that peer support models be developed, as well as therapeutic group work activities, to support young people's emotional wellbeing and mental health.

Left Unsaid: raise awareness of mental health in schools and colleges

What is your attitude towards mental health?

Name: Junior

Gender: Male

Age: 17

Sexuality: Heterosexual

I've had anxiety since I was really young. I didn't realise for a long time that what I was experiencing was a mental illness because I only understood the physical symptoms I had and there wasn't any information I could get about what anxiety is and how it can affect people.

I had a lot of ongoing physical health checks before a doctor explained that what I was going through was in fact, anxiety.

Up 'til that point I didn't even know what anxiety was. I started to understand my illness more when I got counselling support. I couldn't help but feel that other young people might be feeling the same as me and not know why they felt

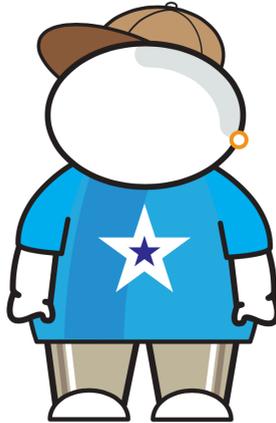
the way they did or understand just like I did.

With anxiety and mental illness it's what is **LEFT UNSAID** that is a huge issue. I remember seeing a campaign poster displayed around the secondary school I went to that the year above me worked on. It was the first time I'd seen anything about mental health openly mentioned like that. We also had a mental health service that came into my school to do an assembly around mental health.

I think that if talking about your emotional wellbeing and feelings from an early age was taught in every primary school and then again at secondary and college age I would have felt less alone and isolated from others whilst growing up.

I always felt that they didn't understand me. Looking back now, other young people could have understood and felt the same and I may have been able to connect to them and get support for mental illness if things weren't

LEFT UNSAID.



Whilst approximately 50% of those we spoke to had heard about mental health within schools, this was not routinely implemented across all settings. It is therefore recommended that there be more of a focus on mental health education within schools and colleges. This could include assemblies around mental health, workshops, peer-led sessions and talks from external organisations/ mental health providers, and those with lived experience of mental ill health. Young people said they would want this to start in primary school. This would enable young people to understand more about managing their emotions and signs of mental ill health and where to go for support earlier on and prevent issues from escalating at a later age.

Stuck in an 'Ole: improve signposting and information

Would you know where to go for help?

Name: Chrissie

Gender: female

Age: 19

Sexuality: Heterosexual

I'm at college part time but I also work one day a week. I needed some support around depression after I recently lost my dad to cancer and found it hard to cope. I didn't know who to turn to or where to start...

My mum encouraged me to see my GP when I was 18 years old and my GP referred me to a mental health service. It was all quite daunting and scary.

I didn't know what was going to happen next, I was told I would be contacted by the service to book an appointment. I didn't get a phone call and it had been a few days since the doctor referred me to the service and I was starting to feel more worried. I already felt **STUCK IN AN 'OLE** and I'd actually talked to a professional about how I felt and

somehow I still felt stuck. I then got a letter for my first appointment one week after visiting the GP. The letter was addressed to me with a date and time and address of where I needed to go for my appointment inside.

I didn't know anything about the service which makes it intimidating but I hoped I could get help from them to make me feel better. My head is still spinning with questions, like, what is the person called that I am going to see? Will they understand what I'm going through? I don't know anything about them. It's making me feel anxious.

What about if someone sees me walking into the building that I know from college, will they judge me? If only the service had called me or sent a text explaining who I was going to see and given me a way to get in touch with them to ask them what treatment they could offer me.

It would be even better if they could meet me outside of the mental health service building in a space I felt comfortable going to. Help us help others to no longer feel **STUCK IN AN 'OLE.**



Whilst some of the young people did refer to mental health provision and services available locally, the majority of these already had experience of such services; there was less awareness about services amongst the general population. This highlights the need to raise awareness more widely amongst the general population of which services and support are available to young people who may be in need of mental health support. Young people said they would like to see the development of an 'online directory' of services so they could know where to go to for support and what is available to them. They would also like to know more about their rights in relation to mental health and the services available to them, and for services to be more flexible about meeting young people away from clinical settings.

Picture This: involve young people in service design and evaluation

Am I not the expert in my own experience?

Name: Jack

Gender: Male

Age: 16

Sexuality: Heterosexual

I guess my family can be a bit complicated sometimes. My dad lives in Thailand so me and my little brother, who is 3, live with my mum. Mum has to work a lot so it's up to me to look after my brother most of the time.

I don't hang out with my friends as much as I used to because I don't go to school any more. I didn't like it anyway. After school finished I spent a lot of time at home with my brother. I started to feel different and didn't know why. Then I was diagnosed with depression and anxiety. I wanted to get help.

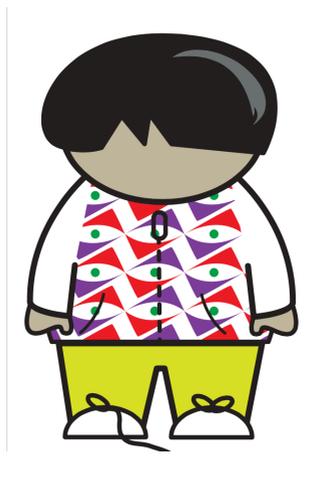
I was referred to counselling but the counsellor didn't really get me and that made me frustrated. I didn't think it was helpful so I stopped going.

But then I got involved with what's called the Service User Involvement Group that the counselling service ran once a month. It's where everyone who has had counselling can talk about what it was like and things they'd like to be different. It was only once a month so I managed to make it to every session and still look after my brother.

The group made me feel like I had a voice that was being taken seriously and after a while I even started co-chairing the meetings.

Together the Service User Involvement Group made a young person friendly waiting room with young volunteers from the local college so that it seemed less clinical and more open and approachable for other young people like me. I was able to change counsellor with the same service and now I've built a great relationship with them. The counsellor looked at using different therapies to the ones I'd tried before and that made me feel better.

It really helped me get better when I realized that I could be a part of something that changed things for the better. **PICTURE THIS**...all you have to do is ask and involve us!



Young people showed a desire to be involved in shaping the services and support they received, coming up with many wonderful ideas in relation to service design throughout the consultations. Young people are the experts in their own experiences and in the services and support they would like to receive and it is recommended that there be opportunities for young people to influence service design at all levels to ensure that services best meet the needs of the young people using them.

This could include involving young people in the recruitment of staff, in the design of new services, and in evaluating and reviewing services. Young people said they wanted to be able to have a choice in the interventions they received and wanted to have more of a range of services and support available to them. It is recommended that commissioners and services work with young people to develop a range of interventions to suit individual needs, based on the views of young people.

Create a 'r8 Mental Health Friendly Barnsley': put in place training around mental health for professionals, and communities supporting young people

Are you ready to challenge your perceptions?

Name: Conor

Gender: Male

Age: 21

Sexuality: Asexual

I live with my uncle now because my parents passed away after an accident a few years ago. I haven't really been coping well.

My uncle tries to understand and help but he doesn't get it. My school had no idea about what to do for students struggling with mental health and gave me no support. My friends at school tried to understand but didn't always know what to say or how to help. Most of the time I just didn't want to be around people.

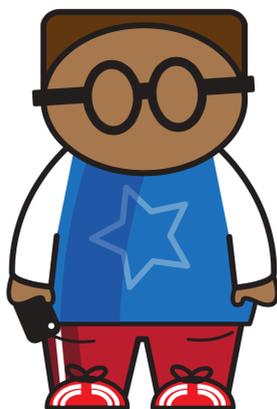
My uncle got in touch with the local youth service and now I've started regularly going to the sessions there. The youth worker there gets it, he makes me feel understood and that helps.

I've made some new friends at the

Youth Centre who also have mental health problems, they really understand and I know I can talk to them. I've been referred for counselling and I think the counselors are very supportive but they don't have all the answers.

I've noticed that the differences between the services and support I get from both professionals and friends/family depends on how much they know about and have experienced ill mental health.

Now I want all professionals, schools, colleges and youth workers to have mental health training. I also think parents, families, and other professionals like social workers and benefit workers should be trained around mental health. I think it's really important for everyone to have a greater understanding of mental health problems and the impact it can have on someone. There could be wellbeing events with taster sessions and awareness raising in the town centre to get people talking about mental health. I know that together we can create a **R8 MENTAL HEALTH FRIENDLY BARNSLEY!**



The majority of the young people we spoke to said they would go to friends, family, youth workers, or school or college for support. It is therefore recommended that there be more training and support in place for these workers so that they can feel confident to support young people around their mental health. This could include a training offer for youth workers and schools staff, as well as more awareness aimed at parents around engaging their children in conversations around mental health. As friends were an often named source of support we would recommend working with young people around 'how you could support a friend' to enable them to feel confident in having conversations around mental health and supporting their friends to get the right support.

Keep it Real: support young people to manage stress and pressure

How would you handle the pressure?

Name: Marie

Gender: female

Age: 16

Sexuality: I don't like labels

I have only just turned 16. I get a lot of pressure from my parents to do well in my exams this year.

Both my parents are doctors and they've always wanted me to be a GP too. My mum just had a baby too so I now have a sister and I'm not an only child anymore. I'm doing okay at school but I've had to work so hard on my revision and homework and I'm not sure I can keep it up.

I used to really like school but now all I can think about is how I have to do well in my exams.

I used to play football for my local team but stopped going to the training and kick-about because I just had too much work to do. I know the team really want me to go back and play but I just can't fit everything in.

I worry that I'm not getting as much exercise now though. I feel like I need to look a certain way, like my friends who seem perfect. I think they think I'm not pretty enough to hang out with them.

That's why I stopped eating regularly and my parents referred me to an eating disorder service, but I know they are worried that getting help in the medical sector will affect my future job prospects and maybe be a barrier to me becoming a doctor.

I think it sounds like I may have low self-esteem and anxiety. I need more emotional support from my parents but since they had the baby I know they're really busy and I feel like they don't have time for me as much.

So much stress and pressure is building up and all I want is to learn how to get support, know who might be able to help me and look after my own mental health without feeling like I'm doing the wrong thing. If only we could all build awareness around services, support and self-help coping strategies and mechanisms to **KEEP IT REAL** with young people who are struggling with school and peer pressure.



Pressure came up consistently as the main issue impacting on young people's mental health. A large majority of young people spoke about educational pressures, including exams, and pressure to achieve. Young people also felt wider societal pressures, such as pressure from the media to 'be a certain way', pressures around their identity and their futures, and peer pressure and discrimination. Whilst it might not be possible to eliminate the pressures young people face it is recommended that young people be supported to develop coping strategies to deal with the pressures they face and to prevent this from having a negative and lasting impact on their mental health.

Take Time: build relationships with young people

Have you got time for me?

Name: Jade

Gender: Non-binary

Age: 17

Sexuality: I like what I like

I feel like because I am non-binary, acceptance of my identity has created a lot of stigma amongst my family, and the village in which I live.

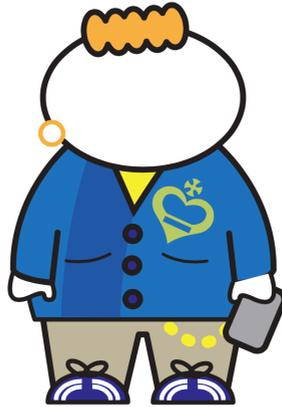
No one seems to understand being non binary and I feel pushed away from a community I wish supported me. I spoke to my GP as I was feeling displaced from society and everyone around me. The GP was okay I guess, they referred me to a mental health service but it didn't work for me because the worker had a spiritual approach - it may work for some but not for me.

I then got referred to the college counsellor, in my first session I was told it was one of 5 more sessions I would have with them and my homework was to think of something that makes me smile. Some days I

couldn't think of anything. After my 6 sessions were up I was in no better place and was referred to the adult mental health team. In my first appointment I was told I was too young for the service, yet again I was reminded how displaced I felt, not only within the community but also within services and accessing support.

I was told that the Children and Adolescent Mental Health Service may better meet my needs. This time, in my first session I asked how many sessions I would have with them. The worker was really cool and kind and answered by asking me how long a piece of string was. This straight away made me feel at ease and made me smile. I smiled because I felt welcomed and felt able to open up. I was also sign-posted to the LGBT (lesbian, gay, bisexual and transgender) forum which opened me up to a community of likeminded people and additional support.

For a long time I felt I didn't fit. I began to feel more accepted and a sense of belonging with support from my counselor. **TAKE TIME** to build relationships with us or to get the right support package, not limited time in a certain number of sessions.



Relationships came out as a really important factor in young people feeling comfortable to be able to speak out about their mental health, as well as in how well they engaged with services. Young people said they did not want to have to keep repeating their story, but would instead like to build up a relationship with a worker who could support them consistently over a period of time. They said they wanted to have access to a range of interventions to support their wellbeing, including more informal interventions, and for services to be flexible in meeting their needs.

Knowledge isn't Understanding: give us tools to make it easier for young people to navigate services, and ensure they receive timely, appropriate support

Could you do things differently?

Name: Lola

Gender: Female

Age: 14

Sexuality: Heterosexual

I used to secretly self-harm regularly as I thought it was helping me cope. I had no previous history of poor mental health and was seen as an A* Student with no problems through everyone else's eyes.

My eyes tell a different story. I opened up to a teacher one day at school as I felt really upset and I trusted the teacher. The teacher explained confidentiality to me and mentioned if I was to say something that causes me or anyone else harm they may have to take it further. I trusted the teacher, I desperately wanted someone to help me. Although I self-harmed secretly, deep down I wanted someone to know.

I used confidential phone lines but every time I felt I was getting somewhere I was told I could only stay on the phone to them for 35 minutes. I could call back but wasn't guaranteed it would be the same person I just spoke with.

I was referred to the Children and Adolescent Mental Health Service and despite a long waiting list, I was asked to sit in the waiting room that was very clinical, dark, and daunting and straight away made me feel anxious. I told the worker that the waiting room made me feel like that and they said they would take this to their Service User Group. Then 6 months later the service user group had painted the waiting room in neutral colours and made it young person friendly with bean bags and comfy cushions. I found my own ways of coping in the meantime by accessing online support but I was exposed to a lot of negative websites in the process. I'd prefer more interactive interventions and creative group work but I didn't know those things were available before I met my worker at the mental health service, so I just looked online.

KNOWLEDGE ISN'T UNDERSTANDING!



It can be very difficult to navigate services and support, particularly when you are experiencing mental ill health. In addition to ensuring young people know about where to go to for support, and what their rights are, we need to ensure that young people are at the centre of services and are able to receive timely and appropriate support. Waiting lists came up several times throughout the consultation as a barrier for young people, and they said they would like to get help early on to prevent their mental health from getting worse before it can get better. Young people said they wanted to have services available to them 24/7 and wanted to see more online support for young people. They wanted the spaces they went to, to feel 'less clinical' and more 'young person friendly'.

For more information visit
www.chilypep.org.uk/oasis



Barnsley Local Area Transformation Plan – Chilypep Monitoring Report

1st April 2017 – 31st December 2017

Outcome 1: Young People will directly influence services and support provided to them through the Future in Mind Programme, by working alongside partners to develop effective services and participation structures within their organisations and in the Future in Mind decision making structures

Activity/Outcomes

Development work:

Chilypep has engaged wider partners within FIM and ensured the voice of YP is being heard through engagement with these stakeholders

16th June 2017

Staff met with Lucy Beercroft and senior manager from CAMHS to discuss involving young people from OASIS and the Peer Mentors and Young people have been invited to be involved in the development of the single point of access referral, and linking with the CAMHS participation group, to ensure consultation with CAMHS service users.

On 8th June 2017 staff met with Lisa A Loach, Governance and Service Manager, Public Health Barnsley Council, to discuss future work, including involving young people to develop young people friendly BMBC feedback forms, and possibly develop an App to get feedback from the public. This work will take place over the next quarter

13th June 2017 met with Amy Booth, Health and Wellbeing Officer (Children and Young People), People Directorate, Barnsley Council, to discuss how to work with Young Healthwatch to look at ways to improve opportunities for young parents to engage in influencing activity. This work will take place over the next quarter

August to October 2017

Met with a range of partners to develop the World Mental Health day event, involve young people in the Suicide Prevention Plan, contribute to the MindSpace development and launch and other initiatives that young people can influence. These are detailed in the [Young Commissioners and strategic engagement](#) section.

November to December 2017

During this period we have developed work alongside CAMHS, in particular involving young people from OASIS in developing the SPA self-referral publicity posters involving in interviewing CAMHS staff. Staff attended a Parent and Young People information event for young people on the CAMHS waiting list. Approx 15 people attended. Creative Wellbeing Activities were delivered using Mental Health First Aid Kit. This was well received and feedback has been forwarded to CAMHS.

Feedback from the Event:

"I have loved making glitter jars and sweet jars, I've enjoyed it, it was so relaxing".

"I really enjoyed making the glitter jars because they are a good distraction when feeling sad".

"I enjoyed making glitter jars because of what they look like and knowing I was the one who made it".

"I enjoyed making stress balls".

"I am glad I came I enjoyed everything".

"I absolutely loved fencing and I made a stress ball balloon".

Consultation:

10th May 2017

Staff supported young people to engage in the Horizon Big Event for Mental Health Week. OASIS and Peer Mentors had a stall and facilitated creative consultation with 20 young people.

Consulted 10 professionals from the following services/organisations at the Barnsley College Health Partnership Conference

- IAPT
- Samaritans
- Crazylife
- Barnsley college staff
- Barnsley council outreach

They were asked their views on the barriers for young people accessing services and support, and what they thought would be needed for a model of good practice for a Peer Mentor Project

August to October 2017

150 young people took part in the World Mental Health Day Event at the Town Hall and took part in a creative consultation exercise, describing what made them feel happy and what help and support they need.

November to December 2017

102 young people were consulted with about developments in Barnsley College - See Barnsley College Update

As part of the delivery of the Mental Health and Emotional wellbeing training participants were asked about their views what are the barriers they think young people face in relation to mental health and accessing support and what a good peer mentoring project would look like in their school. Please see Training Evaluation report

Young Commissioners and strategic engagement:

This year we are involving young people in activity with a range of partners who are responsible for young people's services across the Borough as part of the LTP for Barnsley. To achieve maximum opportunities for young people we will be setting up specific time limited action groups with young people to focus on different areas of work, in addition to the regular OASIS meetings, which will receive reports from the various action groups. We are also setting up an on-line forum for young people who cannot attend meetings or activity but want to have a voice in the work being done.

Suicide Prevention Plan – Young people have looked at the current suicide prevention plan, and identified gaps and areas they want to influence. Feedback from this has been shared with the Adult Mental Health Forum.

On 4th May, and 22nd and 29th June young people from OASIS acted as a reference group for the development of the 4thought schools programme, and the rebranding and logo design of the 4thought programme.

Outcomes of consultation and strategic work so far:

Findings will inform future work of OASIS and feed into commissioning, awareness raising and information work of the group, and the ongoing service design of the Peer Mentoring project

Improved opportunities for young people to influence a range of commissioners and activity across the Borough

More accessible consultation opportunities for young people to engage in a range of activities.

Opportunities for young people to engage in influencing local strategic and operational activity with a range of commissioners and service providers have increased

YP are influencing the suicide prevention plan, so that it meets the needs of YP. Young people have been invited to the next Mental Health Forum Meeting to discuss their views and recommendations on the Suicide Prevention plan and to undertake a joint presentation to the Suicide Prevention Group

Young people are influencing the development of the 4thought school's programme and their views have been taken on board in final decisions

July/August 2017

Oasis Young Commissioners update

7 new young people have joined the group in July and August and staff met with them individually before they joined the group to ensure the young people understood what the purpose of the group is and were confident it was for them

Weekly meetings are taking place where the group are working on their Manifesto, based on all the consultations they have carried out, and have prioritised the activity they want to get involved in. This includes:

- Assessing CAMHS service against the updated Your Welcome Standards
- Engaging with the Adult MH Forum and BMBC officers to contribute to the Suicide Prevention Plan
- Making a promotional film about the Manifesto to inform others about priorities and needs
- Launching the YMHFA Kit and holding awareness raising event for World Mental Health day

Young people and staff attended BAMHF (Barnsley Adult mental health forum) and delivered a presentation around their work and gave feedback around the suicide prevention action plan. Staff attended further meetings to plan for a suicide prevention presentation with OASIS

3 joint working group meetings with BAMHF (Barnsley adult mental health forum) and OASIS to work on the preventing suicide strategy and secured slot to present this to the suicide prevention group on the 22nd of September at 3.30 at Hilder House Board Room have been planned

Staff met with Gina Gatty, Business Excellence Manager at Independent Training Service in Barnsley to plan and deliver mental health awareness training to 14-18 year olds and involve their young people in consultations and promote membership of OASIS.

August/September/October 2017

OASIS young commissioners and strategic work update

9 new young people joined the group this quarter and staff met with them individually before they joined the group to ensure the young people understood what the purpose of the group is and were confident it was for them. 12 Oasis sessions took place as well as the group engaging in a range of activities and events:

- 2.08.17 Met and attended BAMHF (Barnsley adult mental health forum) with OASIS members to work around suicide prevention
- 10.08.17 met with ITS to plan session to work with young people that attend ITS
- 16.08.17 met with BAMHF to work together around the suicide prevention action plan and make link between groups
- 17.08.17 met with Barnsley museum, hear my voice and creative recovery around planning for #NotJustMe event
- 31.08.17 met with Together women project to involve them in the #NotJustMe event

- 10.09.17 OASIS group contributed their views and opinions to world suicide awareness day and the Barnsley council #AlrightPal online campaign
- 12.09.17 OASIS and CHIL Peer mentors had joint stall at Barnsley college promoting work, raising awareness, creative consultation and gaining peoples interest
- 13.09.17 Delivered bespoke mental health awareness session to 9 young people at ITS
- OASIS contributed their views and opinions to 'LOOK LEER Know' the online campaign around street harassment.
- 18.09.17 OASIS and CHIL Peer mentors had joint stall at the University Campus promoting work, raising awareness, creative consultation and gaining peoples interest
- 22.09.17 OASIS presented their views on suicide prevention to the BMBC suicide prevention sub group at Hilder House to input their views into the development of the suicide prevention plan/strategy
- 28.09.17 OASIS session planning #NotJustMe event, and filming for the CCG AGM film
- 5.10.17 attended MindSpace Launch at Barnsley football club with OASIS members and presented. Oasis members were involved in developing the logo, imagery and text for MindSpace publicity and website, and have youth proofed the directory of services so that information for young people on the website will be young people friendly
- 11.10.17 Girls session with together women project and Plan UK – 3 young women from OASIS input to Plan International UK, consultation following their [Girls Rights in the UK](#) report published last year. One of the key themes to emerge from this report was the extent of gendered stranger harassment girls and young women experience, and the ways in which this can limit their safe access to public space. Plan UK is now exploring this in further depth, OASIS input will influence the report in November 2017.

- 12.10.17 OASIS session - worked with a team of approx. 10 translational Research Scientist students from CATCH (Centre for Assistive Technology and Connected Healthcare) around the development of an artificial intelligence system that can deliver psychological support - as a voice, text or using a virtual human character on screen.

Feedback from CATCH

“On behalf of us and the medical students from the University of Sheffield, thank you so much for making us feel so welcome at Horizon, and sparing the time to talk to us on Thursday about the idea of using different systems in mental health. The students all said afterwards how much they enjoyed meeting you, and finding out what you thought. You also had loads of good ideas about how we could use this kind of technology in the future, and we will feed in your ideas (anonymised of course) to the bigger group here at the University who are working on this area. So you will have a real influence on how this develops, and if we have the opportunity to come and talk to you some more about this (or other) ideas, we’d love to come back.”

- 18.10.17 OASIS attended the Stakeholder event and presented and put together questions for partners working under ‘Future in mind’. ‘Mind’ in Jersey contacted CHILYPEP to learn good practice in young people’s participation in mental health, and attended the Stakeholder event with a young person.
- 20.10.17 met with ITS to work around training young people in Youth Lite training and consulting with them around mental health services and support
- 25.10.17 met with Healthwatch to work on the Crisis care concordat
- 26.10.17 Lucy and Steph from CAMHS attended an OASIS session to involve young people in the work around the SPA. Young people gave their views about the service.
- 30.10.17 Delivered Youth Lite training to new OASIS members and new CHIL Peer mentors to 13 young people. 6 new OASIS members and 7 new Peer mentors.

10.10 2017 World Mental Health Day Event, Barnsley Town Hall

Launched the Youth MHFA kits on World Mental health day for the young people’s #NotJustMe event. Our #NotJustMe event was a great success and we had 200 people attend. We had great support from the schools who brought students to the event. It was great to get primary schools, academies, college and sixth form and alternative training providers for vulnerable young people such as ITS involved reaching the ages of all young people from 11-25.

This included;

- Summerlane Primary School
- The Dearne ALC
- Horizon
- Barnsley College
- Barnsley Sixth form
- ITS
- Kirk Balk
- Outwood Academy Carlton
- Greenacre

Barnsley Museums will be displaying our Youth Mental health first aid kit for the next month and more young people are aware about future in

mind and the transformation plan and were able to input their views around mental health services and support through the creative consultation that took place at the event. We also made some noise outside the town hall to celebrate world mental health day and how far we have come in relation to mental health with drummers and the Mayor giving a speech to launch the event. We also continued the noise inside the town hall with drumming workshops inside for young people to take part in and later throughout the evening of the event we had live bands and spoken word artists.

Throughout our #NotJustMe event on world mental health day we ensured we had creative ways of consulting with young people that attended. This included getting the Museum and Barnsley town halls permission to allow us to write and draw on to the museum glass cabinets. This was a huge success amongst young people attending. Although it was hard work wiping the pens off the cabinets at the end of the night and we set off the alarms a few times trying to get them clean!

We asked young people who attended what they enjoyed about the event and this is some of their feedback;

- “I have enjoyed writing about what makes me happy and what makes me stressed”
- “Because it helped me understand and learn more about mental illness”
- “Looking around each stall and getting information”
- “Meeting new people”
- “Ancient Egyptian museum”
- “sweets and drums”
- “The amount of people that was there and the different varieties of mental health foundations”
- “Doing activities and having fun”
- “Writing on the cabinets to express our views, inspired creativity”
- “I enjoyed the creative activities as it helps young people develop and learn coping strategies”
- “The best thing about the event was the poetry, seeing a spoken word piece created from other expressing views”
- “I enjoyed the music and activities, especially writing on the glass cabinets”
- “I enjoyed the bands and the photo booth”

We had many different organisations attend the event to have information stalls and give out information to young people. This included;

- CAMHS
- MindSpace
- Thrive
- TADS
- Together women project
- Recovery Project
- RAD
- Campaign Bootcamp
- IAPT
- Creative recovery

Services who have received and signed for Youth MHFA Kit

- Barnsley college X3
- Barnsley sixth form
- Barnsley college – Wellbeing Wednesday room
- TADS
- CAMHS
- Summerlane Primary School
- The Dearne ALC
- Horizon
- ITS college
- Kirk Balk
- Outwood Academy Carlton
- Greenacre
- Princes Trust
- Barnsley CCG
- Exchange recovery Project
- CYP – IAPT
- SYP Inspiring Youth
- Dan Jarvis MP

November to December 2017

OASIS Sessions activity overview

8 OASIS 2 hour weekly sessions have taken place, and 4 additional participation opportunities were delivered in this period. During the OASIS weekly sessions, the young people have worked on the following;

- CAMHS session; CAMHS attended and explained SPA – Young people mapped out a journey for young people accessing CAMHS and came up with ideas to promote CAMHS SPA making this more relatable to young people. Young people also gave ideas about how other information could make things better for young people accessing CAMHS such as a 1st appointment letter being more young people friendly and developing an information sheet and poster for SPA with pictures of staff and information about them, to make the service more approachable.
- Designed SPA poster which has been signed off by CAMHS Communications team
- Interview training and writing interview questions for different roles at CAMHS including a scenario and scoring criteria
- BRV Programme Consultation with girls from OASIS to inform the development of the BRV Film project at Barnsley College looking at Toxic Masculinity
- Working on Future In Mind and #NotJustMe event film. The film also included animated version of the SPA Poster as an additional way of young people and others knowing about this and promoting this out.

- Sheffield University - Research Students attended OASIS to work with the young people around development of new technology working with young people around mental health and emotional wellbeing.
- Young adult members Input views into MIND research around employment and supporting mental health in the workplace
- Reviewed 3 National local area transformation plans for 'Future in mind' and fed back view to Laura Whixton at NHS England
- Met with Commissioners from Barnsley CCG to discuss and give views about Barnsley Future in Mind activity and share experiences of services.

The 4 additional participation opportunities to the weekly sessions include the following;

- Attended FIM Stakeholder event and delivered presentation
- Christmas meal for all young people engaged in our groups in Barnsley
- 2 Interviews – Young people from OASIS participated in 2 interview panels for CAMHS, they interviewed for two different roles, a receptionist and a Doctor.
- Oasis members invited to be co-researchers on a project at Barnsley 6th Form to look at the impact of Mental Health conditions on learning

7 new OASIS Young people from OASIS have received a personal development and Citizenship ASDAN award.

Oasis group membership is at 15 members with an additional 3 young people attending every now and then as the session runs at the same time as their school choir.

OASIS members have also inputted their views into Rethink's Employment Mental Health Survey and are giving their input and ideas to the Barnsley Service Directory.

OASIS New Members ASDANS

Total – 9 Young people received ASDANS

- 4 Young people received level 2 Developing Self ASDAN Award
- 5 Young people received level 2 Developing Self ASDAN Award and Short Course Citizenship ASDAN award

Evaluation

Young people have shown a significant improvement in their wellbeing over the last 3 months as evidenced by the Outcomes Star evaluations (separate report attached) We are also collating longitudinal evaluations through Case studies that are being collected over the time young people are involved

Outcome 2: Teaching, schools staff and young people's workers will have improved skills, knowledge and confidence to support young people's mental health and emotional well-being, and be more aware of when to make an appropriate referral to the relevant agency

Activity/Outputs/Outcomes

Development Work:

This year we were asked to develop a mixed programme that schools could choose from, so as to make the training more bespoke for each school's needs.

Training brochure and application form designed

Training brochure circulated to schools leads via Michelle Sault

7 meetings attended with the following schools, who were also provided with information about the Peer Mentoring Programme, OASIS, the MHFA Toolkit Poster and potential boys work programme offer:

Training offer has been developed and promoted and a clear training offer is in place based on the needs of teachers, schools staff and YP's workers.

Schools have had meetings with training team and flexible training packages have been agreed based on school need.

Training from last year was oversubscribed and we have a waiting list of 25 people from non-school sector who would like to do the training

Staff have been trained to deliver ASIST training and this will be offered from January 2018

This work contributes to the workforce development plan for Barnsley FIM

Schools engaged so far and training arranged:

Horizon College (school)

Training dates and times confirmed

To be delivered at Horizon on the following dates;

- 05.10.17 Youth Lite 09:30am – 12:30pm
- 12.10.17 Youth Lite 09:30am – 12:30pm
- 18/10/17 Youth Lite 09:30am – 12:30pm
- 18.01.18 Building the confidence and self-esteem of young people 09:30am – 11:30am
- 25.10.18 Exploring the issues affecting young people including self-harm, suicide and eating disorders, and signposting to support services 09:30am – 11:30am
- 30/01/18 Self-help strategies to support young people's wellbeing (including action for happiness, 5 ways to well-being) 09:30am – 11:30am
- 18.04.18 Mental health awareness twilight 3:30pm – 5:30pm
- 26.06.18 Mental Health awareness twilight 3:30pm – 5:30pm

Darton School

Training dates and times confirmed

To be delivered at Darton on the following dates;

- 5.09.17– 2-day Youth MHFA (day 1) 9.30-4.30pm
- 6.11.17– 2 Youth MHFA (day 2) 9.30-4.30pm
- 23.03.18 1-4pm – Youth LITE MH 1.00-4.00pm

The Dearne School

Training dates and times confirmed

To be delivered at The Dearne ALC on the following dates;

- Monday 2nd October – 2-day Youth MHFA (day 1) 9.30-4.30pm
- Tuesday 3rd October – 2-day Youth MHFA (day 2) 9.30-4.30pm

Then in terms of the dates below I will deliver 1-hour bespoke training around the following;

- Tuesday 26th September 3.00-4.00pm – Anxiety
- Tuesday 14th November 3.00-4.00pm – Self harm
- Tuesday 28th November 3.00-4.00pm – Depression

Penistone School

Training to be delivered at Penistone;

- 26.10.17 deliver 4x ½ hour mental health awareness sessions 2.30-5.00pm

(Penistone made contact on the 7.7.17 to say they would like to book us in for 4x ½ hour mental health awareness sessions, saying that all their staff had accessed the mental health first aid training through CHILYPEP last year at Horizon so would not need to have the training delivered to staff.

Chilypep data base shows that 5 staff from Penistone participated in the training last year, which was shared with the school. A further offer has been made but no response received.

Future meetings planned:

Outwood Shafton, Outwood Carlton and Netherwood School

- 18.7.17 Meeting with Kate at **Outwood Shafton** School regarding mental health training.
- 18.7.17 Meeting booked with Mel at **Outwood Carlton**
- 21.7.17 Meeting booked with Martin Davis at **Kirk Balk**
- Followed up initial contact made on the 3.7.17 with **Netherwood** on the 11.7.17. Not yet had any response. Followed up again on the 17.7.17.
- Followed up with Outwood Shafton, Outwood Carlton and Kirk Ball with 2 reminders after meetings, waiting for dates from them to deliver training

Full training package with full training plans, PowerPoints, resources, handouts and evaluation tools designed and developed

Meetings taken place with SYEDA to develop ED workshops as part of the offer

Training delivery

To start Sept 2017

Impact & Evaluation:

Will be carried out throughout the project – final report due March 2018

August/September/October 2017

MHFA and Bespoke MH training

- 18.08.17 Met with Mel Dyson from Outwood Carlton to discuss MHFA and bespoke MH training options

- 18.08.17 Met with Kate from Outwood Shafton to discuss MHFA and bespoke MH training options
- 21.07.17 Met with Martin Davis at Kirk Balk school to discuss MHFA and bespoke MH training options
- 5.09.17 Day 1 of the 2-day Youth MHFA course delivered to Darton School – 16 participants
- 26.09.17 Delivered Anxiety awareness training to The Dearne ALC - 48 participants
- 06.08.17 and 07.09.17 Delivered Adult MHFA 2-day course to CHILYPEP staff team including 1 young person that is an OASIS member.
- 2.10.17 and 3.10.17 delivered the 2-day Youth MHFA course to The Dearne ALC – 8 participants

“You were fab and did a great job and led a great training session, staff from the last 2 days have commented on how they enjoyed the training and are excited about working together” The Dearne ALC

- 5.10.17 Delivered Youth Lite to Horizon College – 15 participants
- 12.10.17 Delivered Youth Lite training to Horizon College – 16 participants
- 18.10.17 Delivered Youth Lite training to Horizon College – 15 participants

TOTAL = 119 Participants received MH training September to October 2017

Schools that have had training delivered;

The Dearne

Darton

Horizon

Penistone

Future delivery;

Kirk Balk

Outwood Carlton

Outwood Shafton

November to December 2017

Training sessions delivered to professionals from schools and colleges:

The Dearne:

14.11.17 Self-harm awareness 1 hour session 49 attendees

28.11.17 Depression Awareness 1 hour session 42 attendees

Penistone School

23.11.2017 – Mental Health Awareness 4x 20 mins sessions 57 attendees total

Barnsley College

30.11.17 – Managing Stress in the workplace 1 hour session -26 attendees

14.11.17 – Lunchtime Lecture to 20 Health Professionals Co-delivered by OASIS member.

Presentation to staff at Rotherham Hospital around Mental Health First Aid Kits

Feedback from the event:

- Very useful insights into where services succeed and fail.
- It depends very much on the kids engagement-essential!
- Really informative session, very interactive and enjoyable.
- The Mental Health First Aid Kits are a great idea.
- Fantastic Scheme.
- The language such as 'innit' might prevent some young people identifying with it.
- MHFA Kit could include Physical Symptom management techniques also.
- Really good lecture, great to see the help you are trying to provide to young people. Thank you.
- Need to support prevention in schools
- Excellent resource.
- Lovely presentation, quite lively!

Over view of training from April 2017 to December 2017

Total training sessions delivered: 26

Total Number of Participants: 503

Training Sessions delivered to school's staff - 13: Participants - 294

Youth Mental Health First Aid (2-day) courses - 2: Participants - 24

Youth Mental Health First Aid Lite (3-hour) sessions – 3: Participants - 46

Mental Health Awareness sessions (1-hour) sessions – 3: Participants - 141

Managing Stress at Work session (1-hour) sessions – 1: Participants - 26

Mental Health Awareness sessions (20 minutes) sessions – 4: Participants – 57

Training Sessions delivered to Young people/students Sessions – 1: Participants - 209

Mental Health Awareness session (1-day) Sessions – 1: Participants - 9

Youth Mental Health First Aid Lite (3-hour) sessions – 1: Participants - 12

Mental Health Awareness Tutorials (1-hour) Sessions – 1:1 Participants - 69

Men's Mental Health Awareness Tutorial (1-hour) Sessions – 1: Participants - 19

Total Number of sessions due to be delivered in 2017-8 (this number will increase): 5

Youth Mental Health First Aid Lite (3-hour) sessions: 1

Mental Health Workshops & Awareness sessions (2-hour) 4

Please see Training Evaluation Report attached

Outcome 3: Young people will have greater resilience and coping skills, helping them deal more effectively with the difficulties they face during key developmental transitions, by receiving emotional wellbeing support.

Activity/Outcomes/ Impact

Development Work:

A new worker has been appointed to this work who has undergone induction and had initial meetings in April with the Health and Wellbeing Team, Student Services, the Students' Union and Tutorial Team Leaders

Dates of Sessions and Meetings this quarter:

24th May – Elie's last session with the group (4 YP)

1st June- Social at Jump with Oasis & CHIL

7th June – Peer Mentor session (planning for Presentation/leaflet review/logo design) (4 YP)

14th June – Peer Mentor Session (Writing and practicing presentation) (3 attendees)

19th June –EM Attended TTL meeting @ college, Meeting with Jimmy Parkin regarding training.

21st June- Presented at Health in Mind Conference (3 YP)

22nd June- OASIS session at Horizon (Stories for manifesto) (3YP)

28th June- EM Met with Jade Rimmington 4thought about Peer Mentors

28th June- Peer Mentors session (Journey of mentors & Mentees, Badge design) (3YP)

5th July – College closed no session

12th July- Information Event and Stall at Barnsley College (3 YP)

Staff and young people attended and presented at the Barnsley College Health Partnership Conference on 21st June, showing the work undertaken so far, presenting consultation findings and promoting OASIS and CILL (Peer Mentoring)

Update on progress at Barnsley College

We have continued to meet the Peer mentoring group weekly at Barnsley college, we have had some members of the group stop attending during exam period and after college finished in May. The current group have played an active role in designing and helping to deliver the current recruitment campaign to try and recruit new peer mentors for the 17/18 academic year.

Activities the peer mentors have been involved in have included:

Designing a leaflet, finalizing their logo design, using social media to inform and recruit students, running an information session/stall at the college.

The Peer mentors also wrote and delivered a presentation at Barnsley's College Health Conference. They presented to other professionals describing the training and work they have done around establishing the peer mentoring programme in college.

Working on feedback from last year our aim was to try and recruit students earlier in the academic year to the Peer mentoring programme. We have decided to run a training week during the Summer Holidays, this will allow us to have an active Peer mentoring group from the start of Term in September. The newly trained Peer Mentors will then have a presence at enrolment and a role in supporting new students settle in during the first few weeks of term.

We have run an extensive recruitment drive in college to promote the programme to Students, there have been leaflets around college, posts on Barnsley College Social media pages, and advert on the school's intranet home page, all students received a text message about the information event, I have also attended tutor team leader meetings to cascade the information through Tutor groups.

We have worked with partners at Barnsley College and also their contacts within local secondary schools in order to promote the Peer Mentoring opportunities to students who will be starting college in September. We hoped we could recruit students at the very beginning of their studies at college which would mean they could potentially work on the project for 2/3 years. Unfortunately, we have had no take up on this offer as yet. Ongoing meetings with Jade Remmington from 4thought who is working within the secondary schools and is interested in setting up Peer Mentoring Programme across all schools; we are working together to support this and sharing learning and best practice within a Peer mentoring programme.

We will be having a stall at enrolment to promote the peer mentoring programme there to continue recruitment.

The training will run for 1 week over the summer and will be co-facilitated by the current group of Peer mentors. We will then offer the training on a rolling basis throughout the academic year whenever we have enough take up from students.

Plans for 17/18 academic year

Using feedback and consultation from staff, students, and current peer mentors we are planning to have the Peer mentors run regular drop in sessions each Wednesday afternoon within the college. These sessions will have a focus on health and wellbeing and will include creative and practical activities for the students to take part in. The sessions will allow peer mentors to develop supportive relationships with the students attending and allow them to provide further 1-2-1 support if necessary.

We would like to promote engagement across all Barnsley College Sites including 6th form and University Campus therefore the weekly activities will rotate around the different sites.

We are offering Mental Health Awareness Tutorials to Students from October and workshops and training to staff within the college.

We have offered the Boys Work programme BRV to schools and college who are keen to take this up. We are also offering this to Youth Offending Services and Early Intervention and Prevention and are in discussions with officers in relation to this. We will have capacity to run two programmes this year.

July/August

We have developed the curriculum for the BRV programme and promoted to schools and college. Have been in contact with and met officers from BMBC Target Youth Support to discuss future partnership working and potential roll out of BRV programme you boys within that service BRV. Belonging Resilience Vocabulary

The BRV programme enables boys / young men to learn to like themselves and respect others.

To become emotionally literate, growing in confidence and self-esteem,

whilst exploring authentic- self, culture and contemporary masculinity and hope, in order to reframe what it is to be a young male in 21st century Britain.

BRV Aims

“Unearthing duties and responsibilities, ethics and values and re- positioning”.

For boys to:

- Gain an understanding of self and others through exploration & reflection
- Recognise own and group core values
- Navigate and explore what is love?

- Understand, what is health and wellbeing?
- Develop the tools to grow emotional intelligence
- Learn to manage difficult emotions/feelings
- Develop an understanding in terms of Citizenship
- Learn to aspirations and seek positive futures

BRV approaches

“Knowledge is not understanding”.

- Rights based
- Ecological
- Partnership working
- Integrational and social capital
- Nurturing Environment
- Eschatological

BRV Principles and Values that inform our practice

“Awakening the sleepers in the dark”.

- YP are Respected and starts where YP are
- Power in favour of YP, a process of supported empowerment
- Sees’ YP as individuals
- Operates in an anti-oppressive/anti-discriminatory manner
- Recognise YP’s feelings

Our theoretical underpinning

Attachment and Resilience (Daniel, B, 2012) Person centred Theory (Rogers, C, 1951) The Principal of Hope (Bloch, E, 1954, 1955, 1959)

August/September/October 2017

Peer Mentor Summer Training Programme took place during the first week in August. We promoted the training as widely as possible and had good interest from students, we had 5 young people complete the training that week, which was disappointing. The training was co-facilitated by the current Peer Mentors and observed by Jade Rimmington from 4thought (now MindSpace). The young people engaged really well with the training and came up with creative ideas of how the Peer mentors could be best utilized throughout the college.

Feedback from the end of the training showed:

- They all had a full understanding of the role of a Peer Mentor
- They had increased knowledge of Mental Health
- The students felt confident about their role as a peer mentor in college

‘I have learnt more about Mental Health and how to help people with their Mental Health’

I have learnt about different Mental Health issues, understanding and supporting mentees. Different skills a peer mentor needs and also the importance of boundaries'

'The whole training has been really enjoyable and the different creative activities we have done like glitter jars, stress balls.'

The trained Peer Mentors helped to plan and deliver stalls at A-Level & GCSE results day, and planned events for the start of the new term.

The Peer Mentors had a stall at the Welcome Event and Freshers Fayre events where they consulted with a total of 81 students asking about their emotional wellbeing and support they would like from Peer Mentors in college. We also used the stalls as an opportunity to recruit new students who were interested in becoming Peer Mentor's.

Feedback included:

What are you most worried about starting college?

- Not knowing anyone
- Being on my own
- Not enjoying it
- Travelling
- Money issues

What support would you like the Peer Mentors to offer?

- Talking groups and one to one work - Young people understand how to talk to other young people and don't use words we don't understand
- Help and advice with course work or a space to be able to do extra work in.
- Just someone to listen to you
- Having someone a similar age to support you

What stresses you out?

- Coursework
- College
- People
- Work
- Family
- Change (unexpected).

We delivered a presentation regarding Chilypep and opportunities for young people to get involved to AS students at Barnsley Sixth Form (153 in total) this proved successful in getting students signed up to become Peer Mentors and also informed students about the OASIS group and World Mental Health day event.

We delivered a second round of training for all interested Peer Mentors starting at the beginning of October, the sessions ran weekly on a Wednesday afternoon and will take 8 weeks to complete. 14 students have attending the training and students are from across Old Mill Lane Campus, Sixth Form College and Eastgate Campus. The training has included the delivery of Youth Mental Health First Aid Lite course during October half term.

The Peer Mentors have been working with Student Services to deliver Wellbeing Wednesday activities from the Student Union at Old Mill Lane. Acting on the feedback from consultations and experiences from last year it was felt that offering drop in sessions for students would allow more students to access the support from Peer mentors. The Wellbeing Wednesday sessions have been running since mid-October and the Peer mentors have been delivering a combination of creative activities to support and promote positive emotional wellbeing. The sessions have been well attended to date with an average of 8 to 10 attendees, and the Peer Mentors have a range of activities planned for the sessions up until Christmas, with a focus on Men's Health during November to tie in to the Movember Campaign.

We are working with staff at the Sixth form college to help develop their idea of having a 'Wellbeing Café for students to access. They have a room they have designated as a wellbeing space and have asked the Peer Mentors to help in the running of the space, from designing and decorating the room to providing weekly activities for students to engage in and a space for Peer mentors to provide 1-2-1 support.

We have been delivering Mental Health Awareness Tutorials throughout October, 8 sessions have taken place to a total of 101 students, with 3 more sessions planned for November (Feedback from these are still being analysed, but will be able to report on impact in next report). We will be focusing on the delivery of Men's Health Tutorials during November.

The tutorials have been a successful way of getting young people engaged with a variety of Chilypep activities, including attendance at Wellbeing Wednesday Events, the World Mental Health Day event and attending training sessions and OASIS group meetings.

In total we have had 48 students from College sign up to be on Chilypep mailing list and to be informed of events, support and opportunities happening in Barnsley.

BRV Pilot - In October we started to deliver the BRV programme at the Independent Training Solutions College in Barnsley, an alternative education provider for young people who are struggling to participate in education. 7 young men are participating in a 12-week Programme

"The BRV project is like 200 times better than social, personal development, mentors and CAHMS. You really get involved opening up new opportunities and ways of being different. We need more BRV work with lads, don't be scared to talk..... For me BRV stands for opening up and looking at how we feel as young men. We are all brothers that should stand together, don't bottle up your feelings, learn about emotions, after all we are all one family."

Darren Higgins, 19, BRV Participant (Independent Training Solutions 2017)

November to December 2017

Barnsley College Update:

Number of Peer Mentor Training Sessions:

Training sessions with the Sixth Form Students took place on:

8.11.2017 – 6 Young People attended

29.11.2017 - 6 Young People attended

6.12.2017 – 3 Young People attended

Number of Wellbeing Wednesday sessions and attendees:

6 Wellbeing Wednesday Sessions have been run between November and December.

These have been facilitated by the Peer Mentors alongside staff support.

Topics covered have included:

-Opening conversations around mental health

-Mental Health First Aid Kit Creative Sessions

-Ground Rules for behaviour at sessions and in Students Union as a wider space.

-Creative activities for wellbeing including making Christmas Decorations, Origami,

Mental Health Awareness Tutorials

8.11.17- Mental Health Awareness Tutorial 20 young people attended

20.11.17 Mental Health Awareness Tutorial 25 young people attended

28.11.17 Men's Mental Health Awareness Tutorial 19 young people attended

12.12.17 Mental Health Awareness Tutorials 24 young people attended

Analysis of the Mental Health Tutorials October- December

Chilypep have delivered 11 Tutorials in this period:

188 students have taken part in a Chilypep Tutorials since October

149 Female, Male 36, Other 2, Not answered 1

66% of young people reported an **increase in understanding of mental health** following the tutorials.

70% of the young people recorded an **increase in knowledge about where to go** for help with their mental health.

- 55% of the students listed between 1 and 8 new sources of support at the end of the tutorial.

57% of the young people recorded an **increase in confidence in talking about their Mental Health.**

43 young people signed up to receive more details about Chilypep Training and activities within Barnsley College. These have been added to our mailing list and many have attended Wellbeing Wednesday Sessions, OASIS group and further training with Chilypep.

The Men's Health Tutorials weren't taken up as well as we had hoped across the college and only session took place during November. Feedback from the Men's Mental Health Awareness Tutorial is below:

76% of the attendees recorded an **increase of understanding in Mental Health.**

59% of the attendees recorded an **increase of confidence about talking to others** about their wellbeing.

All the students wrote pledge regarding how they could support a male friend/family member better, and how they could open up conversations with them.

30.11.2017 Consultation with 6th form students about the 'Wellbeing Space'

Consultation took place to find out from students:

- What they wanted the name of the wellbeing room to be?
- What kind of activities they would like to take place there?
- When they would want the activities to run?

We spoke to 62 students on the day who cast their votes on the name for the space, the three options were created by students (peer mentors) and staff input.

- Mind Cavern x 35
- GAIN (Growth, Achievement of Individual Needs) X 17
- Café Lab x 10

The winning name was **Mind Cavern!**

Students were asked to select as many activities from the list that they would be interested in attending:

- Pet therapy x 27
- Reading/poetry x9
- Revision Tips x 9
- Mental Health Awareness sessions x 9
- Mindfulness/Relaxation X 8
- Managing Stress x 7
- Quiet Space x 7
- Hand Massage/reflexology x6
- Aromatherapy x 6
- Arts and Crafts x 6
- Games x 5

We also asked students for what time they would like activities to take place:

- Before College x 0
- Lunch Time x 11
- After College (lessons) x 16

We have taken this information away from the consultation and will use it to start planning a programme of activities for the Peer Mentors to run from the Sixth Form in the New Year, we are working alongside the college to plan a Launch Event on the 8th February.

12th December Christmas Event at Barnsley College

40 students were consulted with at the Christmas Event, taking part in creative activities 'Stress Bucket' and 'Positive Wellbeing Christmas Tree'

Clear themes that came from the Stress Bucket were- Family, Partners, College, Money and Mental Health, all cause Young People to feel stressed.

Positive ideas for wellbeing that were used to decorate our Christmas tree included:

"Writing down my thoughts through song "

"Stay strong your highest peak is always after your lowest low"

"My tutors are very supportive"

"2017 has been my year"

19th December OASIS and Peer Mentor Christmas Meal

Development work:

14.11.17 Joint meeting with MindSpace and The Dearne School about training Young People in Secondary Schools as Mental Health Ambassadors/Peer Mentors. Planning for a residential in 2018 to include MHFA Youth Lite and Introduction session to Being a Peer Mentor, with MindSpace continuing the training in the school setting. The Dearne will be the first school to pilot this.

BRV

BRV – Belonging, Resilience and Vocabulary - Boys and Young Men's work

Independent Training Solutions

We have delivered one 12 week BRV programme at Independent Training Solutions, an education and training provider for young people aged 16+ in Barnsley, as part of the Barnsley LATP work, which will finish Friday 19th January 2018. Feedback has been extremely positive. Five boys completed the course and will get 2 ASDAN awards; level 2 Developing Self ASDAN Award and Short Course Citizenship ASDAN award. Issues faced by the boys include; multiple disadvantage and disabilities, ADHD, Asperger's, social mutism, and low education attainment. They also

lacked aspiration for positive futures.

Outcomes stars indicate that all participants have made substantial progress, and a full report on outcomes will be made available after the programme finishes.

Feedback from Intervention/pastoral support officer at ITS

'Hi Marcus

From you first coming to 1-T-S to take a regular class of our students every Friday. I would just like to let you know what a great job you are doing for the company and especially our students. When the students were told they would be attending College on a Friday which is usually a day off for them the first response was we are not coming in on Friday for another lesson-BORINGGGG, and who is this Marcus guy anyway. We explained about the BRV and how it would help them if they would have to give it a try, reluctantly they agreed to attend but only this once. Friday came and the session began with Marcus and the students and when I saw them all at lunch time the students were Buzzing. Smiles and high fives all round with comments such as "that is the best lesson all year," "made a connection with Marcus straight away," "What we talked about and what we did was great Marcus speaks our language and he understands us" "Marcus is so passionate and enthusiastic and it rubs off on us," "What a guy, that was a great lesson The students could not have been anymore enthused about Marcus and the session he did with them. The following week on a Thursday when I saw the students and asked them if they were coming in tomorrow (Friday) they all said try stopping us why should we miss the best session of the week and this was the day they should not attend college. Marcus and the BRV work which he is currently undertaking with our students been a massive positive for our students to date. The students enjoy the sessions, take a lot from them and have connected with Marcus which is all good. I would like to thank Marcus for the work he is doing with our students and the positivity he gives out around the college.

W Scattergood

Intervention/pastoral support officer

ITS Group

Park Road

Barnsley

Horizon College

Starting 18th January 2018, we will be working with 2 cohorts of 12 boys at Horizon College, supported by the college wellbeing team in order to educate the boys in terms of emotional literacy, mental health, sexploitation and boys, drugs and alcohol awareness, crime and consequences, relationships and sexual health. The boys will also be working alongside us with the college IT dept. to develop a story board using photography

as a means to explore and record their experiences. Boys will also be designing a BRV logo as well as hoodies for their graduation. They will all achieve an ASDAN if they complete the programme. On 26th April the college will do a graduation and exhibition of the boy's work have x planned for the remainder of the year. College has expressed an interest in further collaboration.

Barnsley College

We are setting up a project in Barnsley College with the theme of 'Deconstructing Toxic Masculinity' – working alongside Frances Rhodes – Wellbeing Coordinator. It has been planned and agreed for BRV workers to co-create a short film with a group of targeted boys in order to highlight the effects and impact on mental health that 'Toxic Masculinity' has on themselves as individuals, and how it effects the young women that they encounter. We will be developing some curriculum materials i.e. a workshop to use alongside the film. The college want to include watching the film and taking part in a workshop as part of all boy's induction to the college. It has been envisaged that the film will lead to the co-creation of a play highlighting issues around Gender and Toxic Masculinity with students and for this to be shown widely. College has also identified a co-hort of boys who struggle with their emotions and feelings, behaviour and education attendance, with the aim of delivering the BRV programme with them.

Met with Northern College who may be interested in using BRV at Northern College in the future (19+ disadvantaged poor education attainment)

Kirk Balk approached us and are interested in buying us in- awaiting decision about funding the work

Information about how programmes are developed and core intended outcomes:

Workers talk to educators and boys before starting programme to co-create each programme and tailor to the needs of each group but retaining the core curriculum outcomes:

- Developing emotional literacy and positive mental health leading to improved wellbeing
- Increased understanding of self and others leading to improved self-awareness, self-esteem and confidence
- To learn to like themselves and learn to respect and understand others leading to improved confidence, self-esteem, relationships and cohesion.
- Inspiring hope – imagining better futures and recognising barriers and block, identifying opportunities leading to increased aspiration
- Recognising and managing emotions, and developing strategies, recognising triggers and how to deal with them leading to improved behaviour and capacity to manage emotions

Outcome 4: Develop and deliver an awareness raising, anti-stigma, and information campaign to promote positive mental health, reduce stigma,

and signpost young people to available services and support

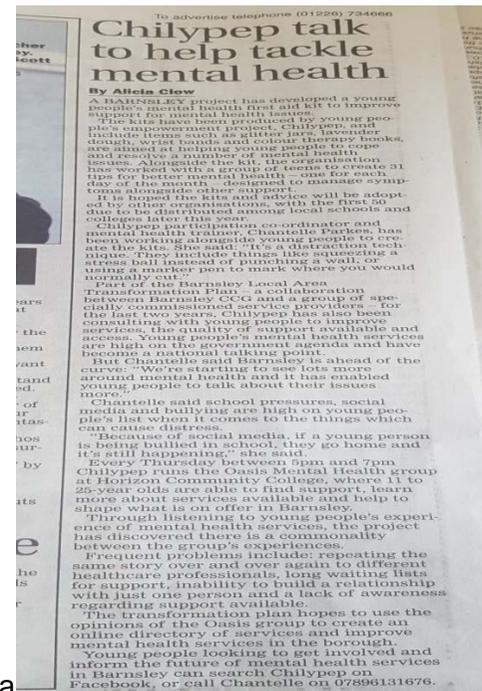
Progress so far:

YMHFA Kit poster and toolkit has been completed and Youth MHFA poster 100 a3 and 100 a4 printed and distributed to 50 youth and health and social care settings across Barnsley and uploaded to Chilypep website with downloadable guides for the kit completed. Each organisation to receive one has been noted and signed for. Emailed out to strategic partners to promote. 50 kits to be designed and out in different settings. #notjustme campaign launched through social media, with 31 ways to wellbeing poster launch. This has been sent via Facebook and Twitter accounts and retweeted/shared by a range of professionals and young people.

Oasis young people's recruitment post cards have been completed and put in every setting across Barnsley. Emailed out to strategic partners.

YP's views from the consultation are being acted on by working to develop online directory of 'where to go' for support which will be uploaded to Chilypep website and will be uploaded to the new website being developed by 4thought

Anti-stigma materials to be completed with young people and then disseminated and actively promoted through networks/ at events once this work area is fully completed



Barnsley's LAMP YP's Participation work has been highlighted in local media

July and August 2017

Staff and the OASIS group have been planning the #NotJustMe young people's event on world mental health day 10th October at the town hall 2pm-7pm with Barnsley Museums and Creative recovery. We want to get everyone talking about mental health this World Mental Health Day with our creative takeover of the Town Hall designed by young people, for young people. Together Chilypep, Barnsley Museums, Hear my Voice and the OASIS Group will bring live music, poetry, dance and the launch of our Youth Mental Health First Aid Kit to Barnsley.

Our aim is to raise awareness of mental health, launch the youth mental health first aid kit and have a range of different activities for young people to take part in to promote positive emotional wellbeing.

With the Museums permission, Young people will be able to write/draw directly on to the glass cabinets in the museum with our magic pens to express their views

Poet Mikey Brown of Stray Weather will be around all day working up new found poems, before performing a set with the band later in the evening.

DRAFT AGENDA

2pm start - Drummers from ROAR and Morris Dancers from Barnsley Circle

2.15pm -TBC Meet the Mayor and MP Dan Jarvis

2.30pm - A range of different workshops for young people including;

- Drumming workshops
- Youth Mental Health First Aid kit - Glitter jar and dough making
- Food and mood - making fruit kebabs
- Photo booths with props and free prints - Pledges for mental health
- Consultation and spoken word
- Explore the Council Chambers and watch short films around Youth Mental Health with popcorn
- Explore Ancient Egypt at Barnsley Museum in the Town Hall

3.30pm - Buffet - free food whilst it lasts!

Evening event -NotJustMe continued

6.30pm -8.30pm - Live bands

August/September/October 2017

10.10 2017 World Mental Health Day Event, Barnsley Town Hall

Launched the Youth MHFA kits on World Mental health day for the young people's #NotJustMe event. Our #NotJustMe event was a great success and we had 200 people attend. We had great support from the schools who brought students to the event. It was great to get primary schools, academies, college and sixth form and alternative training providers for vulnerable young people such as ITS involved reaching the ages of all young people from 11-25.

This included;

- Summerlane Primary School
- The Dearne ALC
- Horizon
- Barnsley College
- Barnsley Sixth form
- ITS
- Kirk Balk
- Outwood Academy Carlton

- Greenacre

Barnsley Museums will be displaying our Youth Mental health first aid kit for the next month and more young people are aware about future in mind and the transformation plan and were able to input their views around mental health services and support through the creative consultation that took place at the event. We also made some noise outside the town hall to celebrate world mental health day and how far we have come in relation to mental health with drummers and the Mayor giving a speech to launch the event. We also continued the noise inside the town hall with drumming workshops inside for young people to take part in and later throughout the evening of the event we had live bands and spoken word artists.

Throughout our #NotJustMe event on world mental health day we ensured we had creative ways of consulting with young people that attended. This included getting the Museum and Barnsley town halls permission to allow us to write and draw on to the museum glass cabinets. This was a huge success amongst young people attending. Although it was hard work wiping the pens off the cabinets at the end of the night and we set off the alarms a few times trying to get them clean!

We asked young people who attended what they enjoyed about the event and this is some of their feedback;

- “I have enjoyed writing about what makes me happy and what makes me stressed”
- “Because it helped me understand and learn more about mental illness”
- “Looking around each stall and getting information”
- “Meeting new people”
- “Ancient Egyptian museum”
- “sweets and drums”
- “The amount of people that was there and the different varieties of mental health foundations”
- “Doing activities and having fun”
- “Writing on the cabinets to express our views, inspired creativity”
- “I enjoyed the creative activities as it helps young people develop and learn coping strategies”
- “The best thing about the event was the poetry, seeing a spoken word piece created from other expressing views”
- “I enjoyed the music and activities, especially writing on the glass cabinets”
- “I enjoyed the bands and the photo booth”

We had many different organisations attend the event to have information stalls and give out information to young people. This included;

- CAMHS
- MindSpace
- Thrive
- TADS
- Together women project
- Recovery Project
- RAD
- Campaign Bootcamp

- IAPT
- Creative recovery

Services who have received and signed for Youth MHFA Kit

- Barnsley college X3
- Barnsley sixth form
- Barnsley college – Wellbeing Wednesday room
- TADS
- CAMHS
- Summerlane Primary School
- The Dearne ALC
- Horizon
- ITS college
- Kirk Balk
- Outwood Academy Carlton
- Greenacre
- Princes Trust
- Barnsley CCG
- Exchange recovery Project
- CYP – IAPT
- SYP Inspiring Youth
- Dan Jarvis MP

We gained a very high reach throughout our campaign. The communications strategy for the #NotJustMe event and launch of the Mental Health First Aid Kits achieved a number of articles in online, print and digital media.

This included a feature in Sanctuary Social Work magazine, which has a readership of 17,000 subscribers; two articles in The Sheffield Star and Sheffield Telegraph with a combined readership of 32,764 and article in The Barnsley Chronicle with a readership of 29,997.

The combined regional media reach of the local coverage for the campaign was 79,761.

The online campaign under the #NotJustMe has been incredibly successful and over the course of two months leading up to the launch event created 57,561 unique Twitter impressions.

We are now working with young people to design a series of Anti-stigma and awareness raising posters and leaflets to be made available in a range of settings, signposting them to the MindSpace directory. We are also working with young people and BMBC to make a short film about Barnsley Future in Mind to be shown in schools/youth settings/and by all partners as part of promoting Barnsley FIM within their organisations and externally.

We submitted an application for The OASIS group to be considered for the Positive Practice for Mental Health Awards - National Children and Young People's Mental Health Awards. They were Shortlisted for Innovator of the Year Award, in which they were runners up and achieved a Highly Commended Award in recognition of their creation of the Mental Health First Aid Kit, at Positive Practice for Mental Health Awards on the 6th January 2018 in Manchester. Young people were supported to attend the event with staff and enjoyed the evening meeting people from other projects and finding out more about what young people are doing nationally. The event was publicised on social media using the #CYPMHAwards hashtag which reached a combined online audience of 26,221 individuals nationally, with our top Tweet about the group being highly commended being shared and viewed 2,810 times. Chilyep and OASIS are now on the online directory for positive practice in mental health.

Work is ongoing to develop a young people friendly directory of services to go onto the MindSpace and Chilyep websites. This is due to be completed by April 2018



**Barnsley Local Area Transformation
Plan – Chilypep Monitoring Report
January 2018 – March 2018**

Outcome 1: Young People will directly influence services and support provided to them through the Future in Mind Programme, by working alongside partners to develop effective services and participation structures within their organisations and in the Future in Mind decision making structures

Activity/Outcomes/ Impact

January to March 2018

Outcome 1: Development work:

Chilypop has engaged wider partners within FIM and ensured the voice of YP is being heard through engagement with these stakeholders.



During the last 3 months we have worked with;

Barnsley CAMHS, MindSpace, Barnsley Mind, Barnardo's (London), TADS, Rotherham Youth cabinet, National Positive Practice in Mental Health, Barnsley Council, NHS England, BARNARDOS Reach Out Service, Be Unique North Lincolnshire Youth Voice, and Sheffield Health and Social Care

You're Welcome Standards

All young people are entitled to receive appropriate health care wherever they access it. The You're Welcome quality criteria for making health services young people friendly lay out principles that will help health services, community, primary care, secondary care and wider health services – to 'get it right' for young people. YOU'RE WELCOME is a set of quality criteria for young people friendly health services. It provides a systematic framework to help commissioners and service providers to improve the suitability, accessibility, quality and safety of health services for young

people. First published in 2007 and reviewed in 2011 the standards remain an important framework for everyone commissioning, delivering and planning young people's health services. The YOU'RE WELCOME standards have been refreshed as part of a project supported by Public Health England (PHE), NHS England (NHSE) and the Department of Health (DH).

In March 2018, CHILYPEP trained 10 young people from the OASIS group as Young Verifiers for Mental Health services in Barnsley using the Department of Health 'You're Welcome 2017 standards'. The first service the young people will assess is Barnsley CAMHS. A meeting has been booked with CHILYPEP/OASIS and CAMHS on the 6th June 2018 to make progress and action towards next steps in terms of making a start with assessing the service.

Benefits of YOU'RE WELCOME: Through participation, young people will gain a greater understanding of services, how they work and how they can utilise them more. As young people engage more with services they are more likely to engage positively with their own treatment and care, therefore improving their own health outcomes. More engagement with young people will also help improve access for more marginalised groups. YOU'RE WELCOME empowers health staff to become more inclusive giving them the confidence to engage with young people. As a quality standard supported by PHE, NHS England and the Department of Health YOU'RE WELCOME can also help improve commissioning processes, working together to help get things right for young people in Barnsley.

"By working together, we are making a difference to mental health services to better support young people". OASIS member

Young Commissioners and strategic engagement:

This year we are involving young people in activity with a range of partners who are responsible for young people's services across the Borough as part of the LTP for Barnsley. To achieve maximum opportunities for young people we will be setting up specific roles within the group with young people to focus on different areas of work, depending on their skills and personal interest. In addition to the weekly OASIS meetings, OASIS members will feedback from participating in their different opportunities outside of the group sessions by reflecting on what role they had and learning obtained through a young person friendly feedback form. This will also help OASIS members remember the different opportunities they participate in along with the services they are working with.

OASIS have added the CAMHS SPA poster to the re design of the Youth MHFA book as a way of creatively reaching more young people. The CAMHS SPA poster has also been promoted out to teachers during mental health training as a way of them being able to relay the information to young people they work with. The poster has also been promoted out to 21 young people when delivering the Youth MHFA Lite training as part of their training to become Mental Health Ambassadors within Horizon College and Kirk Balk Academy. The next steps are for all services and organizations working with young people in Barnsley including partners under FIM help promote out the CAMHS SPA poster, upload on to young person friendly platforms and put up in their settings.

OASIS Thursday Evening Sessions activity overview:

Total number of sessions in Jan- April: 9 sessions (3 sessions were cancelled during this period due to Horizon being closed because of snow & one due to Staff attending the ASIST Training.

Topics covered: PHSE Consultation, Consultation for governments Green Paper on Mental Health support in schools, Review Session, Future in Mind Partner Update, National Conversation around Immigration, Barnardo's, TADS, & CAMHS attended sessions.

Active Members: 13, including 2 new members this period. (1 new member recruited through word of mouth from existing members and second contacted us after seeing posts on our social media accounts)

Volunteer: We have a new volunteer supporting work on the Barnsley LATP that started at the end of March, she is a psychology student at Sheffield University and is keen to gain experience around Mental Health and Young people.

Average attendance each week: 8 young people

Key Pieces of work from OASIS group:

January

6.1.18

Four OASIS members attended the first National Children and Young People's Positive Practice in Mental Health awards after being shortlisted for Innovator of the Year and receiving a Highly Commended for their Youth MHFA kit. This has enabled the Youth MHFA Kit to get national recognition after being shortlisted and receiving the award along with awareness of the campaign and Youth MHFA Kit being shared through a national network. The four OASIS members that attend were also able to hear, meet, and network with other young people's mental health organisations/projects enabling them to see the development of good mental health practice across the country and further empower them in their young commissioner roles through OASIS.

National Positive Practice in Mental Health have also included the OASIS group's good practice work through Future in Mind, Local Transformation Plan for Barnsley and their #NotJustMe campaign/ Youth MHFA Kit as a case study on the positive practice mental health directory website. This also enables a wider reach of people and shares and promotes out our successes.

Follow the link:

<http://positivepracticemhdirectory.org/children-young-people/oasis-group-chilypep-barnsley/>

Quotes from young people;

"I was honoured to attend the Children and Young People's Positive Practice in Mental Health awards and to receive our certificate in highly commended for the mental health first aid kit. This is something I had been looking forward to and was excited for from when we were told we had been shortlisted. When I found out it was at Manchester town hall I had to do some major last minute shopping for a new shirt. The event for the awards was mint and the stage, lighting and entrainment was really professional".

OASIS member

"I was so proud of everyone in OASIS when we were shortlisted for the Children and Young People's Positive Practice in Mental Health National awards for the Innovator award for our Mental Health First Aid Kit. I thought this is some pretty amazing stuff, I loved attending the award ceremony in Manchester and we received highly commended as the runner up in the Innovator award category. It was an absolutely uplifting experience to see and hear about all the other positive practice work being done across the country in children and young people's mental health".

OASIS member



25.01.2017

Consultation for governments Green Paper "Transforming children and young people's mental health provision: a green paper"

Eight members of OASIS took part in the consultation to review the green paper, the key points the group raised are detailed below

- Increased mental health provision in schools was a good thing (as long as this wasn't at the expense of money going to crisis services)
- Young people recognized the role of Mental Health Lead in schools was a big job and was really important to get a person young people can trust. Young people wanted to be involved in selection process.
- They wanted the training for this role to be standardized across schools and the country so all staff are at same level regardless of school or area.
- Young People were keen to have more mental health assemblies and PHSE lessons to increase awareness and reduce stigma around Mental Health.
- Young people liked the idea of Mental Health Support Teams and valued Youth Offending Teams, Family Support workers (MAST or social care), Children and YP's services, as the most important.
- Successful outcomes that could be measured would be improved attendance at school, less referrals to CAMHS, increased wellbeing of students.

This was a difficult piece of work for the young people to engage in as the actual paper is very detailed and not accessible for young people. Staff put a lot of work in to make the session as creative and easy to understand as possible, by breaking down each section and producing a map to understand the proposed flow of support and services.

Feedback from Dr David Black, Medical Director (joint) NHS England Yorkshire and Humber and Deputy National Clinical Director Specialised Commissioning,
Children and Young People's Local Transformation Plan: Quarter 3 17/18 Progress:

During the review of your report the panel noted the important links and alignment made to the Green paper and the positive work that has been undertaken with the 4th Future in Mind stakeholder engagement event, the continuing excellent engagement with children and young people and the Licensed Practitioner training. We look forward to continuing to receive updates on the progress and outcomes of this work

Key Pieces of Work- February

15.2.18

Five OASIS members attended the True to you - Body Image conference with 2 staff members lead by Rotherham Youth Cabinet. OASIS lead a 1 ½ hour workshop around the youth MHFA Kit and creative wellbeing activities to 25 young people.

Five Oasis members also participated in two 1 ½ hour training sessions around child sexual exploitation and confidence, which equipped them with more skills and further awareness and learning to help them in their commissioning roles. This included the following;

<p>Be Unique – North Lincolnshire Youth Voice</p>	<p>Being U ... Be Unique – Acceptance and Celebration of who we are!</p> <p>So who are we? We are all different, all unique in our own way. North Lincolnshire Youth Council promote and celebrate individuality, advocate acceptance of who we are – warts and all! Challenging media imposed ideas of beauty and trends the young people encourage others to embrace their unique qualities through a range of interactive and visual activities and resources.</p>
<p>BARNARDOS Reach Out Service Danielle Cope</p>	<p>Self-esteem and Vulnerability</p> <p>The workshop will look at whether Self Esteem and Vulnerability are connected, and explore if poor self-esteem/body image can contribute to risk factors around CSE, grooming and abuse.</p>



Feedback from delivery of the OASIS youth MHFA Kit and creative wellbeing activities session to 25 young people;

"Very good physically creative activity, I haven't done anything like this before".

*"Glitter jars provide positive wellbeing, lavender dough relaxes the mind, overall a great stress relieving session"
really good"*

On the same date OASIS supported a Mind Space Parent Information event at Horizon College around anxiety and helped lead conversation around OASIS and the Youth MHFA Kit and deliver activities from the YMHFA kit. Unfortunately, the event wasn't as well attended as hoped with 2 young people and 1 parent at the session.

8.2.18

TADS attended OASIS to explore crystal creativity with the group for a creative wellbeing session. The healing meanings of crystals was explored and how they can affect the body and mind, whilst being creative through bracelet making. OASIS found out more information about TADS, their new venue address, opening and closing times and the groups and support on offer for young people.



25.2.18

CAMHS SPA Poster designed by OASIS and signed off by CAMHS SPA. The OASIS group identified that the Poster should be promoted out in creative ways that reach young people in Barnsley. The poster was made into a short visual film and both have been promoted out through social media between the end of Jan and March 2018. The social media Facebook reach poster had 799 views and the social media Facebook reach for

the film clip reached 460 people. The total Twitter reach for the CAMHS SPA poster and film clip was 3,184. The total **social media reach** from the end of **January 2018 to March 2018 is 7,627.**

The OASIS group identified the SPA poster needed to be visible in different settings that young people access including community settings, educational settings, a young people's services. OASIS have added the CAMHS SPA poster to the re design of the Youth MHFA book as a way of creatively reaching more young people. The CAMHS SPA poster has also been promoted out to teachers during mental health training as a way of them being able to relay the information to young people they work with. The poster has also been promoted out to 21 young people when delivering the Youth MHFA Lite training as part of their training to become Mental Health Ambassadors within Horizon College and Kirk Balk Academy.

Feedback from a young person- *"Oh my god, you can actually refer yourself instead of having to go through lots of people who don't hear you, this is so good"*. **Young person – aged 15**



Key Pieces of Work March

15.3.18

Barnardo's (London) asked to attend an OASIS after seeing a Twitter post about their Youth Mental Health First Aid Kit. Barnardo's facilitated a two-hour creative consultation with young people around a digital mental health project for the charity. Barnardo's are working with a design

Barnardo's thanked young people for their participation with a £15.00 voucher each.

Barnardo's contacted CHILYPEP via twitter after reading an article about the OASIS work.

"I wanted to speak to more young people who are interested in mental health, that's why I reached out to CHILYPEP. I was really impressed and inspired when I read about the Youth Mental Health First Aid Kit that the young people from OASIS had created and how it had been highly recommended and shortlisted for 'innovator of the year' award." **Barnardo's staff member**

22.3.18

A CAMHS placement student attended OASIS to meet the group and find out more about what they do. Sleep and how this can be impacted on their lives was explored.

CAMHS worker – Will Pettet-Smith – Occupational Therapy Student

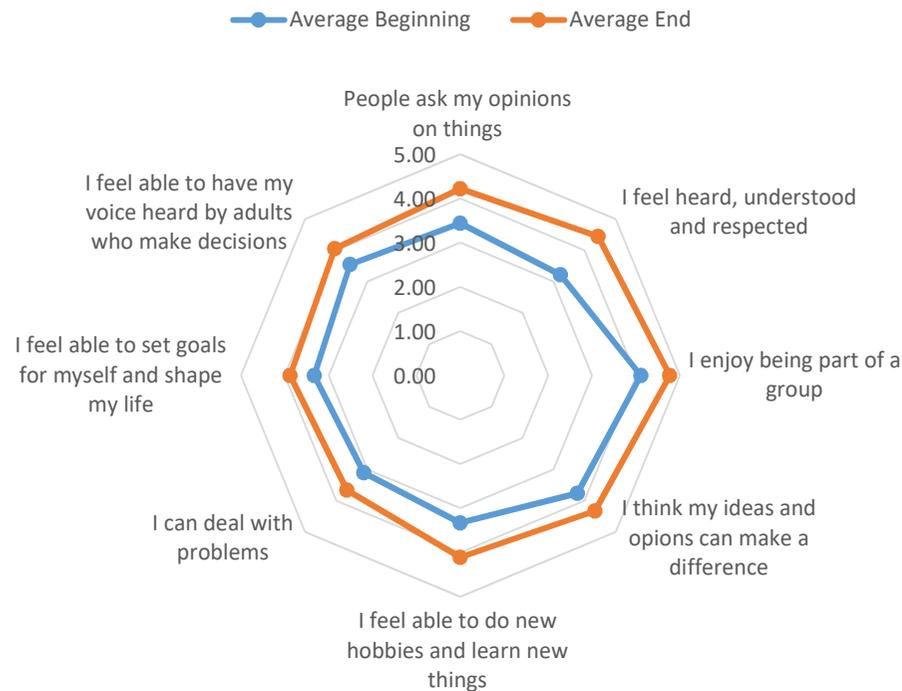
24.3.18-25.3.18 - OASIS Residential

Ten members attended the one night residential at Kingswood, Dearne Valley. They participated in outdoors activities such as the Zip wire activity, camp fire and problem solving as well as taking part in the YOU'RE WELCOME standards training. We now have 10 members of the OASIS group trained to complete the You're Welcome Standards Assessments.





OASIS Residential Outcome Star



The Outcome Star opposite shows the average scores for the OASIS group in the 8 areas before and after the residential.

Everyone saw an increase in their scores, this was particularly noticeable in the three newest members of the group who recorded the largest improvements across all areas.

Things I have enjoyed through the Residential:

“Teamwork”

“Working hard but it not being stressful”

“Pushed myself out of my comfort zone”

“Getting to spend more time with the group and know each other better”

“Being more confident and speaking my mind”

29.3.18

Five OASIS members participated in creative consultation and input view into The National Conversation on Immigration. This is being hosted by *HOPE Not Hate* and *British Future*, two organisations with a wealth of experience in public engagement on issues concerning immigration, integration and community relations, alongside the Home Affairs Committee. This committee will be undertaking a year-long Inquiry on the future of immigration policy, gathering written evidence and visiting stakeholders across all the regions and nations of the UK. The findings from the nationwide panels and survey, together with new opinion polling, will be presented in an interim report to the Home Affairs Committee in June 2018 and a final report towards the end of the Inquiry period. Our aim is to provide decision-makers with a detailed picture of public opinion on immigration as well as opening up safe conversations for young people to speak openly and positively challenge any negative connotations attached to immigration.

Pathway for Looked After Children

We have met with CAMHS who have asked us to consult with LAC young people about the CAMHS pathway and consultation clinics. A plan for this work has been developed and a set of questions developed and piloted. One to one consultations with identified LAC young people who have accessed mental health services has begun. This work will be completed in the next quarter.

Outcome 2: Teaching, schools staff and young people's workers will have improved skills, knowledge and confidence to support young people's mental health and emotional well-being, and be more aware of when to make an appropriate referral to the relevant agency

Activity/Outputs/Outcomes

Development Work:

This year we were asked to develop a mixed programme that schools could choose from, so as to make the training more bespoke for each school's needs.

The CAMHS SPA Poster has been promoted out during delivery of training from the end of January 2018 to March 2018 and will continue to be promoted out through delivery of ongoing training to teachers and young people.

Chilypep and OASIS were invited to attend the National Union Teachers (NUT) AGM on the 7th February at The Core in Barnsley to discuss our work around supporting student's wellbeing and upskilling staff through training. Unfortunately, there were only two people present when we arrived, however the NUT were very interested in the training offer for staff and discussions are ongoing about how this can be spread further into primary schools and how they can support teachers to access the training within secondary schools who have yet to take up the offer through Future in Mind.

January to March 2018

Overview of training from Jan to March 2018

Total training sessions delivered to professionals and young people/students:	8
Total Number of Participants (professionals and young people/students):	107
Total number of attendances (some participants attended more than one course):	110

Training Sessions delivered to school's staff - 5: Participants – 70 (73 attendances)

Youth Mental Health First Aid (2-day) courses - 1: Participants - 12

Youth Mental Health First Aid Lite (3-hour) sessions – 1: Participants - 25

Mental Health Training (2-hour sessions) – 3: Participants – 33 (36 attendances)

Training delivered to professionals at each school

Barnsley College

- 7 & 20.3.18: Youth Mental Health First Aid 2-day course – 12 attendees (including 5 from Barnsley 6th Form College)

83% (10) of the attendees **recorded an increase of confidence** of how best to support young people with a mental health problem

83% (10) of the attendees **recorded an increase in knowledge and understanding** of how best to support young people with a mental health problem

Horizon College (school)

- 18.01.18: Building the confidence and self-esteem of young people 2-hour course – 16 attendees
- 25.01.18 Exploring the issues affecting young people including self-harm, suicide and eating disorders, and signposting to support services 2-hour course – 9 attendees
- 30/01/18 Self-help strategies to support young people's wellbeing (including action for happiness, 5 ways to well-being) 2-hour course – 11 attendees

89% (32) of the attendees **recorded an increase of understanding** of self-esteem and confidence / issues affecting young people / self-help strategies

81% (29) of the attendees **recorded an increase in ability** felt to recognise students who are experiencing low self-esteem and low self-confidence / are experiencing mental health difficulties / may benefit from self-help

89% (25) of the attendees **recorded an increase in confidence** in delivering activities with students to raise self-esteem and confidence / in talking about mental health with students / in delivering guided self-help activities with students

Outwood Carlton School

- 06.03.18: Youth Lite 3-hour course – 25 attendees

100 % (25) of the attendees **recorded an increase of confidence** of how best to support young people with a mental health problem

100% (25) of the attendees **recorded an increase in knowledge and understanding** of how best to support young people with a mental health problem

Planning/ Development Work for training to be delivered in 2018-19

Barnsley College

- 2-day Youth MHFA course to be delivered at Barnsley College to Barnsley College staff on the 19th June and the 3rd July 2018

Darton College

- Youth MFHA Lite (3-hour) course was due to be delivered on 23/3/18, but Darton cancelled this on the day. Darton have said they are willing to reschedule but a date has not been set as yet.

Horizon College

- Youth MHFA Lite – 2 courses to be delivered to staff (18/4/18 and 26/6/18)
- 1-day Youth MHFA course has been booked to be delivered to 24 students at Horizon (boys) on the 31st May 2018

Kirk Balk Academy

- are unable to get any dates that they can get teachers together for this training – we are in discussions to work out a way round this

Outwood Carlton

- In discussions about another course, but no dates set as yet for any more training

Springwell Academy

- 2-day ASIST suicide intervention skills training booked to deliver to staff from across the Springwell Academies (21st and 22nd May).

Outcome 3: Young people will have greater resilience and coping skills, helping them deal more effectively with the difficulties they face during key developmental transitions, by receiving emotional wellbeing support.

Activity/Outcomes/ Impact

January to March 2018

Boys work

BRV Programme. Belonging Resilience Vocabulary. The BRV Project, (Belonging, Resilience, and Vocabulary) aims to improve emotional literacy within boys and obtain with them a better understanding of themselves, whilst improving their educational outcomes. Through it they can learn the tools and techniques to recognise, communicate and manage their emotions, and realise their agency to become active, empowered students/citizens.

The BRV programme enables boys / young men to learn to like themselves and respect others.

To become emotionally literate, growing in confidence and self-esteem, whilst exploring authentic- self, culture and contemporary masculinity and hope, in order to reframe what it is to be a young male in 21st century Britain.

Horizon College

Since the beginning of January 2018 we have been working with two cohorts of boys, from year 9 and year 10 on the BRV programme. Totaling 24 boys, the sessions have been supported by the school wellbeing team.

Their new learnings and explorations include:

What is Britishness, Mental health, Emotional Literacy, healthy relationships, Staying safe, conflict resolution as well as unearthing and creating positive futures.

The boys have also explored:

- Depth Psychological, analytical arts practice.
- Gender inequalities
- What it is to be male (the Toxic Legacy)
- Citizenship (duties and responsibilities)
- The Value of Education, vocational and academic, (a pathway to success).

By the end of the course all the boys will have been enabled to learn to like themselves and respect others in a way that bolsters rather than diminishes their sense of the emergent self. To become emotionally literate, growing in confidence and self-esteem, whilst exploring authentic- self, culture, and contemporary masculinity and hope, in order to reframe what it is to be a young male in 21st century Britain.

Whilst gaining:

A Mental Health First Aid Youth, full day certification and two ASDAN certificates in *Citizenship* and *Personal and Social Development*, on completion of the course.

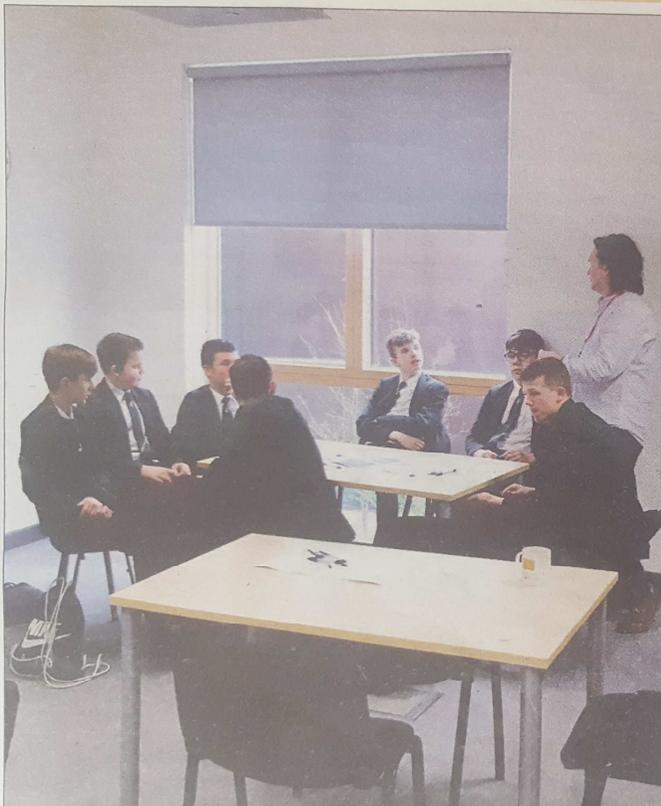
They have also designed a logo for BRV, encapsulating the values and principals and are organising the Graduation event in May 2018. The boys have also contributed to an article in the Barnsley chronicles educational supplement as well as the development of Future programmes.

“BRV has given me the chance to open up, express myself and learn how to deal with real world problems”. CO (15).

The boys will also be working alongside us with the college IT dept. to develop a story board using photography to explore and record their experiences. At the end of the course the college will do a graduation and exhibition of the boy’s work.



Listening Skills (Horizon College) 2018 Processing, (Horizon College) 2018



COURSE: Horizon students taking part in the BRV Project.



Project boosts boys' confidence

THE BRV (Belonging, Resilience, Vocabulary) Project at Horizon is being delivered by Chilypep, a nationally registered charity based in Sheffield and Barnsley.

It works to improve the lives of children and young people by increasing their self-esteem, confidence and opportunities.

It aims to improve emotional literacy and give the boys a better understanding of themselves, whilst improving their educational outcomes.

Through it they can learn the tools

and techniques to communicate and manage their emotions, and realise their agency to become active, empowered citizens.

This year two cohorts from years nine and ten at Horizon have been engaged with the BRV programme.

The course includes topics such as mental health, identity, emotional literacy, healthy relationships, staying safe, conflict resolution as well as creating positive futures.

By the end of the course all the boys will learn to respect themselves and others in a way that bolsters

rather than diminishes their sense of self.

To become emotionally literate, growing in confidence and self-esteem, whilst exploring culture, contemporary masculinity and hope in order to reframe what it is to be a young male in 21st century Britain.

The boys also gain a Mental Health First Aid Youth full day certification as well as dual ASDAN certification in personal development.

The boys have also designed a logo for BRV and are organising the graduation event in April.

BRV project – delivered at Horizon College – Barnsley Chronical April, 2016

Barnsley College- Boys Work

Development:

Due to staffing changes at Barnsley College the 'Deconstructing Toxic Masculinity' project hasn't managed to get off the ground. Marcus has had further meetings with college staff now new in post to try and take this forward, however realistically this may now be for the new academic year.

being support for them as I understand. I really love making a difference and even if it is a little difference, it's really great to see that impact and that's what I really enjoy the most about being a Peer Mentor."

Testimonial from Justin Nolan- Scarfe, Student Services Head of Department:

"The work that Chilypep have been delivering at the College has had a huge impact on not only our students but also our staff. Emma really engages with our young people and they find her easy to relate to, supportive and warm. The peer mentor scheme has and is currently supporting young people with emotional wellbeing needs and has been a success with both mentors and mentees benefiting from the Scheme. Staff training has been invaluable in not only equipping staff to support our young people and also in supporting staff in enhancing their own wellbeing. Emma is now an integral part of the Student Services team offering seamless support across the whole college and on all our campuses. Thank you to Lesley, Emma and the Chilypep team in supporting the College to ensure that our young people are able to have fun whilst at College, pass their qualifications and move on with positivity and resilience to work or higher education."

NCVO Assessment

Peer Mentors supported our APS assessment Visit from the NCVO assessors in March, when we had a full day's assessment from Val Barritt who visited the Chilypep office and Barnsley College where she interviewed staff, Peer Mentors and Mentees. Below is a summary of her findings:

"This project has a good fit with the overall work and ethos of the organisation (Chilypep). There is evidence that the resources and learning from the earlier pilot have been used to develop its current model of peer support. An approach which focuses on involving young people in the project development is also evident. The project (which includes group and one to one peer mentoring) is well promoted in the college.

The involvement of students in the development of posters, leaflets and a clear peer mentor identity (they are known as 'CHIL Peer Mentors' with PEDRO as the mascot) together with widespread information to college staff (Tutorial Team leaders, the Health and Wellbeing Centre, Student Services, the Safeguarding Team and the Students Union) has raised its profile and increased referrals.

In particular, the peer mentors and mentees interviewed gave specific examples of when they would need to break confidentiality and to whom they should report.

The mentees interviewed were clear on what peer mentoring was, how their peer mentors were helping and how they were benefiting - "She listens.... she helps me cope"... "helping you feel safe in college".

The peer mentors were fully prepared for and supported in their roles, with both stating how much they were benefiting personally - "It's helping with my own anxiety" ... "I am more confident" ... "I'm learning new things".

We were awarded conditional approval status with the recommendations that we make three changes by the end of June:

1. Use Chilypep Branding on all paperwork for Peer Mentors – Some of the template documents currently used have been under review to create record keeping that is suitable and engaging for mentors & Mentees.
2. Review current recording procedures for 1-2-1 sessions between Mentors and Mentees currently too much information being recorded, aim to look at reducing this to a simple log sheet.
3. Produce a booklet for new Peer Mentors detailing the aims of Chilypep as an organisation and the responsibilities of a Peer Mentor in Barnsley College.

These changes will all be implemented by the 22nd June Deadline ensuring Chilypep achieve the Approved Provider Standard for the Peer Mentoring Project.

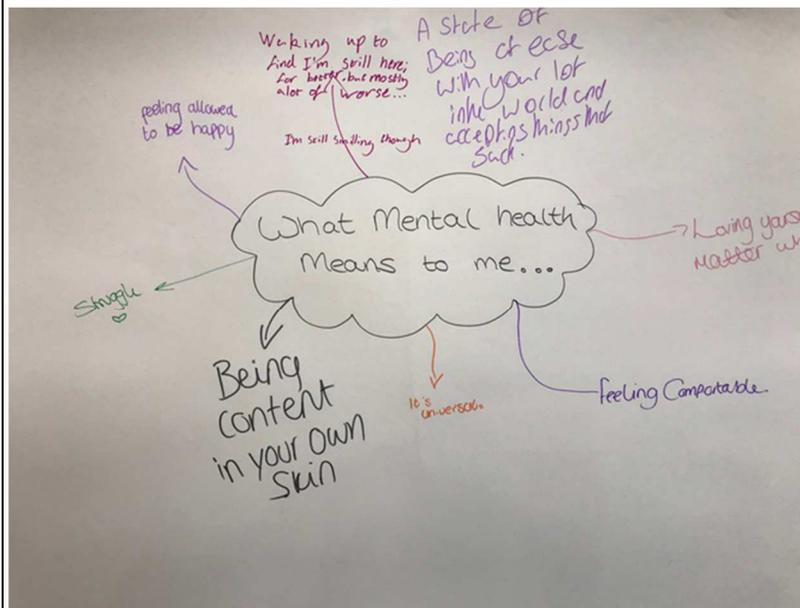
Development work

Work has also been ongoing to engage students based at other campuses as well as Old Mill Lane, as it has become clear that the students prefer having access to support within their own building.

Sixth Form

Peer mentors based at the Sixth Form have been working with staff to develop and launch a wellbeing space for students. Following the consultation that the peer mentors ran in November to choose a name for the space, there were some delays implementing this due to the chosen name not being approved by staff members. This delayed the production of promotional materials and information being sent to the student population regarding the activities and support the Peer Mentors were providing.

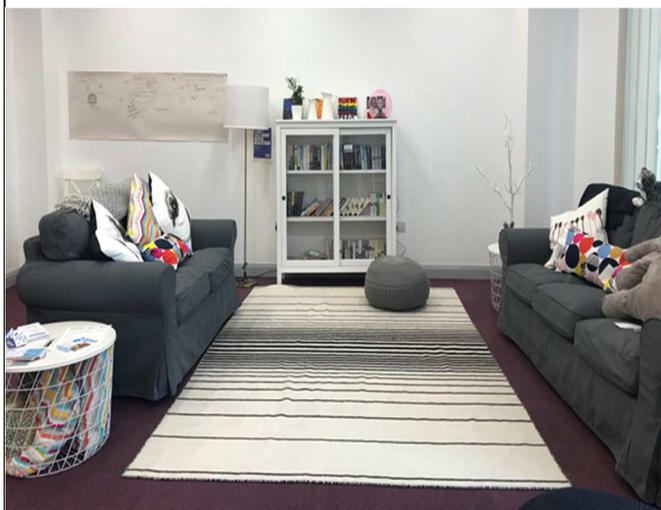
However, despite this the Peer Mentors successfully ran an event to support the Time to Talk- Time to Change Mental Health Event in February, and promote the support they provide in College. They ran a session asking what mental health meant to students and what positive activities did they do to look after their emotional wellbeing. Alongside making glitter jars! 24 Students attended the event.



Three Peer Mentor drop in sessions and two creative craft for wellbeing sessions have been delivered at the Sixth Form by the Peer Mentors, sessions have included managing stress and what is mental health. Attendance has been low due to college not publicising the sessions as yet, however the students that have attended have said they have benefited from the support and opportunity to talk in a quiet space.

The name of GAINspace (Growing, Achieving, Individual, Needs) has been chosen as the runner up of the consultation with students and been approved by staff and logo created in consultation with Peer Mentors. The Peer Mentors have really enjoyed the opportunity in being centrally involved in developing the space, they have worked with staff at college to create a 'wish list' of items they would like for the room in order to make it an accessible and welcoming place for students.

The Sixth Form Peer Mentors are booked in to support a Taster Day for new potential Sixth Form Students on the 25th June, they will run some workshops on the day and be take a supportive role for new students when they start in September.



29/01/18 and 1/02/18 Wellbeing Consultation at Eastgate Campus (Foundation learning)

We spoke to students over lunch regarding the idea of having a Wellbeing Space within the College building at Eastgate and what they would like this to look like and include. We ran a Hook a Duck Consultation and gave the Students an opportunity to take part in a creative wellbeing activity- Making Glitter Jars. The glitter jars proved really popular with Staff and Students.

Feedback from students included:

- All students spoken to thought the Wellbeing Space was a good idea, some were unsure whether they would use it themselves but they could see how it may be helpful for others.

What would you like the Wellbeing Space to Look like/contain?

- Sofa's
- Bean Bags
- Colourful but not too bright
- Quiet Space – where students can have time out
- Music
- TV

What would help you to de-stress in the Wellbeing Space?

- Craft things to do like Glitter jars & Stress balls
- Punch bag for when we are feeling angry
- I would like to write positive quotes and hang them on the wall.
- Having someone to talk to
- Games

Would you like to attend Chilypep ran Wellbeing Activities at college?

- Many students were interested in the Wellbeing Wednesday sessions that are currently being run from SU at Old Mill Lane, (One student came along to the following session after taking part in the consultation)
- Students were keen to have activities being run at Eastgate as well as Old Mill Lane, as many students said they find it daunting going into Old Mill Lane building.

Development: Following the consultation, the students' feedback regarding creating the wellbeing space has been fed up to the Head of Department for Foundation Learning Wellbeing. The Activity sessions ran by Chilypep and the Peer Mentors at Eastgate will begin on the 26th April. We are also looking to recruit students from Eastgate to complete the Peer Mentor Training this term.

Transitions

Partnership work with Mindspace is progressing in order to train a group of students from each Secondary school as 'Young Ambassadors' (Peer Mentors). We have supported this so far with the delivery of the Youth Lite Mental Health First Aid Training, we are in progress of developing the links between this group and the Peer Mentors at Barnsley College, in order to better support students with the transition between Secondary School and Higher Education.

Young People – Youth MHFA Lite Training – March

- 6.3.18 – Delivered Youth Lite (half day) to **10** Horizon College young people also being trained as mental health ambassadors/peer mentors within their school setting – working with MindSpace
- 21.3.18 – Delivered Youth Lite (half day) to **11** young people from Kirk Balk Academy

Tutorials

Three tutorials have been delivered to students this quarter:

2x Depression Awareness Sessions- 32 participants-(29 females and 3 males)

Following one of the Depression Tutorials one of the students asked to speak to me 1-2-1 he said that he recognised some of the symptoms of Depression in himself, I encouraged him to access support from Health and Wellbeing Centre which he did, and he was placed on the list for counselling.

1 X Men's Mental Health was delivered 6/3/18 to 16 participants (15 male and 1 female) .

63% (10) of the attendees recorded an **increase of confidence about talking to others** about their wellbeing.

81% (13) of the attendees recorded an **increase of understanding around Mental Health**.

Outcome 4: Develop and deliver an awareness raising, anti-stigma, and information campaign to promote positive mental health, reduce stigma, and signpost young people to available services and support

Activity/Outcomes/ Impact

Directory

- Work is ongoing to develop a young people friendly directory of services to go onto the MindSpace and Chilypep websites. We had initially planned for this piece of work to be completed by April 2018, we are now aware we will go over this deadline. This is due to a change in staffing structure and a delay from services responded with up to date information. We will have draft pages of the directory ready to show at the next stakeholder event being the 24th April but now aim to have this completed by June 2018.

Youth MHFA Kit Promotion & Publicity

- In December 2017 we submitted an application for The OASIS group to be considered for the Positive Practice for Mental Health Awards - National Children and Young People's Mental Health Awards. They were Shortlisted for Innovator of the Year Award, in which they were runners up and achieved a Highly Commended Award in recognition of their creation of the Mental Health First Aid Kit.

Social Media Reach- The event was publicised on social media using the #CYPMHAwards hashtag which reached a combined online audience of 26,221 individuals nationally, with our top Tweet about the group being highly commended being shared and viewed 2,810 times. Chilypep and OASIS are now on the online directory for positive practice in mental health.

As the Youth MHFA kit has received so much positivity, OASIS wanted to work more on the Youth MHFA Kit to be further developed based on feedback from working with young people and professionals. OASIS have worked with a designer to further develop this into an a4 book from it originally being an a5 book, it now enables an easier read for all and OASIS have added further wellbeing guides and activities to this including the following;

- Sensory stress balls

- Aromatherapy oils and how to use them
- Homemade bath bombs
- Self-harm minimisation/alternatives
- CAMHS SPA Poster
- Signposting to the Open up Barnsley Mental Health and Wellbeing directory for young people

The new updated Youth MHFA book will be printed and available for download by the 24th April 2018.

- We were contacted by a Teacher in Wigan who had read about the Youth Mental Health First Aid Kit online and we have sent her copies of the supporting material for her to display in her school.

“Since I last e-mailed you things have ballooned! I have a group of Y10 & Y11 pupils who are really keen to promote Mental Wellbeing in school and are planning a range of activities to run during Mental Health Awareness week in May.

Your resources have proved a great source of inspiration to them.” – Mrs KE Martin, The Deanery CE High School, Wigan.

Secondary schools that have taken part in the 2-day Youth MHFA training have been given A3 posters of the Youth MHFA kit with an extra section added which names the MH First aiders in the school and space to write where to find them. This was identified as a gap and in relation to parity of esteem the posters reflect those for physical first aiders in relation to the named contact for this.

The Dearne ALC school tweeted us to let us know their posters were up and visible in the school with their named contacts and where to find them. This is also reaching young people in the school and wider through social media so young people at Dearne will be aware of the Mental Health First aiders and promotes positive practice to other secondary schools.



The BRV programme has been highlighted in local media





**Barnsley Local Area Transformation Plan – Chilypep
Monitoring Report
April 2018 – June 2018**

Outcome 1: Young People will directly influence services and support provided to them through the Future in Mind Programme, by working alongside partners to develop effective services and participation structures within their organisations and in the Future in Mind decision making structures

Activity/Outcomes/ Impact

April 2018 to July 2018

Outcome 1: Development work:

Strategic Development work

Chilypep Managing Director has been involved in several initiatives this quarter to promote the identified needs and views of young people to influence service development. This has included involvement in the Local Government Association Peer Learning Programme, attending a workshop day in London on 12th March, and a visit to Birmingham Pause project in Birmingham on 4th June. The aim of the LGA project is to work with CAMHS, BMBC and Barnsley CCG to address the issues for young people in navigating services by improving the way children and young people access services in order to receive timely support, which includes services which sit outside of CAMHS. Currently we do not have a central point for information around emotion health and wellbeing and whilst this is something we are looking to develop by designing an online signposting tool, it won't address any mechanical issues of accessing services or navigating across different services once they know what support they would like to access. More work to develop this is planned for the next quarter, incorporating the idea of a mental health and wellbeing 'one stop' service for young people that would provide a wellbeing café, information, signposting and support. Alongside this, Chilypep MD has been talking to stakeholders about the establishment of a social enterprise Community Wellbeing Café that would provide opportunities for young people to develop their skills, offer placements and training opportunities, and provide a social space for young people where they could get support around wellbeing issues. Bringing these two pieces of work together is the aim over the coming months. As a result of involvement with the LGA programme Chilypep MD was invited to present the Barnsley FIM work to the Lewisham Board of Governors AGM on May 12th. The presentation included an overview of the work being undertaken in Barnsley with a focus on how young people are being involved in influencing the roll out of FIM, and the Mindspace model which brings the work of Chilypep and Wellspring together to provide a Whole School/College approach. Over 60 people attended, including school governors, CCG and local authority representatives and local elected members. The presentation received positive feedback with a commitment being made to look into how the models could be developed in the area. Chilypep MD has also joined the Crisis Care Concordat and Suicide Prevention Partnership.

Meetings with professionals and partners to develop and deliver programme work;

April/May/June

- 30.4.18 – Chilypep met with CAMHS re LAC pathway and Youth MHFA training for reception staff
- 29.5.18 – Chilypep met with MindSpace re transition/MH ambassador support
- 29.5.18 – Chilypep met with Recovery College re Sumer workshops for YP and engaging young people to access the recovery College as it is now able to work with young people aged 16 plus.
- 30.5.18 Chilypep met with potential new YP around joining OASIS
- 31.5.18 – Chilypep met with CAMHS re next steps for LAC Pathway and supporting
- 31.5.18 – Chilypep met with the Job Centre
- 6.6.18 – Chilypep met with CAMHS re 'You're Welcome' standards and delivery of the Youth MHFA training to CAMHS reception and admin staff
- 8.6.18 – Chilypep met with Barnsley Hospital re 'You're Welcome' standards and delivery of the Youth MHFA training to nurses

- 14.06.18- Alicia Marcroft- Head of Public Health for Children & Young People attended an OASIS session along with two public Health Nurses to discuss how OASIS can support a consultation and promotion of 'school nurses' across Barnsley.
- 20.6.18 – Chilypep met with Healthwatch to discuss working together through the 'enter and view' assessment on CAMHS and the 'You're welcome' standards assessment on CAMHS.

Chilypep has engaged wider partners within FIM and ensured the voice of YP is being heard through engagement with these stakeholders.



During the last 3 months we have worked with;
 Barnsley CAMHS, MindSpace, Recovery College, Barnsley MIND, Barnsley Job Centre, Barnsley Hospital women's/maternity and Children's departments, Stairways NHS Yorkshire and Humber, Public Health Barnsley.

Effective partnership with CAMHS and OASIS working together to provide/identify opportunities for young people to influence the mental health support and services they receive such as young people's interview panels and young verifiers from OASIS assessing the CAMHS service.

Since the 24th April stakeholder event Barnsley Hospital contacted CHILYPEP/OASIS to request the Young Verifiers from OASIS to assess Barnsley Hospital under the 'You're Welcome' Standards.

The school nursing team also requested to attend an OASIS session following the Stakeholder Event and an initial meeting and consolation has taken place with the Young Commissioners around the School nurses work.

A request from MindSpace for the Young verifiers to assess them under the 'You're Welcome' standards has also been made and progress towards this will begin early next year – 2019.

Chilypep met with Green Acre school on the 17th May. GreenAcre school tasked every class during MH week to develop their own MHFA kit with the students they work with.

You're Welcome Standards

All young people are entitled to receive appropriate health care wherever they access it. The You're Welcome quality criteria for making health services young people friendly lay out principles that will help health services, community, primary care, secondary care and wider health services – to 'get it right' for young people.

YOU'RE WELCOME is a set of quality criteria for young people friendly health services. It provides a systematic framework to help commissioners and service providers to improve the suitability, accessibility, quality and safety of health services for young people. First published in 2007 and reviewed in 2011 the standards remain an important framework for everyone commissioning, delivering and planning young people's health services. The YOU'RE WELCOME standards have been refreshed as part of a project supported by Public Health England (PHE), NHS England (NHSE) and the Department of Health (DH).

In March 2018, CHILYPEP trained 10 young people from the OASIS group as Young Verifiers for Mental Health services in Barnsley using the Department of Health 'You're Welcome 2017 standards'. The first service the young people will assess is Barnsley CAMHS and the second is Barnsley Hospital.

A meeting took place with CHILYPEP/OASIS and CAMHS on the 6th June 2018 to make progress and action towards next steps in terms of making a start with assessing the service. The meeting was attended with a Young Commissioner and together CAMHS and Chilypep/OASIS agreed the two additional criteria's under each standard for CAMHS. The additional two criteria's chosen were as follows;

Theme 1

Young Person Questionnaires

Young People Views through Technology

Theme 2

Staffs are able to inform and explain confidentiality and consent.

All staff routinely explain the confidentiality policy

Theme 3

Environment is safe, suitable & young person friendly

The reception, waiting, treatment areas are young people friendly,

Theme 4

Staffs discuss choice of treatments and support with young people and their parents/carers.

Involving other people such as parents in their care.

Theme 5

Staff can use supervision sessions to help manage sensitive or difficult conversations with YP

Feedback used in revalidation processes for staff.

Theme 6

Staff knowledge about other services young people might need.

Referral and signposting Pathways

Theme 7

Transitions Training and Planning

Parents and Carers

A meeting has also taken place with CHILYPEP/OASIS and Barnsley Hospital women's and Children's department on the 8th June 2018 to begin progress and action which department will be assessed and next steps. We arranged to carry out 'You're Welcome' with Barnsley Hospital – women's/maternity and Children's department. The agreed standard we will be looking at is Theme 3 – Making young people feel welcome for the women's/maternity department, and for the Children's department the agreed standard is Theme 6 – Joined up working. Next steps are for the women's/maternity and children's department to agree the two

additional criteria's under their chosen standard.

Benefits of YOU'RE WELCOME: Through participation, young people will gain a greater understanding of services, how they work and how they can utilise them more. As young people engage more with services they are more likely to engage positively with their own treatment and care, therefore improving their own health outcomes. More engagement with young people will also help improve access for more marginalised groups. YOU'RE WELCOME empowers health staff to become more inclusive giving them the confidence to engage with young people. As a quality standard supported by PHE, NHS England and the Department of Health YOU'RE WELCOME can also help improve commissioning processes, working together to help get things right for young people in Barnsley.

"By working together, we are making a difference to mental health services to better support young people". OASIS member

Young Commissioners and strategic engagement:

This year we are involving young people in activity with a range of partners who are responsible for young people's services across the Borough as part of the LTP for Barnsley. To achieve maximum opportunities for young people we will be setting up specific roles within the group with young people to focus on different areas of work, depending on their skills and personal interest. In addition to the weekly OASIS meetings, OASIS members will feedback from participating in their different opportunities outside of the group sessions by reflecting on what role they had and learning obtained through a young person friendly feedback form. This will also help OASIS members remember the different opportunities they participate in along with the services they are working with. Additional to this for the members who learn through creativity as a way to evaluate the work we have asked them to create a scrap book in the weekly sessions around the work we do. These will be presented at the next Stakeholder event.

CAMHS SPA

OASIS have added the CAMHS SPA poster to the re design of the Youth MHFA book as a way of creatively reaching more young people. The CAMHS SPA poster has also been promoted out to teachers during mental health training as a way of them being able to relay the information to young people they work with. The poster has also been promoted out to young people throughout MH week w/c 14th May 2018. The CAMHS SPA poster has been added to the redesign of the Youth MHFA Kit and sits as a download on the CHILYPEP website. CHILYPEP had **500** copies of the Youth MHFA book printed and has been handed out to young people in a multitude of young people's settings. The process began throughout w/c 14th May 2018 Mental Health week in the areas chilypep delivered workshops, stalls including activities from the Youth MHFA kit. This included;

- Barnsley College including Barnsley Sixth form
- Greencare school
- Horizon College
- Outwood Carlton Academy

Additional to promoting out the Youth MHFA book to young people through delivery of the self-help creative activities, chilypep has also met the following organisations working with young people to hand over copies of the book;

- Recovery College
- MindSpace
- CAMHS

- Barnsley Hospital
- Barnsley Job Centre
- TADS

The next steps are for all services and organizations working with young people in Barnsley including partners under FIM help promote out the CAMHS SPA poster, upload on to young person friendly platforms and put up in their settings.

CAMHS interviews and YP supporting recruitment of new staff

3 OASIS members participated in a young people’s interview panel for recruitment of the new CAMHS Crisis outreach worker on the 5th June.

Pathway for Looked After Children

In April 2018 identified work with CAMHS for CHILYPEP to consult with service users and Looked after Children to put them at the centre of service they receive and to have a voice in and improve the Looked after Children CAMHS Pathways. CAMHS want to ensure that the looked after child’s voice is heard within the CAMHS (Children and adolescent mental health) Service and LAC (Looked after Child) CAMHS pathway for young people in partnership with CHILYPEP.

4, 45 minute informal interviews were carried out with the following;

Female, 13 years old, looked after child living with foster parents, became LAC at 12 years old, in fourth foster placement.

Female, 17 years old, LAC, living in a residential home, became a LAC at 14 years old; living in residential home after 2 foster placements broke down.

Female, 15 years old, LAC, living in a children’s home, became a LAC at 7 years old, lived in 13 foster placements.

19 year’s old, female, Care leaver, became a LAC at 10 years old, lived with 8 foster placements.

Referrals to CAMHS as a LAC

Whilst the relationship with the CAMHS workers came back as good practice with all the young people Chilypep spoke to that had accessed CAMHS, all Young people felt let down by people involved in their care up till the point of accessing CAMHS. Young people found it hard to trust and build relationships with adults and professionals due to experience of being a looked after child and having different workers involved at different points in their lives and for short periods. Young people reflected this was the opposite with the professional they see for their mental health at CAMHS. Waiting times to receive treatment were an issue for young people, as except where it was a hospital admission attempted suicide emergency, (2 young people), young people waited for 11 months to two years.

Young people didn’t feel that they had been involved in their referral process, although one young person recognised that as an emergency admission this was not possible

Young people had lots of ideas about how they could better be involved in the referral process which focused on ensuring that they were made aware of and included in any actions being taken. They also wanted to be able to self-refer, and for this to be advertised widely. Young people felt that a lot of activity happened without their knowledge or involvement, and we concerned about what professionals and carers were saying about them.

They also felt that as there were often lots of professionals and carers involved in their lives, that they were told different things by different people, and

that sometimes people didn't know them or their history enough to speak on their behalf.

Young people felt that this was a helpful practice, and it gave them a chance to inform workers and carers about their lives and needs and improve understanding.

They had concerns about workers not supporting them at LAC reviews and wanted wider involvement from family members that they thought were more supportive.

One young person said their worker wasn't there to support them on the day so a 'stranger' carried out this role on the day, and that there were a lot of professionals in the room and the pace was too fast for them to engage.

Recommendations for the Pathway

Ensure that young people know when they are being referred and involve them in the process.

Consider involving family members that the young person chooses to be involved in LAC reviews. Ensure the young person feels engaged and that the pace is appropriate for this, and consider how the number of professionals can be reduced

Consultation Clinics

Young people said they didn't know they could attend the consultation clinic or that they were not aware they could.

Young people felt that professionals and carers needed to hear from their perspective and that as they had often had lots of placements and workers, they were the only one who really knew about their own experiences and needs.

They were worried that carers or professionals might 'get it wrong' and didn't fully understand them, as they often hadn't know them for very long, or relationships were difficult.

All agreed that they would like to know, be given the choice to attend, with some young people saying they would only attend if there weren't a lot of people in the room.

It was also clear that although young people would like to attend to tell their own story they would find this difficult if they had issues with the foster carer or social worker, and them being in the room at the same time to say this. Many young people reflected they had been put in that position before and they didn't like it.

Young people thought that attending the clinic with carers or workers may strengthen the relationship and help foster greater understanding of each other's perspective.

They also felt that carers/workers might be able to explain some things more clearly on their behalf, as they sometimes found the terms and language that were being used difficult to understand.

Young people had a range of concerns about attending clinics with their carers or workers, including not being able to talk honestly about their experiences, and the poor relationships with workers and carers which would affect their confidence to say what they felt.
One young person did not want their birth parents in the room

Young people recognised that carers and workers might find it difficult to talk honestly in front of the young person

Young people had lots of ideas about ways consultation clinics could be run, including splitting the time so that they could attend separately to their carers/workers, having an independent advocate attend on the young persons behalf, and facilitated 'group sessions'

Young people had lots of ideas about ways they could tell their stories without attending including

Video links or pre-recorded video interviews

Letters to the clinic from young people

Drawings

'Life books'

"It would be good to have a book similar to the life story book you have when you're a child and the pathway planner you get when you're a bit older if you're a looked after child. This could have questions around mood, behaviour, feelings inside that can be shared with CAMHS. This could also include the strengths and difficulties questionnaires. This would be my book and I would have full ownership over it. It could include pages to draw situations and feelings for those who may be able to express better through creativity."

Recommendation around consultation clinics

To be made clear to young people that they have a choice in attending the consultation clinic if they want to and be given younger person friendly ways in which they can engage in this if they want to.

Respond to the suggested ways of supporting young people to feed into the process including different methods such as; videos, video calls, voice recordings, writing a letter, drawing a picture, having access to an advocate, and sharing their LAC life story books or something like this that could be designed and adapted specifically for LAC and involve young people in the process developing these. It was also suggested the consultation clinic could be split in half and given equal time separately to both the child and foster carer/worker to enable them to speak freely and openly on their own.

Involving young people in the design and delivery of services

Young people gave a wide range of feedback about what they want their service to look like.

They included:

Involving young people in their treatment more and giving them more voice and influence

Ensuring workers are appropriately skilled and have a positive, empowering, non-judgemental and supportive approach. Young people talked a lot about having positive relationships with trusted workers that are developed over time and where the young person feels truly listened to and respected.

"I know you are hearing and understanding me but also having the skills to give me understanding of my situation without judgement. It's not always about the deep dark world in my life; it's about sharing the experiences and feeling comfortable to do so at a nice steady pace. The worker should be able to have a joke with you and a laugh and if you have a good relationship with them that will come naturally. The worker I see at CAMHS is all of the above."

Help and support early – early intervention so that young people can get help early on before they become worse

"The service should work to identify needs of the looked after child early, I know in my situation if this was identified and addressed then I may not have ended up with a criminal record and diagnosed mental illness."

Faster and easier referral processes including self-referral, and shorter waiting times.

An out of hour phone line – For the child/young person to receive 24-hour support

Making sure young people know what is happening and keeping them informed

Making the environment more young people friendly and inviting, particularly the treatment rooms

Ensuring that the wider workforce, including teachers, social workers and carers have access to training about young people's mental health and how to support them.

Consider independent advocates for young people to help them say what they want or act on their behalf

A summary paper of the LAC pathway consultation process and findings will be shared at corporate parenting panel. Young people will then help re design the service based on their feedback with CAMHS support. As a number of issues reflected in the interviews from young people around social services and relationships with the foster carer were evident this has also been feedback to the head of LAC services within Barnsley Council. Corporate parenting panel will now receive the full report in July and as such CAMHS and CHILYPEP will have a month to prepare this and then issue for sign off. See attached Briefing Paper re Children in Care CAMHS Pathway review dated 14.5.18.

OASIS input to local and national consultation/campaigns

Young people are influencing services nationally through imputing into government consultation

- OASIS participated in the DSA (Domestic, sexual, Abuse) consultation around the new proposed domestic abuse bill and influencing national development changes in mental health services and support.
- During MH week, W/C 14th May 2018, OASIS members signed and shared the petition 'Where's Your Head At?'. Calling on everyone to sign a change.org petition asking the government to change Health and Safety regulations so that First Aid provision includes mental as well as physical health. This call to action has the backing of the Leader of the Opposition, Jeremy Corbyn MP and former Minister for Health and Social Care, Norman Lamb MP. This change would mean that all organisations have staff trained in Mental Health First Aid, bringing us a step closer to parity of esteem between mental and physical health in the workplace. Several celebrities including Liam Payne, Jamie Laing, Charlotte Crosby, Megan McKenna and Kem Cetinay have offered their support for the campaign and have all spoken openly about their personal struggles with mental health and why they think it is important to have Mental Health First Aid in the workplace. The petition has received over 75,000 supporters. CHILYPEP and OASIS have supported, signed the petition and shared this campaign on social media using the hashtag #wheresyourheadat. The post was shared and signed by 65 young people and/or professionals we work or have previously worked with which highlights the importance of people wanting to achieve, support and see parity of esteem in regards to mental health and support the key campaign message #NotJustMe.

- 14.4.18 – NHS Yorkshire and Humber Stairways event - 5 OASIS members attended and input views to the development of the NHS Stairways MH week campaign.
- 21.06.2018 Youth work consultation- OASIS took part in a consultation for NYA inquiry into Youth Work. Their contribution has been submitted as part of a whole transition report from Chilypep. See attached.

14.06.2018 – Public Health consultation with OASIS focused on creating an action plan of development work;

The group have already given their feedback and helped to create a new feedback form that is more young person friendly for the Public Health Nurses to use with young people they see. OASIS will continue to work with Public Health to look at how they support and engage young people aged 0-19 with a particular focus as to how they can support young people with their mental health in school.

Public Health Nurses and OASIS - Action Plan

OASIS	PHN
Consultation with young people in schools ‘what support would young people want from PHN’ ‘Do PHN change their name?’ ‘Difference between ‘school nurses’ (physical first aiders) & public health 0-19’	Change feedback form based on OASIS feedback.
Young people to suggest new names for service	Inform wider team of discussions in the session
Young people need to be informed about the differences between PHN and school nurses	To develop promotional material and bring back to OASIS to review eg. video idea
How to include social media in promoting PHN services	Create a description of the service and what it offers for Barnsley Open Up Directory.
Video development	
Include PHN in Barnsley Open Up Directory	

Youth MHFA Kit

Youth MHFA Kit, providing creative self-help wellbeing sessions to young people and teachers. Workshops taken place during May Mental health week at the following places;

- Barnsley College
- Horizon College Big MH event
- Outwood Carlton Academy

National influence of the Youth MHFA Kit has begun with elements of this built in to bespoke training set to be delivered at Wakefield College in July to 50 teachers. The Youth MHFA Kit has also been sent into the NHS 70 year's good practice online marketplace and a poster designed for this. A postcard to promote the Youth MHFA Kit, manifesto and resources was designed in May 2018 with 200 of these printed and will be promoted out during stalls, events as well as on social media. A further 200 copies of the Manifesto have been printed and distributed.

See attached files.

Against Violence and Abuse (AVA) a UK Charity working to end violence and abuse have also contacted CHILYPEP for the Youth MHFA kit.

Development of a Mental Health First Aid Kit in Greenacre School during MH week.

Greenacre school tasked every teacher to develop and create their own Youth MHFA kit alongside the young people in their class during MH week. Chilypep/OASIS went to visit the school to see the work being done and have arranged a meeting on the 10th July to explore further development of this across primary school settings and settings for young people with special educational needs.

"Each class were asked to develop their own mental health first aid kits for use within the classroom setting. All 17 classes across Greenacre School including satellite provision, were asked to develop a kit. Classes were asked that objects/ activities be placed in the boxes that could be used to support the mental health and well-being of each child and young person across all programme areas throughout School. This included pupils in free flow (reception) classes through to College students. We have asked that all the boxes stay in each classroom and that this is an ongoing resource available for use, as and when needed by pupils to support their mental Health and wellbeing.

Examples of objects in the boxes were such as bubbles, sensory objects, lavender fragranced products, feelings cards, magic sand, stress balls, feathers, music CD's etc. (We can provide photographic evidence of the contents of each box if needed). Staff are encouraged to add items to the boxes.

Since the introduction of our Mental Health First Aid box in classes, staff report that the boxes are used on a daily basis across school to support Greenacre pupil's health and wellbeing". **Cherie Miller**



Key Pieces of work from OASIS group:

April

5.4.18 – Barnsley MIND attend OASIS with 5 members of the MIND LGBT Peer lead group. 2 OASIS members have now also attend the LGBT MIND group.

12.4.18 - 2 CAMHS assistant psychologist workers attended OASIS and lead a session around Anxiety signs and symptoms and helpful strategies and got to know OASIS and the groups aims and achievements to date.



14.4.18 – NHS Yorkshire and Humber Stairways event - 5 OASIS members attended and input views to the development of the NHS Stairways MH week campaign, along with a consultation around Crisis Care for young people in West Yorkshire and how Youth Offending Teams can work with CAMHS and other providers to support Young People's Mental Health.

The theme of this year's Mental Health Awareness Week is stress. After discussion with the young people attending Stairways decided to focus on the stresses surrounding exam results day, particularly for those sitting their GCSEs & A-levels, **Key messages young people developed at the event were;**

It's okay to ask for help #dontdefinemyself #MHAW2018

Do what you can and be proud of yourself #dontdefinemyself #MHAW2018

Don't compare yourself to others #dontdefinemyself #MHAW2018

Look after yourself when taking exams #dontdefinemyself #MHAW2018

It's okay if you don't have life planned out right now #dontdefinemyself #MHAW2018

Struggling to cope with exam stress? Check out <http://www.studentminds.org.uk/examstress.html> #dontdefinemyself #MHAW2018

Reassuring tweets to be posted using #dontdefinemyself, such as:

Focus on the positives #dontdefinemyself

A resit isn't a fail #dontdefinemyself

Be proud of what you have achieved #dontdefinemyself

24.4.18 FIM meeting - 4 OASIS members attended and presented their key highlights; see below. The meeting provided a good opportunity for networking and as a result of the event it has triggered opportunities for OASIS to work with Public Health Team and Barnsley Hospitals.

My Highlight:

Knowing my opinion is valued as an individual and as a group.

My Highlight:

Just knowing that young people's feedback is valued and that's it's incorporated into changes made by services.

My Highlight:

OASIS has been an environment where I've been able to make new friends and make change to services individually and as part of a young people's peer group.

It's also really fun!

My Highlight:

**Working on the Mental Health First Aid Kit and other projects and being proud of the end results.
Feeling listened to, Feeling like we can make a difference, feeling supported in a caring environment.**

My Highlight:

The Staff are always really supportive and give us opportunities we didn't even know we wanted.

My Highlight

I love being a major part of spreading Mental Health Awareness and being able to see first-hand the change all the amazing work has made.

My Highlight:

**Making friends and feeling completely un-judged by peers and elders.
Feeling like I'm in the loop and influential on mental health and young peoples' services across the country**

My Highlight:

The residential helped my confidence grow

May

15.5.18 – Leeds NHS 70 years Celebration Event – Online Market event

See attached files for promotional materials produced for the event.

MENTAL HEALTH AWARENESS WEEK:

16.5.18 – Horizon BIG MH event promoting OASIS and the Youth MHFA kit and finding opportunities for OASIS to influence services through networking/ OASIS members helped facilitate the Youth MHFA kit activities and engage with other stalls informing them of their commissioning role for young people.



Feedback from OASIS Members who attended the Event included:

"I enjoyed talking to all the different services about the work of OASIS and also finding out more about the services they offer"

"I really enjoyed helping people take part in the Creative Activities and encouraging young people take part when they seemed a bit nervous"

"I Learnt a lot more about the work of School Nurses and explore opportunities for OASIS to get involved in helping them to promote the services they offer to more young people in schools"

"I learnt more about the Mental Health First Aid Kit, as it was only my second session with OASIS. It was good to try out some of the activities"

"Improve promotion across other schools, I only noticed young people from horizon attending the event, get young people to promote event to others to make it more attractive"

"It would have been good if we (Chilypep) had more space to do the activities as it got quite crowded around our stall"

31.5.18 – Barnsley CCG Marketing team attended OASIS to film the OASIS mission statement which will be showcased at the next Barnsley CCG AGM.

June

5.6.18 - 2 OASIS members participated in a young people's interview panel for the CAMHS Crisis Outreach worker. The young people were valued and listened to and the person the young people felt best suited the role was employed.

6.6.18 – 5 Youth MHFA boxes, posters and Youth MHFA books are now in Barnsley Hospital's women and children's department. Young Commissioners requested for the Youth MHFA kits to be in the Barnsley Hospital in regards to their #NotJustMe campaign with the focus of parity of esteem. This was promoted out across our twitter social media platform and reached 2,319 people. We had a total of 106 engagements/interactions with the post and was one of our highest performing individual tweets to date valuing parity of esteem and showing the importance other people and the community of Barnsley believing in this.

OASIS members were asked to review the risk assessment care plan used by staff for young people on the Children's ward.



14.6.18 – School nursing team attended OASIS session

Volunteering Week 1-7th June

This year CHILYPEP participated in ensuring that the young people we work with on a voluntary basis were valued for their continuous meaningful participation.

Volunteers' Week is a chance to say thank you for the fantastic contribution millions of volunteers make across the UK.

It takes place 1-7 June every year and is an opportunity to celebrate volunteering in all its diversity. See attached document.

OASIS Thursday Evening Sessions activity overview:

Total number of sessions in April-June: 12 OASIS Sessions

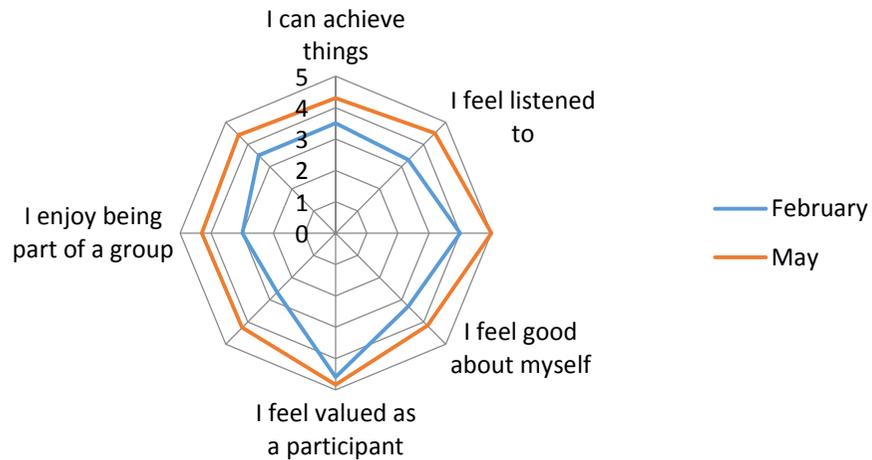
Average attendance each week: 8 Young People

Topics covered:

Active Members: 15, including 4 new members this period (1 new member recruited through word of mouth from existing members and second contacted us after hearing about us at Netherwood school, 2 others have joined OASIS after being involved in the Peer Mentoring at Barnsley College)

Volunteer: We have a new volunteer supporting work on the Barnsley LATP that started at the end of March, she is a psychology student at Sheffield University and is keen to gain experience around Mental Health and Young people. So far she has worked on producing a newsletter for the Chilypep work in Barnsley and supported sessions with Barnsley College and OASIS. Completing a total of 85 hours with us to date.

OASIS members Average Outcome Star



Things I've enjoyed doing or that have made me feel good through the group this last 3 months...

- Taking part.
- Youth MHFA Kit activities.
- Working on CAMHS SPA poster.
- Liked the CAMHS workers attending OASIS sessions and getting to know us.
- Re designing the Youth MHFA Kit book.
- Getting to know about MIND and their LGBT peer lead group that i now attend.
- I've enjoyed the one to one support and being able to talk to someone.
- I wrote the OASIS mission statement and even though I'm shy I managed to present this at the stakeholder event and on film.

Things I'm planning on doing or achieving for myself over the next 3 months...

- Tried harder at school so i can have a good career by listening to teachers.
- Volunteering.
- Socialising.
- Concentrate on my college work more.
- Healthier diet and exercise.
- Meet new people and try to make new friends.
- Try new things.
- Learn to like myself again and enjoy my own company.
- Helping with my self-esteem.
- Making a stable living.
- Being more confident.

By working together we are currently making a difference to...

- Making mental health a thing people know is serious and a real thing that you should know about.
- Making a difference to individual lives, I say this because when i first came to OASIS, it was because my teacher said I might like it. But now I am so glad I came because I understand how important it is for young people to be a positive role model to lead and make changes to mental health and I understand so much more now.
- Make the young citizens with mental health feel more equal
- Through 'You're welcome' we're making a difference to CAMHS and Barnsley Hospital.
- Promoting Mental Health Kit.
- I am training to become a MH ambassador in the school and Chilypep are delivering the Youth MHFA lite training as well as helping others by being a part of OASIS.
- We're making a difference to young people's lives.

Outcome 2: Teaching, schools staff and young people's workers will have improved skills, knowledge and confidence to support young people's mental health and emotional well-being, and be more aware of when to make an appropriate referral to the relevant agency

Activity/Outputs/Outcomes

Development Work:

This year we were asked to develop a mixed programme that schools could choose from, so as to make the training more bespoke for each school's needs. As every secondary school in Barnsley has had participants attend mental health training through Chilypep, we are now focusing on training others working with young people outside of educational settings as well as those working in educational settings.

The CAMHS SPA Poster has been promoted out during delivery of training from the end of January 2018 and will continue to be promoted out through delivery of ongoing training to teachers and young people.

- Chilypep met with CAMHS on the 30.4.18 to discuss the possibility of training the reception staff at CAMHS in the Youth MHFA 2 day course
- Chilypep met with Barnsley Hospital on the 8.6.18 to discuss the possibility of training nurses in the hospital working on the Children's ward in Youth MHFA.

April – June 2018

Overview of training from April to June 2018

Total training sessions delivered to professionals and young people/students:	12
Total Number of Participants (professionals and young people/students):	121
Total number of attendances (some participants attended more than one course):	134

Training Sessions delivered to school's staff - 3: Participants – 31 (including one young Chilypep volunteer) (32 attendances)

Youth Lite Mental Health First Aid (½-day) course - 1: Participants - 5

ASIST training course (2-day): - 1: Participants - 9

Youth Mental Health First Aid (2-day) courses - 1: Participants - 18 (including 1 Chilypep young volunteer)

Training delivered to professionals at each school / venue

Horizon Community College

- 18.4.18: **Youth Lite Mental Health First Aid (½-day) course** – 5 attendees

60% (3) of the attendees **recorded an increase of confidence** of how best to support young people with a mental health problem

80% (4) of the attendees **recorded an increase in knowledge and understanding** of how best to support young people with a mental health problem

Barnsley College

- 19.6 & 3.7.18: **Youth Mental Health First Aid 2-day course** – 18 attendees (1 member of staff from Kirk Balk, 1 Chilypep young volunteer and the rest from Barnsley College)

94% (17) of the attendees **recorded an increase of confidence** of how best to support young people with a mental health problem

89% (16) of the attendees **recorded an increase in knowledge and understanding** of how best to support young people with a mental health problem

Digital Media Centre

- 21 & 22.5.18: **ASIST 2-day training course** – 9 attendees (4 from Mindspace, 3 from Barnsley College, 2 from Springwell Academy, 1 from Castle Hall Academy)

100 % (9) of the attendees said that, following the training, they

- would be more likely to ask a person directly if he/she were thinking about suicide, if their words and /or behaviours suggest the possibility of suicide
- would be more likely to do a suicide intervention if someone told them he or she were thinking of suicide
- felt more prepared to help a person at risk of suicide
- felt more confident that they could help a person at risk of suicide

Outcome 3: Young people will have greater resilience and coping skills, helping them deal more effectively with the difficulties they face during

key developmental transitions, by receiving emotional wellbeing support.

Activity/Outcomes/ Impact

Barnsley College Peer Mentors

NCVO Assessment:

Chilypep have been awarded **APPROVED PROVIDER STATUS** from **NCVO** for our Peer Mentoring Project at Barnsley College, after completion of the recommendations made following the assessment in March. The accreditation lasts until June 2021.



Number of Wellbeing sessions ran by Peer Mentors this quarter: 12 Sessions

Sessions have been delivered at Old Mill Lane Students Union, Eastgate Campus & GAINspace at Sixth Form

Topics covered included: Exam Stress, Revision Support, Transitions, Creative Wellbeing, Managing stress.

Feedback from Mentees:

"I have learnt how to talk about problems before they escalate"

"I am now confident enough to attend events at Old Mill Lane independently at first I needed my teacher to come over with me from Eastgate"

"I have enjoyed meeting new people"

"I have enjoyed making new friends"

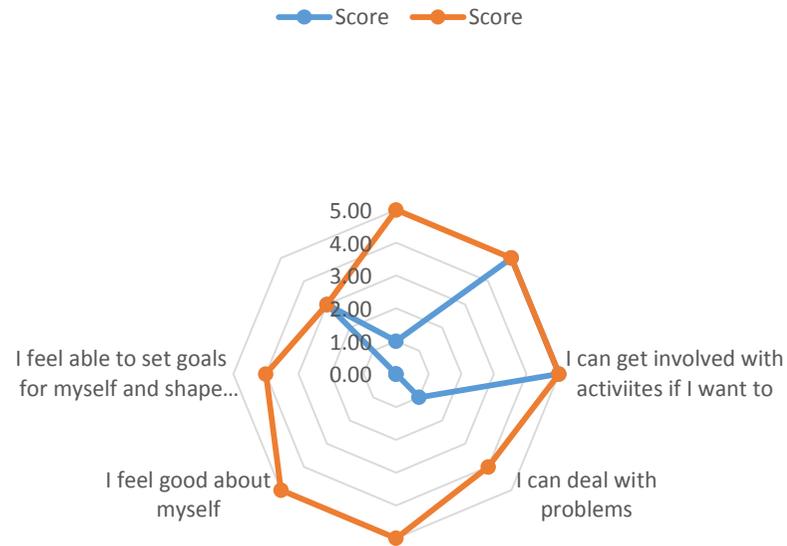
"Gaining Confidence"

"Being a part of Chilypep (as a wider group)"

"After receiving support as a Mentee next year I would like to try and help others and give them help & Support too"

Mentee Progress and Feedback:

Outcome Star Mentee (involved from November to June 2018)



As you can see from the example here the biggest areas of improvement for this student who received support from Peer Mentor Programme were:

- Improvements in their ability to deal with problems
- Improvements in how well they perceive college to be going
 - Increase in self confidence
 - Ability to plan goals for the future.

CONFIDENCE- was a word that came up time and time again with feedback from mentees and Mentors when asked what they had gained from being involved in the programme.

Peer Mentor Feedback:

"The thing I have learnt the most about this year while being a Peer Mentor is learning how to report any issues to Safeguarding. At the beginning of the year I didnt feel as confident as I do now reporting and dealing with these issues"

"I hope I can continue to make a difference with Mental Health & support people even after leaving Barnsley College"

Events Attended

Mental Health Awareness Week Chilypep CHIL Out Event @ Barnsley College 16th May 2018:



Chilypep, Peer Mentors and the Health and Wellbeing Team from Old Mill Lane ran a day of creative workshops from OASIS MHFA Kit.

The purpose of this event was to create a mindfulness day where students could come along to the Student Union and learn about what mindfulness is and how it can help to reduce stress. We also provided some leaflets that promoted how to get better sleep.

Feedback from staff stated the stall was extremely informative, and students engaged with the information provided really well.

During this event a total of **41 students** engaged with the activities that took place between 10-2.

100% of students who completed feedback forms said they would like to do the activities again.

Making the sensory Stress balls was the most popular activity of the day.



Fun in the Sun Event 14.06.2018

Took place at Barnsley College as an end of term activity and show students what support is available to them over summer. We took the opportunity to recruit interested students in the Peer Mentoring Programme for next year.

We also ran a hook a duck consultation to ask students feedback on their transition from school to college and also leaving college, this will feed into the larger piece of work around Transitions and Young people. Some of the Highlights are below:

What are you most worried about starting /leaving College?

- Starting meeting people as I have social anxiety
- Leaving- Same how will people treat me outside of college
- Starting- not passing college
- Leaving- worried I won't get a job

What helped you settle in when you first started Barnsley College?

- New friends made me feel more confident
- MMA letting stress out
- Mates
- Supportive people

What support would you like the Peer Mentors to offer?

- Someone to talk to about problems, e.g anger management & autism
- Help with work
- Get your opinions heard

27th & 28th June 2018

Sixth Form Taster Days Support with Transitions:

There were 2 sixth form taster days for year 11's and year 10's from various Barnsley schools on the 27th and 28th June

Attendees: 9 newly trained peer mentors ran wellbeing activities in GAINspace

50 Potential students engage with Peer Mentors & activities on Day 1

30 Potential students engage with Peer Mentors & activities on Day 2

Creative Wellbeing activities delivered by the mentors included glitter jars and stress balls, they also consulted with the students to find out:

What they were worried about when coming to college? Some of the top themes that came out were:

- Not knowing anyone/not making friends;
- Exams;

- **Money.**

We also asked what they were looking forward to? Some frequent answers from that included:

- **Meeting new people;**
- **The food;**
- **The courses – “studying what I enjoy”.**

Alongside running these activities, visiting students had the chance to speak to the mentors about their worries and explore any queries that they had, it gave the mentors an opportunity to promote the support they can provide to new students in September. We found this was a really good way to start the support for students as early as possible when dealing with the transition from school to college.

Tutorials & Training for Young People

Training Sessions & tutorials delivered to young people / students - 9: Participants – 90 (102 attendances) – doesn’t include young volunteer who attended YMHFA 2-day course delivered to professionals

Tutorials about Stress, Sleep and Mindfulness (1 hour)	- 4: Participants - 50
Mental Health Awareness Session (1.5 hours)	- 1: Participants - 9
Youth Mental Health First Aid Kit Activities workshops (3 hours)	- 2: participants - 17
Youth Lite Mental Health First Aid (½-day) course	- 1: Participants - 14
Peer Mentor Training course training course (2-day):	- 1: Participants - 12
Note: the 2 days of the Peer Mentor course included the ½ day Youth Lite course	

Barnsley Football Club (NCS course) 10.4.18: Mental Health Awareness session – 9 attendees

75% of the attendees who recorded scores at the end of the session (1 didn’t) **recorded an increase in understanding around mental health**
88% of the attendees who recorded scores at the end of the session (1 didn’t) **recorded an increase of ability to recognise signs of common mental health difficulties in themselves/others**
100% of the attendees who recorded scores at the end of the session (1 didn’t) **recorded an increase of confidence talking to others about mental health.**

Stress, Sleep & Mindfulness Tutorials

50 young people from Sport Courses at Honeywell Campus took part in the 4 tutorials over Mental Health Awareness week:

86 % of students reported an increased understanding of helpful coping strategies for stress.

92 % of students reported an increased understanding of Mindfulness

76% of students reported an increased understanding of ways to get a good night's sleep

Mental Health Awareness Tutorial

11 students from Learning for Living & Work department took part in Mental Health Awareness tutorial. After planning a creative the session on arrival, the group asked if we could run the session as a Q&A and discussion session as they had loads of things they wanted to ask around mental health. I left a copy of Mental Health First Aid Kit and Booklet for the department.

As a result, no feedback forms were completed for the session however feedback from the Tutor CS:

"That was really great, thank you for your time and allowing the students to lead the session, the group always find the discussion/debate sessions most useful. I will definitely be booking in more tutorials with Chilypep for September!"

Sixth Form:

Mental Health Awareness Tutorials were delivered in April across 5 sessions to a total of 161 AS level Students in the Enrich Lecture Theatre. During the session we also promoted the Peer Mentor Programme which 24 students signed up for more information about being Peer Mentors in September 2018.

Feedback from Carol Brook Personal Progress Mentor ***"Thanks very much for delivering the sessions on Monday. I have seen some of my students who attended since then & they said they enjoyed the session & found it very informative"***

Peer Mentor Training:

Peer Mentor Information Session at Sixth Form – 23.05.2018 13 attendees plus type up feedback

25th and 26th June- Two day Peer Mentor Training 13 participants from Barnsley Sixth Form (Including Youth Mental Health First Aid Lite Course)

Feedback analysis from course :

91% of the attendees **recorded an increase in understanding of what being a Peer Mentor in Barnsley College means**

91% of the attendees **recorded an increase of confidence about role as Peer Mentor**

73% of the attendees **recorded an increase of in-depth knowledge about mental health**

Youth Lite Mental Health First Aid course – 14 attendees (12 of whom were also on the Peer Mentor training course)

100% of the attendees **recorded an increase of confidence** of how best to support young people with a mental health problem

100% of the attendees **recorded an increase in knowledge and understanding** of how best to support young people with a mental health problem

The next round of training for Peer Mentoring is to be held in September currently have 12 students interested in taking part this is to be supported by current Peer Mentors at Old Mill Lane Site.

Outwood Academy Carlton

17.5.18: Youth Mental Health First Aid Kit Activities workshops – 17 attendees

76% of the attendees **recorded an increase in understanding around mental health**

82% of the attendees **recorded an increase of understanding of creative wellbeing self-help strategies**

82% of the attendees **recorded an increase of confidence talking to others about mental health**

DEVELOPMENT WORK:

Transitions

Partnership work with Mindspace is progressing in order to train a group of students from each Secondary school as 'Young Ambassadors' (Peer Mentors). We have supported this so far with the delivery of the Youth Lite Mental Health First Aid Training, we are in progress of developing the links between this group and the Peer Mentors at Barnsley College, and have training sessions booked in with the Mental Health Ambassadors in July. The aim is by working together we will be able to better support students with the transition between Secondary School and Higher Education.

OASIS have been consulted around transitions through transition Jenga – This consultation will be carried out with young people in multitude of different settings and a report based on the findings will be written by Feb 2019.

April to June 2018

Boys work

BRV Programme. Belonging Resilience Vocabulary. The BRV Project, (Belonging, Resilience, and Vocabulary) aims to improve emotional literacy within boys and obtain with them a better understanding of themselves, whilst improving their educational outcomes. Through it they can learn the tools and techniques to recognise, communicate and manage their emotions, and realise their agency to become active, empowered students/citizens.

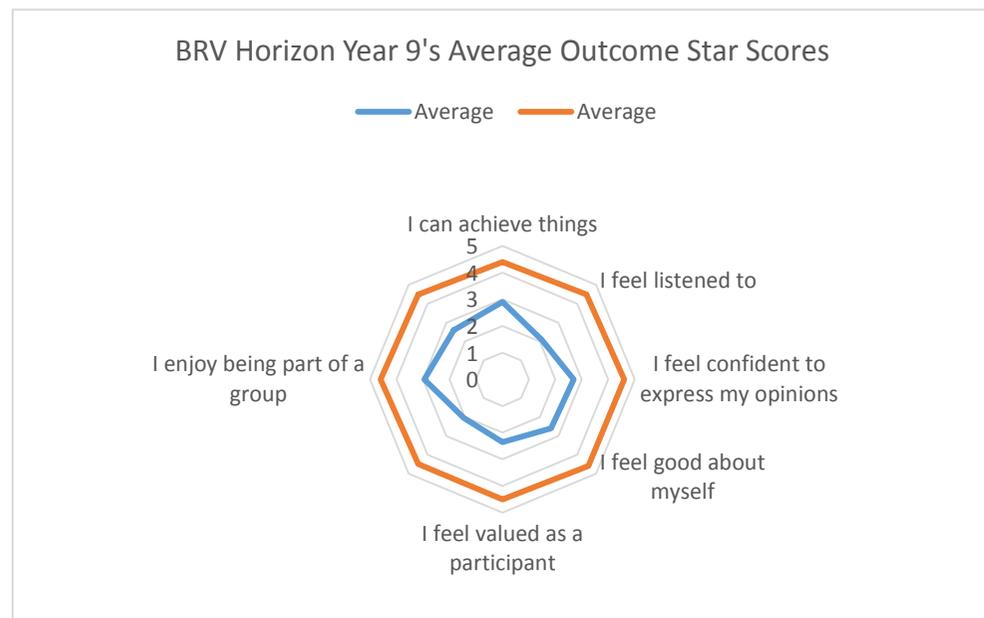
The BRV programme enables boys / young men to learn to like themselves and respect others.

To become emotionally literate, growing in confidence and self-esteem, whilst exploring authentic- self, culture and contemporary masculinity and hope, in order to reframe what it is to be a young male in 21st century Britain.

Horizon College

Since the beginning of January 2018 we have been working with two cohorts of boys, from year 9 and year 10 on the BRV programme. Totaling 24 boys, the sessions have been supported by the school wellbeing team and finished in June 2018.

Star evaluations from BRV in Horizon College – Year 9 and Year 10 boys

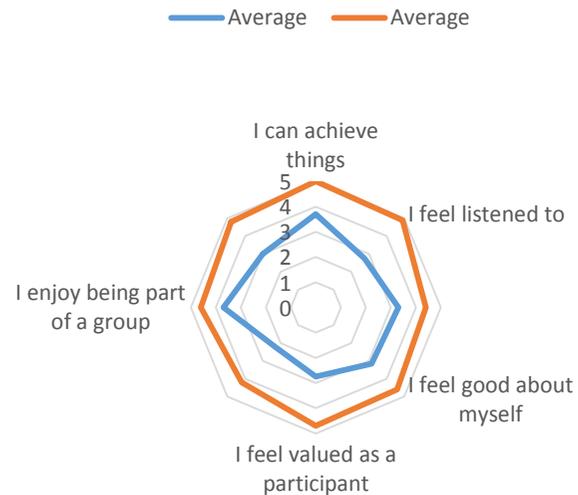


Summary of Year 9's Average Outcome Star Scores

It is clear that the boys from year nine, now feel a sense of increased self-worth and find that they have a role within their communities.

They now feel empowered with a new gained agency to make positive change.

BRV- Horizon Year 10's Average Outcome Star Scores



Summary of Year 10's Average Outcome Star Scores

The evidence presents that the boys from year 10 felt listened to and their contributions valued, leading to growth in their confidence and the ability to affect positive change within self and their wider community settings.

Both Cohorts of Boys completed the Course successfully with a new-found sense of Hope.

Feedback from Rob Marshall Community Enterprise Co-ordinator / Deputy Safeguarding Lead at Horizon College:

“The value to the students has been evident since the first session and this has led to the students presenting as happier, more confident and well-rounded individuals which has translated, in a number of instances, to an increase in school engagement and academic achievement. The enthusiasm and professional nature of Chilyep and Marcus Hurcombe has been absolutely fantastic and we hope this is a relationship we can continue for the future to help support even more students and continue what has proved to be a truly valuable piece of work.”



COURSE: Horizon students taking part in the BRV Project.



Project boosts boys' confidence

THE BRV (Belonging, Resilience, Vocabulary) Project at Horizon is being delivered by Chilypep, a nationally registered charity based in Sheffield and Barnsley.

It works to improve the lives of children and young people by increasing their self-esteem, confidence and opportunities.

It aims to improve emotional literacy and give the boys a better understanding of themselves, whilst improving their educational outcomes.

Through it they can learn the tools

and techniques to communicate and manage their emotions, and realise their agency to become active, empowered citizens.

This year two cohorts from years nine and ten at Horizon have been engaged with the BRV programme.

The course includes topics such as mental health, identity, emotional literacy, healthy relationships, staying safe, conflict resolution as well as creating positive futures.

By the end of the course all the boys will learn to respect themselves and others in a way that bolsters

rather than diminishes their sense of self.

To become emotionally literate, growing in confidence and self-esteem, whilst exploring culture, contemporary masculinity and hope in order to reframe what it is to be a young male in 21st century Britain.

The boys also gain a Mental Health First Aid Youth full day certification as well as dual ASDAN certification in personal development.

The boys have also designed a logo for BRV and are organising the graduation event in April.

BRV project – delivered at Horizon College – Barnsley Chronical April, 2016

BRV Boys Work Development:

Following the consultation detailed below at Foundation Learning at Eastgate Campus, they are really keen to have a BRV programme running for their young men. Delivery of the BRV project at Eastgate will begin from September with a cohort of 7 boys

Delivery of the BRV project will begin in July with a cohort of boys from YOF

Following the success of BRV in Horizon college with y10 and y11 boys, delivery of another BRV programme will begin with y8 boys at Horizon starting September.

Outcome 4: Develop and deliver an awareness raising, anti-stigma, and information campaign to promote positive mental health, reduce stigma, and signpost young people to available services and support

Activity/Outcomes/ Impact

MH week

During MH week CHILYPEP/OASIS used our social media platforms to promote out the MHFA activities, young people's work and details of workshops being facilitated by us and fed into and supported the following local and national hashtags

#MHAW2018 #NotJustMe #StressLessBarnsley #dontdefinemy success

#MHAW2018 the national hashtag for mental health awareness week

#NotJustMe the OASIS Young People anti stigma hashtag

#StressLessBarnsley the Barnsley Council hashtag for MH awareness week

#dontdefinemy success stairways NHS Yorkshire and Humber hashtag that OASIS helped come up with

Through the use of twitter our posts during MH week, W/C 14th May 2018 reached **20,187** people.

The CAMHS SPA poster was also retweeted and shared during MH week.

Directory

- Work is ongoing to develop a young people friendly directory of services to go onto the MindSpace and Chilypep websites. We had initially planned for this piece of work to be completed by April 2018, we are now aware we will go over this deadline. This is due to a change in staffing structure and a delay from services responded with up to date information. We now aim to have this completed by August 2018.

Youth MHFA kit

Youth MHFA Kit, providing creative self-help wellbeing sessions to young people and teachers. Workshops identified to take place with young people starting in May Mental health week. National influence of the Youth MHFA Kit has begun with elements of this built in to bespoke training set to be delivered at Wakefield College in June. The Youth MHFA Kit has also been send into the NHS 70 year's good practice online marketplace and a poster designed for this. A postcard to promote the Youth MHFA Kit, manifesto and resources was designed in May 2018 with 200 of these printed and will be promoted out during stalls, events as well as on social media.

The new updated Youth MHFA book has been printed and available for download from the 24th April 2018. .

CHILYPEP had **500** copies of the Youth MHFA book printed and began handing out to young people in a multitude of young people's settings. The process began throughout May 2018 Mental Health week in the areas chilypep delivered workshops and activities from the Youth MHFA kit.

Horizon College put up their Youth MHFA poster up on display with their named Youth MH First Aiders during MH week



Green Acre school tasked every teacher/class to design their own youth MHFA kit during MH week.

Secondary schools that have taken part in the 2-day Youth MHFA training have been given A3 posters of the Youth MHFA kit with an extra section added which names the MH First aiders in the school and space to write where to find them. This was identified as a gap and in relation to parity of esteem the posters reflect those for physical first aiders in relation to the named contact for this.

The Dearne ALC school tweeted us to let us know their posters were up and visible in the school with their named contacts and where to find them. This is also reaching young people in the school and wider through social media so young people at Dearne will be aware of the Mental Health First aiders and promotes positive practice to other secondary schools.

Development of a Mental Health First Aid Kit at Greenacre school.

Each class were asked to develop their own mental health first aid kits for use within the classroom setting. All 17 classes across Greenacre School including satellite provision, were asked to develop a kit. Classes were asked that objects/ activities be placed in the boxes that could be used to support the mental health and well-being of each child and young person across all programme areas throughout School. This included pupils in free flow (reception) classes through to College students.

We have asked that all the boxes stay in each classroom and that this is an ongoing resource available for use, as and when needed by pupils to support their mental Health and wellbeing.

Examples of objects in the boxes were such as bubbles, sensory objects, lavender fragranced products, feelings cards, magic sand, stress balls, feathers, music CD's etc. (We can provide photographic evidence of the contents of each box if needed). Staff are encouraged to add items to the boxes.

Since the introduction of our Mental Health First Aid box in classes, staff report that the boxes are used on a daily basis across school to support Greenacre pupil's health and wellbeing.

Manifesto

The OASIS 'Our Voice Matters' Manifesto has been reprinted at 200 copies and will be distributed alongside the Youth MHFA book.

The BRV programme has been highlighted in local media through Barnsley Chronicle.



**Barnsley Local Area Transformation Plan – Chilypep
Monitoring Report
July 2018 – September 2018**

Outcome 1: Young People will directly influence services and support provided to them through the Future in Mind Programme, by working alongside partners to develop effective services and participation structures within their organisations and in the Future in Mind decision making structures

Activity/Outcomes/ Impact

July to September 2018

Outcome 1: Development work:

Strategic Development work

Chilypep managing director has supported the Peer review process and trailblazer application for the government schools programme, attending planning and review meetings and preparing documents to support the application and review, as well as attending Stakeholder events and the Yorkshire and Humber .

Meetings with professionals and partners to develop and deliver programme work

July/August/September

July

- **10th July 2018** – Chilypep attended the SEMH Meeting at Greenacre School to discuss the development of a youth MHFA kit for primary schools and young people with special educational needs and offer of the Youth MHFA training to teachers.
- **23rd July** – Chilypep attended the corporate parent panel meeting for LAC to present back the CAMHS LAC consultation pathway findings.

August

- **2nd August** – Chilypep meeting for the new Chilypep worker picking up the schools' transition work alongside MindSpace.
- **8th August** – Chilypep attended a meeting with Luminar at Staincross Methodist Church to discuss DAB and primary/secondary schools and explore ways to work together, the youth MHFA kit and page for 'Open Up' directory. Luminar have also received a Youth MHFA Kit and book. Luminar are a children and young people's domestic abuse project working in Barnsley. Working with children, adults and families. They are currently delivering: Early Intervention/Awareness Raising Sessions in Schools at the moment predominantly Primary Schools they have funding to pilot similar sessions in two

secondary schools from September. 2 therapists offering counselling for children and young people and adults who have experienced domestic abuse. They receive referrals from IDAS, Schools, CAMHS etc. Meeting came about as Holly (young person from OASIS is volunteering with Luminar also) suggested may be opportunities for two projects to work together. **Current Work;** Met to discuss work we are both doing in Barnsley, discussed LATP and also discussed WAGI project in Sheffield. OASIS young people have been keen to do some work around Healthy Relationships. Luminar are looking for support in engaging older young people (Secondary School age) in their Early Intervention Programme and were interested in our creative ideas including Mental Health First Aid Kit and exploring our links with secondary schools. **Partnership Work;** Luminar currently have received funding from Arts Awards for All to run a short pilot programme in two secondary schools around Awareness Raising of Healthy Relationships/DA abuse starting from September. Luminar were interested to see if any OASIS young people would be interested in helping them youth proof their training sessions for secondary schools and potential to co-deliver. We also discussed the link with the Boys BRV work is doing in Horizon with BRV programme. Discussed idea of putting a page around Healthy relationships into the MHFA kit Booklet. **Next Steps;** Take opportunity to OASIS to do piece of consultation work around Healthy Relationships/DA as part of their individual campaigns. Luminar to deliver one of their workshops on DA to OASIS group. Chilypep managing director to meet Managing director at Luminar to discuss details of potential joint working and funding bid (before end of august if possible).

September

- **13th September** – Chilypep staff meet with Mindspace to put a plan together for the transitions and MH ambassador support work in Horizon and Kirk Balk Academy and the planning of protocols to support mentors and mentees in both schools to enable a smooth transition process into Barnsley College/Sixth form.

OASIS members Recognition and Reward Activity During the Summer Holidays

- **7th August** – OASIS Celebration activity over the summer holidays at Barnsley Metrodome Wacky world tour. 9 young people attended the activity. Chilypep received two messages from young people after the event. ***“ Thank you for today I’m honestly so grateful, at least there’s an organisation that takes me places and actually trusts me without thinking I’m going to misbehave”.*** OASIS member aged 18. We also received a message from a new OASIS member, ***“Had the greatest day ever today. Thanks for letting me join, can’t wait for more like it”.*** OASIS member aged 18.





Meetings to engage potential new young people within OASIS

- 23rd July – Chilypep met one new young person interested in joining OASIS, referred by the Adult nursing team. The young person attended the OASIS session the week after meeting with Chilypep and now continues to attend OASIS. OASIS now has a member that attends the care4us group and links in the MH work streams directly to both groups. After attending the first OASIS session as a new member, the young person sent the following e-mail after the session. ***“Thank you for today and making me feel welcome. I was understandably anxious however you did put my anxieties at ease!”*** OASIS Member aged 22. The new OASIS Member has now also completed the 2 day Youth MHFA training through Chilypep and is a Youth MH First Aider.

Young Commissioners and strategic engagement:

This year we are involving young people in activity with a range of partners who are responsible for young people’s services across the Borough as part of the LTP for Barnsley. To achieve maximum opportunities for young people we will be setting up specific roles within the group with young people to focus on different areas of work, depending on their skills and personal interest. In addition to the weekly OASIS meetings, OASIS members will feedback from participating in their different opportunities outside of the group sessions by reflecting on what role they had and learning obtained through a young person friendly feedback form. This will also help OASIS members

During the last 3 months we have worked with;

Barnsley CAMHS, MindSpace, Recovery College, Public Health Nurses, Barnsley Healthwatch, Barnsley Hospital women’s/maternity and Children’s departments, Stairways NHS Yorkshire and Humber, Public Health Barnsley, Luminar, Care4us Council, Residential Children’s homes, Kirk Balk Academy, Horizon College, Cooperate parent panel, LAC Providers, SYEDA, YMCA , Targeted Youth Support, Rubic Project, AVA, DESAP, AHOY.

remember the different opportunities they participate in along with the services they are working with. Additional to this for the members who learn through creativity as a way to evaluate the work we have asked them to create a scrap book in the weekly sessions around the work we do. These will be presented at the next Stakeholder event.

Chilypep has engaged wider partners within FIM and ensured the voice of YP is being heard through engagement with these stakeholders.

You're Welcome Standards

Benefits of YOU'RE WELCOME: Through participation, young people will gain a greater understanding of services, how they work and how they can utilise them more. As young people engage more with services they are more likely to engage positively with their own treatment and care, therefore improving their own health outcomes. More engagement with young people will also help improve access for more marginalised groups. YOU'RE WELCOME empowers health staff to become more inclusive giving them the confidence to engage with young people. As a quality standard supported by PHE, NHS England and the Department of Health YOU'RE WELCOME can also help improve commissioning processes, working together to help get things right for young people in Barnsley.

"By working together, we are making a difference to mental health services to better support young people". OASIS member

All young people are entitled to receive appropriate health care wherever they access it. The You're Welcome quality criteria for making health services young people friendly lay out principles that will help health services, community, primary care, secondary care and wider health services – to 'get it right' for young people. YOU'RE WELCOME is a set of quality criteria for young people friendly health services. It provides a systematic framework to help commissioners and service providers to improve the suitability, accessibility, quality and safety of health services for young people. First published in 2007 and reviewed in 2011 the standards remain an important framework for everyone commissioning, delivering and planning young people's health services. The YOU'RE WELCOME standards have been refreshed as part of a project supported by Public Health England (PHE), NHS England (NHSE) and the Department of Health (DH).

In March 2018, CHILYPEP trained 10 young people from the OASIS group as Young Verifiers for Mental Health services in Barnsley using the Department of Health 'You're Welcome 2017 standards'. The first service the young people will assess is Barnsley CAMHS and the second is Barnsley Hospital.

Barnsley Hospital – You're Welcome assessment – Making young people feel Welcome



- Barnsley Hospital contacted CHILYPEP/OASIS to request the Young Verifiers from OASIS to assess Barnsley Hospital under the 'You're Welcome' Standards. The maternity department have chosen 'making young people feel welcome' and the children's department have chosen 'Joined up working'. Both departments have agreed their additional 2 criteria's under each theme. The lead nurse Sandra Newman from the women's department attended an OASIS session on the 9th August to present what services the women's department offers to ensure the young people's understanding of this to carry out the assessment process. Young people from OASIS have developed questionnaires and the content of these to gain feedback from people to inform the assessment for the women's department under 'Making young people feel welcome'. **6th September and 20th September** – A total of 7 OASIS members participated in the CAMHS 'You're Welcome' Assessment, interviewing staff and looking around the service and reviewing documentation

Methodology

The lead Maternity Nurse and Teenage pregnancy Nurse attended two OASIS sessions consisting of 4 hours in total informing 14 young people aged 14-21 from the OASIS group of the services and support on offer and answering any questions young people had. This helped develop the knowledge and understanding of the young people to enable them to carry out the assessment process specifically for the women's/maternity department.

7 Young Verifiers from OASIS attended a guided tour throughout the women's/ maternity department, met, greeted and interviewed staff and young people accessing the service throughout the following services;

- Reception
- Antenatal
- Antenatal and postnatal
 - Birthing Centre
 - Termination

Summary on overall experience 'Making Young people feel welcome'

Staffs communication and personal qualities came back as exceptional throughout the women's department and services. All young people agreed that this was a key factor in what made the department great as the staff that young people spoke to enabled them to know them for their personal qualities and not just professional which made them feel at ease as they were approachable, understanding, adaptable and friendly.



The Birthing centre also came back as excellent with young people feeling this was outstanding from all aspects. All young people felt this was a relaxing, calming, young person friendly environment, including the rooms, en-suits and all other facilities available one of which included mood lighting. The area had also been designed by parents in Barnsley considering their voices and experiences.



The Rainbow room was highlighted as an incomparable area of compassion, enabling all to feel welcome, feel empathy and allow a private and suitable space for those that may need this. The room was also designed by those with lived experience, with this in mind the room is also sound proofed acting on the voices of those with lived experience allowing people to fully express their emotions in a private area without the

worry of others hearing.

Recommendations Antenatal Services

Information to be more visible around what support is available and adaptable for young people to be more engaging. Young people to develop/design information boards.

Have some word search, puzzles and colour therapy pages along with colouring pencils available and printable relaxation guides read/or to take away

Develop a poster around 'Don't be afraid to ask' for more information around anything you may want to know more about

Develop information posters for same sex couple support

Bring in light and create a calming environment in the waiting area through alternative methods – Large tall lava lamp

Recommendations Antenatal and postnatal

Bring in mood lighting to create a calming atmosphere and brighten up the corridor space with the blossom pictures and pastel colours similar to the birthing centre theme

More space/storage to be created in shared room areas

Develop a room specific for Dad's and the partner of women giving birth if in a same sex relationship.

There is currently another room being developed/ refurbished within the ward and with this in mind its recommended young people have input into how this looks

Young people to develop/design information boards.

Recommendations Termination

Gain feedback from those using the service around any improvements that can be made based on their experiences

To have pictures visible to create calming atmosphere in corridors such as nature, sunset, sea, country side landscapes

Chilypep @Chilypep · 24 Aug

Well done to the Young Verifiers from OASIS for taking part in the Barnsley Hospital, Women's department 'You're Welcome' assessment - Making young People feel welcome! Also Thank you to the Hospital for valuing and supporting young people's participation. [@nhsbarnsleyccg](#)



1 9 15

The Hospital responded to the tweet also valuing young people's participation to make meaningful change to their service for the community of Barnsley with a focus on ensuring young people feel welcome;

It was a pleasure to welcome Chilypep to Barnsley Hospital on Thursday. A wonderful group of young people passionate about making services better and more accessible for their peers. Thank you all for your most valued support.

The full reports for 'You're welcome' assessment – Making young people feel welcome, will be completed and shared in November 2018.

CAMHS Barnsley – You're Welcome assessment

A meeting took place with CHILYPEP/OASIS and CAMHS on the 6th June 2018 to make progress and action towards next steps in terms of making a start with assessing the service. The meeting was attended with a Young Commissioner and together CAMHS and Chilypep/OASIS agreed the two additional criteria's under each standard for CAMHS. As Barnsley Healthwatch was also assessing the CAMHS service during the same time period as OASIS, we decided it would be beneficial for everyone involved for OASIS and Healthwatch to work together jointly on the assessment.

The joint 'You're welcome' and Healthwatch 'enter and view' CAMHS review started with a planning meeting taken place between Chilypep and Healthwatch,

together the questions were agreed for gaining views to inform the assessment. A questionnaire has been developed for professionals working alongside young people, and for young people accessing or waiting to access support from CAMHS and for parent/carers of young people accessing or waiting to access support from CAMHS covering both assessment criteria's to inform the CAMHS joint Healthwatch review and You're welcome report.

The you're welcome assessment also consisted of two visits to CAMHS over a total of 4 hours to speak to staff, young people, carers, review documents and look around the service. The assessment was all supported by OASIS members facilitating focus groups and informal interviews with young people currently accessing CAMHS across Horizon College and Kirk Balk Academy.

- **12th July 2018** – Chilypep and one trained young verifier from OASIS facilitated a focus group around you're welcome, and transition to 5 young people. One young verifier from OASIS also facilitated two one to one informal interviews to inform the CAMHS assessment with the Horizon MH Ambassadors.
- **16th July 2018** – Chilypep and two trained young verifiers from OASIS facilitated a focus group around you're welcome, and transition to 8 young people. Two young verifiers from OASIS also facilitated four one to one informal interviews to inform the CAMHS assessment with the Kirk Balk Academy MH Ambassadors. In regards to the transitions consultation a report of the transitions findings will be produced to inform development practice across a multitude of agencies as well as the further development of peer mentors and support for mentees transitioning from secondary to college or sixth form.

Feedback from an OASIS Young Verifiers that interviewed and facilitated focus groups around CAMHS to inform 'You're welcome' from Kirk Balk Academy

"I think what went well was the wool game, the students/YP had some really fantastic views and also elaborated on their ideas really well as a team/group.

I found being a young verifier made me nervous, as I had never done it before and wasn't sure what to expect, but it was also really great knowing I was helping young people get their ideas and views across and out there so that CAMHS could be improved for themselves and YP like them.

I enjoyed question Jenga, it was really funny at some points and also a nice way for young people to share experiences. Listening to their views was important as they're the ones accessing and using CAMHS, the service is for them so they should have a say in how its run, and YP need to feel listened to and not feel like they're in the dark." OASIS Young Verifier aged 19

"I really enjoyed my role in the focus group; I felt the activities gave a relaxing feel to the session, the activities also included everyone in the group, giving multiple opportunities for the young people contribute to the discussion.

The young people I spoke to were very enthusiastic about giving their opinion and sharing their experiences with accessing CAMHS in the informal interviews. Personally, I believe listening to the group's views gave me a better understanding on how it must feel to access CAMHS for young people in different situations.

There is no better way for CAMHS to gain feedback, and improve as a service, than from asking young people's opinions, as they are the ones who are accessing the service. I believe this was a very rewarding experience and would be very keen to take part in projects like this in the future." OASIS Young Verifier aged 18

The CAMHS joint assessment review findings will be written and produced within a public report through Healthwatch Barnsley by November 2018. The You're Welcome CAMHS assessment report will be produced by November/December 2018.

CAMHS SPA

Additional to promoting out the Youth MHFA book to young people through delivery of the self-help creative activities, chilypep has also met the following organisations working with young people to hand over copies of the book and some of which have received a Youth MHFA box and resources;

- Recovery College
- MindSpace
- CAMHS
- Barnsley Hospital
- Barnsley Job Centre
- TADS
- Healthwatch
- Luminar
- PHN team
- Children's residential homes through LAC Provider meeting across Yorkshire and Humber
- YMCA
- A range of practitioners working with young people as part of safeguarding week during delivery of the Youth MHFA Lite training.
- Targeted Youth Support
- Luminar
- Barnardo's

The ongoing steps are for all services and organizations working with young people in Barnsley including partners under FIM help promote out the CAMHS SPA poster, upload on to young person friendly platforms and put up in their settings.

Additional to this CHILYPEP and Healthwatch have included questions around CAMHS SPA within the joint CAMHS assessment with the findings evaluating whether or not young people and practitioners are aware of CAMHS SPA and if they are, how they know about this. The findings will be produced in the joint 'You're welcome' and Healthwatch 'Entre and View' joint CAMHS assessment report by October 2018.

Pathway for Looked After Children

Corporate parenting panel have now received the full report in and findings were presented back at the corporate parenting panel on the 23rd July 2018. The

outcomes are as follows;

- *The CAMHS Single Point of Access Team will work with Chilypep to further publish and promote that CAMHS accepts self-referral into the service*
- *CAMHS will ensure the evaluation of the environment is included as part of the pending 'You're Welcome Standards' CAMHS review planned by Chilypep*
- *The CAMHS General Manager will share the 'Voice of the Child ' report with the Head of Service for Children in Care to inform the overall review of the effectiveness of the pathway for Children in Care (CiC) to CAMHS and therapeutic services*

LAC and Care leavers development work

*Chilypep supported one OASIS member to participate in consultation with AVA around the development of training to be delivered to LAC providers and social workers ensuring the voice of LAC is valued and input into the delivery of the training. The meeting also resulted in the OASIS member feeling empowered to support co deliver training with a trainer from AVA on the 25th October 2018. As the young person from OASIS that participated in the consultation supports the Barnsley Care4us council young people's group she will also actively ensure their voices feed into this taking the consultation questions to them and feeding this back to AVA. Chilypep will then work directly with AVA and other LAC from the young women's Recovery and Empowerment partnership project and the LAC - PHB project to create an 'In my shoes' script that will be facilitated by the OASIS member as part of the training with AVA and future training. Feedback from the young person; **"Great meeting today in Sheffield with the AVA project ensuring looked after children and care experienced young people's voices are implemented into the training they're delivering to Children's social care professionals. I look forward to co-delivering with them"**.*

Young People Interviewing Staff

- **11th September** – 2 OASIS young people participated in an interview panel for recruitment of the CAMHS team manager, young people's input was valued and recognised as the candidate that the young people scored highest was hired to the role after a joint discussion between the young people's panel and the adult panel. During the young people's interview pane they identified an equality and diversity concern from responses from one of the interview candidates which they recognised and fed back to the adult panel. This evidences the importance of young people interviewing potential new workers and them being effective in identifying equality and diversity concerns within their young commissioner roles.

Feedback from one of our OASIS members that participated on twitter:



Public Health consultation with OASIS focused on creating an action plan of development work

The group have already given their feedback and helped to create a new feedback form that is younger person friendly for the Public Health Nurses to use with young people they see. OASIS will continue to work with Public Health to look at how they support and engage young people aged 0-19 with a particular focus as to how they can support young people with their mental health in school.

On the **9th August** a staff member from the PHN team brought ideas to the OASIS session around areas of work for consultation with young people to inform their service.

Public Health Nurses and OASIS - Action Plan

OASIS	PHN
Consultation with young people in schools 'what support would young people want from PHN' 'Do PHN change their name?' 'Difference between 'school nurses' (physical first aiders) & public health 0-19'	Change feedback form based on OASIS feedback.
Young people to suggest new names for service	Inform wider team of discussions in the session

Young people need to be informed about the differences between PHN and school nurses	To develop promotional material and bring back to OASIS to review eg. video idea
How to include social media in promoting PHN services	Create a description of the service and what it offers for Barnsley Open Up Directory.
Video development	
Include PHN in Barnsley Open Up Directory	

Youth MHFA Kit

Development of a Mental Health First Aid Kit in Greenacre School during MH week.

Greenacre school tasked every teacher to develop and create their own Youth MHFA kit alongside the young people in their class during MH week. Chilypep/OASIS went to visit the school to see the work being done and a meeting took place on the **10th July** to explore further development of this across primary school settings and settings for young people with special educational needs. The next steps are for Greenacre school to get back in touch with CHILYPEP after the summer holidays to focus on the development of the kit.

Public Health funding for development of Mindspace App

- 21st August- 9 OASIS members attended development meeting /consultation with web designers DESAP and Mindspace and Public Health Barnsley for Department of health funding bid in regards to the MindSpace platform for online counselling and forums for young people in regards to developing an app around this

“I wanted to say thank you for such a productive meeting. The young people were truly remarkable sharing their personal experiences, including how they overcome their own mental health difficulties.” MindSpace

“Just to echo your sentiments, Roger and I were delighted with how well the workshop went yesterday. The young people who attended gave truly invaluable feedback and we are so excited about the huge potential for the app. For the remainder of this week I will be pulling all the feedback together and looking at it with the feedback we also got last week at our other workshop, once analysed I shall report back and prioritise the various functions in order of the ratings and share with the group.” DESAP

Involvement in the Chilypep's Rubic Project

One of our OASIS members Holly was actively seeking additional opportunities as such Chilypep supported the young person to take part in Two kite workshops with Artists at the World renowned Site Art Gallery in Sheffield.

Starting the w/c Monday the 10th culminating in a Kite of Flying event in the peak district on the Saturday. The project itself was an off shoot of Chilypeps' RUBIC (Respect Understanding, Building, Inclusive Communities) project, sponsored by the Paul Hamlyn Foundation.

Holly worked alongside and supported y/p from the New arrivals as well as the happy group. Members of which include un accompanied Asylum seeking/refugee children, and ESOL Young People.

Holly not only threw herself into the countless creative activities facilitated over the three days but also:

- Helped others to design and construct kites.
- Instigated culturally sensitive conversations.
- Explored y/p's core beliefs and values
- Befriended and shared art's practice.



Key Pieces of work from OASIS group:

July

- CAMHS 'You're welcome' focus groups with MH ambassadors from Kirk Balk and Horizon College
- OASIS input to CAMHS QA for 'You're Welcome' assessment and poster design
- Transitions consultations



OASIS Mission statement designed and handed out as another method of promoting OASIS and the #NotJustMe campaign and the value of young people’s participation within FIM Barnsley local area transformation plan. (Please also see PDF attachment – OASIS mission statement). Please also see attachment.

On the **27th September** – Chilypep / OASIS mission statement and work was included in the Barnsley Council AGM film that was showcased as part of their AGM.

August

- **9th August** – Nicola from PHN team attended the second hour of the OASIS session re consultation ideas and development to inform PHN.
- Consultation into Mindspace app development. Also on the **9th August** – Sandra Newman Nurse attended the first hour of the OASIS session re Barnsley Hospital ‘You’re welcome’ development.
- Barnsley Hospital Women’s department ‘You’re welcome’ assessment
- OASIS Group reward ‘fun’ Activity
- Inspiring inner heroes to continue #NotJustMe campaign and postcards ahead of world MH Day 10th October

September

OASIS Thursday Evening Sessions activity overview:

- SYEDA ED training session to OASIS members on the **30th September** – SYEDA attended the OASIS session to deliver ED awareness workshops with young people from OASIS to raise awareness, develop their understanding and knowledge and identify any gaps in delivery of their training to young people.

Feedback from the trainer:

“I really enjoyed the session and I would like to say what a great group they are. I have been thinking about some of their comments, particularly Beth’s concerning Binge Eating Disorder and I think she made some very insightful and relevant observations about the barriers to people accessing services when

there is as yet still some way to go in terms of recognising Binge Eating Disorder and what that means for people asking for help. I will look at the feedback and follow up any issues raised by those attending. I look forward to hearing from you about a possible consultation which I am sure will be very valuable to our service."

- **20th September** – Debbie the Teenage pregnancy Midwife attended OASIS session in further support of 'You're Welcome standards' assessment at Barnsley Hospital
- CAMHS 'You're welcome' assessment
- Suicide prevention campaign work
- Consultation of adolescents services in Barnsley
- Further consultation from the Green Paper to inform trailblazers for MH teams in schools
- CHILYPEP AGM and FIM Stakeholder event presentation/speech practice
- Involvement in national consultation with AVA around the development of DA training to LAC providers and social workers

Total number of sessions in July-September: 12 OASIS Sessions

Average attendance each week: 12 OASIS Members

Topics covered:

- PHN development work
- 'you're welcome' assessment at CAMHS and Barnsley Hospital
- CAMHS team manager interviews
- Suicide Prevention work and inspiring inner heroes campaign under #NotJustMe
- Development of MindSpace app
- SYEDA – ED awareness workshop delivered to OASIS

Active Members: 22, including 5 new members this period (4 others have joined OASIS after being involved in the Peer Mentoring at Barnsley College) and 1 new member through the Care4us council and 1 through word of mouth. 1 OASIS member is currently taking a break from the group and may re-join in the future.

OASIS OUTCOME Stars:

As OASIS members have been very busy over the last 3 months working on strategic opportunities they have requested for the outcome stars to be completed every 6 months instead of every 3 months due to the sessions being taken up with development and strategic work including services and professionals attending these. The next outcome stars will be completed in December 2018. The OASIS members have, however reflected on their involvement over the last 3 months –

see feedback below;

OASIS Reflection feedback:

Things that I've enjoyed over the last 3 months:

- People listening to everyone
- Professionals asking my opinion on certain subjects
- Gender identity campaign and dressing up
- Meeting new people
- The celebration reward activity at wacky world tour

Things I'm planning on doing or achieving for myself over the next 3 months...

Full time employment

Getting my own flat

Start cooking

Support with life skills

Helping others

Good GCSE's

Working toward my career in Mental Health

Over The last 3 months, by working together we are currently making a difference to...

Mental health services in Barnsley and Health services

Barnsley Hospital – making young people feel welcome

CAMHS – assessing against all 7 of the 'You're welcome' standards in partnership with Healthwatch Barnsley

Stigma

Development of the MindSpace app so more young people can get support and develop self-help tools

Suicide prevention

Public Health nursing team, making the service known to young people and best meet their needs

Improving opportunities for young people to socialise and mix with others through OASIS

Outcome 2: Teaching, schools staff and young people's workers will have improved skills, knowledge and confidence to support young people's mental health and emotional well-being, and be more aware of when to make an appropriate referral to the relevant agency

Activity/Outputs/Outcomes

Development Work:

This year we were asked to develop a mixed programme that schools could choose from, so as to make the training more bespoke for each school's needs. As every secondary school in Barnsley has had participants attend mental health training through Chilypep, we are now focusing on training others working with young people outside of educational settings as well as those working in educational settings with this being a focus for delivery over the Summer Holidays. There has been a large, dedicated take up on this offer throughout July-September 2018 reaching those across different young people's settings – the breakdown of other professionals reached can be seen in the full up to date training report from 2016-september 2018 attached.

You Retweeted



Beth Goodliffe #CEP @BethG... · Aug 29

What a fantastic day of Mental Health Training showcasing the importance of early help & support networks for young people. Whilst also showcasing the importance of a YP being adequately listened to & responded to in a non judgemental manner when speaking with someone they trust.



2

3

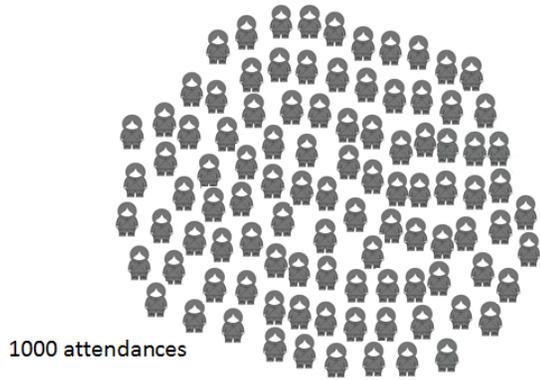
13



The CAMHS SPA Poster has been promoted out during delivery of training from the end of January 2018 and will continue to be promoted out through delivery of ongoing training to teachers and young people.

Overview of MH Training July- September - A full overview report of the MH training delivered in Barnsley from 2016-September 2018 has been produced (see attached). Here is a visual summary of some of the key outcome highlights;

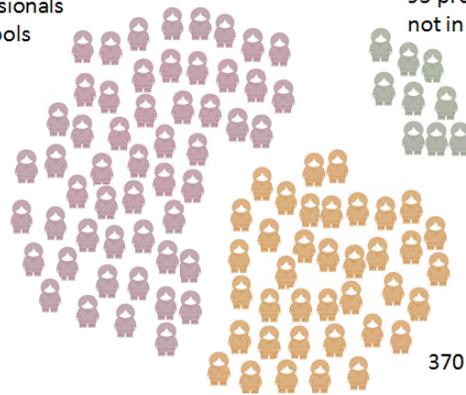
Since 2016 822 people have participated in CHILYPEP's training courses in Barnsley, some of them more than once



The people we have engaged with include...

537 professionals in schools and F.E.

93 professionals not in schools

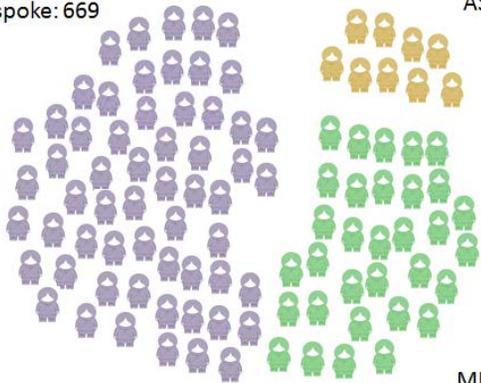


370 young people

We facilitate different types of training

Bespoke: 669

ASIST: 9



MHFA: 322

We have done this with 3 trainers and 4 young people who helped co-deliver



Experience from experts, nice to hear from a young person.

We have recorded positive outcomes: our bespoke training

79% of respondents recorded an increase in their **understanding** around mental health



70% of respondents recorded an increase in their **confidence** talking about mental health



We have recorded positive outcomes: our bespoke training



We have recorded positive outcomes: our MHFA training

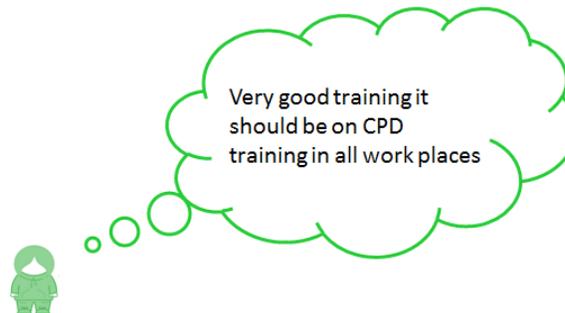
94% of respondents recorded an increase in their **knowledge and understanding** of how to best support young people with a mental health problem



96% of respondents recorded an increase in their **confidence** of how to best support young people with a mental health problem



We have recorded positive outcomes: our MHFA training



We have recorded positive outcomes: our ASIST training

100% of respondents said they were now more likely
to ask directly about suicide, if a person's
words/behaviours suggest the possibility of suicide

100%

100% of respondents said they now **felt more
confident** that they could help

100%

We have recorded positive outcomes: our ASIST training



Really excellent session
where I felt safe and
confident to express my
thoughts and feelings.

Development meetings from MH training

- **30th April** - Chilypep met with CAMHS to discuss the possibility of training the reception staff at CAMHS in the Youth MHFA 2 day course. CAMHS have not yet come back with dates for delivery of this; however CAMHS workers and CAMHS receptionist attended the Youth MHFA lite training as part of safeguarding week on the **11th July 2018**.
- **8th June** - Chilypep met with Barnsley Hospital to discuss the possibility of training nurses in the hospital working on the Children's ward in Youth MHFA. This had since been actioned and Nurses have attended training.
- Chilypep e-mailed Outwood Shafton and Darton re MH training on the **30th July**. Chilypep have now been in effective discussions with Outwood Shafton to set dates for Delivery of the Youth MHFA training with the Youth MHFA Lite set to be delivered on the **23rd November 2018**.
- **9th August** - Chilypep e-mailed Holy Trinity regarding MH training but has still had no response
- **10th July 2**– Chilypep attended the SEMH Meeting at Greenacre School to discuss the development of a youth MHFA kit for primary schools and young people with special educational needs and offer of the Youth MHFA training to teachers.
- **18th July** – Chilypep met LAC to discuss the MHFA kit across residential homes for Children and delivery of the Youth MHFA training. Next steps to attend LAC meeting at town hall on the 6th August
- **6th August** – Chilypep attended the LAC residential providers meeting to discuss the possibility of having a Youth MHFA kit in their settings and opportunity

to deliver the Youth MHFA training to professionals working in residential home settings. A staff member from Chapel House Care e-mailed after the meeting ***"I found your talk very useful and informative, please could you forward any tools that could be implemented while the training is available"***. The next steps are for delivery of the Youth MHFA Lite to be offered to all children's residential providers to be open for them to book directly on through Chilypep on the 12th September at Barnsley Town Hall. Two Children's residential homes have received a Youth MHFA Kit and book.

- **8th August** – Chilypep attended a meeting with Luminar at Staincross Methodist Church to discuss MH training. A date for the Youth MHFA training was set for the 24th September.
- **14th August** – Chilypep attended meeting with SYEDA to discuss training delivery to secondary schools around MH and Eating Disorders and an informal training session around food and mood to be delivered to young people from OASIS.
- **17th September** – Chilypep attended a meeting with Newsome Avenue residential home to discuss MH training during their team meeting. A date for delivery of the 2 day Youth MHFA training is set for the 19th October and the 16th November.

Training delivered

July

- **11th July** – Chilypep delivered the Youth MHFA Lite training at the Town Hall as part of safeguarding week to 18 participants; all received a Youth MHFA Kit book. From this Chilypep was contacted by a member of staff that participated in the Youth MHFA Lite from Targeted Youth Support with a request for delivery of the Youth MHFA Lite training to the whole team of targeted youth support workers across Barnsley. **Next steps** - Chilypep followed this up through phone contact and set a date for delivery of the Youth MHFA lite training as part of Targeted Youth supports annual training and planning meeting on the 4th September. Chilypep was also contacted by Barnardos after delivery of this training ***"Hi, I run the Young Carers group at Barnardo's in Barnsley. I recently attended training delivered by Chantelle Parke at Barnsley Town Hall. It was excellent and provided me with information and ideas that will help me in my role. I spoke to Chantelle briefly at the end and we discussed her possibly visiting my Young Carers Council group to talk to them about their mental health. These children tend to be older, all secondary aged and I see them once a month. I think it would benefit them all to have some support and knowledge around their mental health. I wondered if it would be possible to talk to someone about arranging this"***. **Next steps** - This was followed up over phone contact and a date has been set for delivery of the Youth MHFA Lite and creative well-being activities for Young Carers accessing the Barnardo's service on the 29th October 2018. Delivery of the Youth MHFA Lite and creative Youth MHFA Kit activities is also ensuring another vulnerable group of young people have the awareness and skills to equip them in their caring role around mental health and awareness of self-help and creative wellbeing activities to support their own mental health.

August

- **29th August and 30th September**– 2 day Youth MHFA delivered to the staff and volunteers from the YMCA and 3 young people

September

- **4th September** – Youth MHFA Lite Delivered to staff from Targeted Youth Support
- **12th September** – Youth MHFA lite training delivered to LAC residential homes.
- **24th September** – Youth MHFA Lite delivered to Luminar staff/volunteers and Barnsley Hospital staff.

Future Training dates set for delivery

- **19th October and 16th November** – Youth MHFA Lite to be delivered to LAC residential homes
- **1st and 2nd November** -2 day Youth MHFA course to be delivered to LAC residential homes and Barnsley Hospital staff
- **7th November** - Youth MHFA lite to be delivered to Barnsley college Peer mentors
- **9th November** – Youth MHFA lite to be delivered to LAC residential homes
- **21st November** – Youth MHFA lite to be delivered to Hoyland common Primary school
- **23rd November** – Youth MHFA lite to be delivered to Outwood Shafton
- **10th December and 14th December** – 2 DAY Youth MHFA course to Hoyland Common Primary school.

Overview of training from July to September 2018

Total number of training sessions delivered to professionals and young people/students: 8

Total Number of Participants (professionals): 101

Total Number of Participants (young people/students): 8

Total number of MHFA training sessions delivered: 5

Total number of bespoke MH training sessions delivered: 3

Outcome 3: Young people will have greater resilience and coping skills, helping them deal more effectively with the difficulties they face during key developmental transitions, by receiving emotional wellbeing support.

Activity/Outcomes/ Impact

Barnsley College Peer Mentors

NCVO Assessment

Chilypep have been awarded **APPROVED PROVIDER STATUS from NCVO** for our Peer Mentoring Project at Barnsley College, after completion of the recommendations made following the assessment in March. The accreditation lasts until June 2021.



Number of Wellbeing sessions ran by Peer Mentors this quarter: None, the mentors that have already been trained have been off college and only came back in September.

Students broke up from college at the end of June, a 'Mentor Social' was ran at Barnsley College Old Mill Lane site, this brought together students who had been mentors in the previous year, students that had just been trained and new mentors. These gave them an opportunity to get to know Olivia more due to Emma leaving on maternity, meet students from other sites, and start to think about the different ways in which mentors can support other students.

Emma left for maternity in the middle of August and Olivia took over this role at the start of September.

Since September, the trained sixth form mentors have met 4 times which has involved:

- Planning for what kind of wellbeing sessions they would like to run and what they would need to do to make this happen
- Designing posters to promote the mentor programme that will be displayed around sixth form
- Planning a presentation to deliver to the AS students
- Designing a questionnaire to gather feedback from other students (including feedback on activity ideas and how they can help)

It is world mental health day on the Wednesday 10th October, the mentors will be running wellbeing activities in GAINspace but have also decided this is the ideal week to launch the GAINspace activities

At Old Mill lane, there have been 4 'Wellbeing Wednesdays' ran by staff, we have engaged with 15 students (some returning on numerous weeks), to engage with

more students staff are arranging to go into tutorials at Old Mill to promote the mentor programme and wellbeing Wednesdays.

Mentee Progress and Feedback – Star outcomes:

Outcome stars have not been completed yet. This is due multiple factors such as, students only started back in September meaning they have had other priorities and not been able to attend all the sessions; the assistant project worker has not yet received her badge from Barnsley college, she needs a staff badge to walk around independently, meaning sessions haven't been at a consistent time due to having to facilitate at both colleges;

Events Attended



Welcome event at Old Mill lane (Spoke to 33 young people and 5 Adults)

Had a stall to promote the peer mentor programme (recruiting students as mentors and raising awareness of what the trained mentors can already support with).

Also, got feedback from students on 'what is stressful about coming to college' and 'what is good about coming to college' which will be used in the peer mentor training and for transitions work.

Welcome event at Barnsley college (Spoke to about 25 young people)

Had a stall to promote the peer mentor programme (recruiting students as mentors and raising awareness of what the trained mentors can already support with).

Feedback gained from students on what they think of the activities the mentors want to put on in GAINspace

Tutorials & Training for Young People

Training Sessions & tutorials delivered to young people / students –

Presented in 6 AS theatre tutorials at the sixth form college, speaking to around 420 students

The presentation was about Chilypep; peer mentoring (what support they can offer and how to get involved); GAINspace and the activities the mentors will be doing; OASIS and other aspects of Chilypep they can be involved with.

For future: want to repeat presentations at Old Mill Lane as this was a good way of recruiting new mentors, some tutorials booked in for November around men's mental health.

Peer Mentor Training:

The next cohort of peer mentor training will be held in October half term. Currently, 22 students have expressed interest in taking part in this (12 from the Sixth Form site 10 from Old Mill Lane site).

Posters have been designed by young people and developed by Volta creative and are on display around Barnsley college to promote the peer mentor training

WELLBEING WEDNESDAYS @ BARNSELY COLLEGE
Catch us at your Students Union at 12.30pm - 2.30pm
Get involved with feel good activities and make your own stress balls, glitter jars, bath bombs, and more!

WANT TO BE MORE INVOLVED?
Become a peer mentor!
• Support students at wellbeing Wednesdays and around college
• Gain new skills and learn more about mental health
• Give students someone to talk to about mental health
• Run fun activities to support emotional wellbeing
• Make friends and have fun!

THE TRAINING WILL TAKE PLACE OVER OCTOBER HALF TERM
For more details or to sign up for the training contact:
Claire Harvey on
07415 878967
or info@chilypep.org.uk

CHANGING, HELPING AND INFLUENCING LIVES

Transitions

Partnership work with Mindspace is progressing in order to train a group of students from two Secondary schools as 'Young MH Ambassadors'. Chilypep have supported this so far with the delivery of the Youth Lite Mental Health First Aid Training, consultation around transition and involving the young people's views and input into the CAMHS 'You're Welcome' assessment through OASIS members facilitating informal interviews with the MH Ambassadors. The aim is by working

together we will be able to better support students with the transition between Secondary School and Higher Education.

A meeting took place between CHILYPEP and MINDSPACE to introduce the new Chilypep worker that will be working to support the MH Ambassadors and transition development from secondary school to college with a lead worker from MINDSPACE.

OASIS have been consulted around transitions through transition Jenga OASIS also helped facilitate consultation around transitions to the MH Ambassadors at Kirk Balk Academy and Horizon College – This consultation will be carried out with more young people and a report based on the findings will be written by Feb 2019.

BRV - Boys work

BRV Programme. Belonging Resilience Vocabulary. The BRV Project, (Belonging, Resilience, and Vocabulary) aims to improve emotional literacy within boys and obtain with them a better understanding of themselves, whilst improving their educational outcomes. Through it they can learn the tools and techniques to recognise, communicate and manage their emotions, and realise their agency to become active, empowered students/citizens.

The BRV programme enables boys / young men to learn to like themselves and respect others.

To become emotionally literate, growing in confidence and self-esteem, whilst exploring authentic- self, culture and contemporary masculinity and hope, in order to reframe what it is to be a young male in 21st century Britain.

Horizon College

Since the beginning of January 2018 we have worked with two cohorts of boys, from year 9 and year 10 on the BRV programme. Totaling 24 boys, the sessions have been supported by the school wellbeing team and finished in June 2018. As the school summer holidays began in July and finished in September most of the BRV work during this period focused on development prep and planning of the next programme of work beginning in August 2018.

July –September 2018

Agreement made with Horizon college to run BRV for three cohorts of Targeted boys who struggle with their emotions/behaviours. This includes Yr. 8 Yr. 9 Yr. 11 boys. The BRV impacts will now be working collaboratively with the boy's individual behavioural and wellbeing plans. (Sara Dickenson). We expect up to 30 boys to take part all targeted by year heads. Agreement made for Chilypep BRV lead to pick up specialist one to ones within the school setting. Start date Tuesday 25/09/18

Development meetings;

- Meeting with Nicola Thompson Dewey, (Head of Department access to learning Barnsley college).Agreement for BRV project ASAP to work with some 8-12 boys with high Threshold issues , in terms of growing resilience and hope, addressing safe guarding concerns and inappropriate behaviours. Start date (TBC,) Thursday 27/09/18.
- Meeting arranged 1st of October to scope out “possibilities” of working alongside DR Ryan Dias (Leadership fellow in physical and mental health quality improvement), School of Psychiatry Humber and Yorkshire. Targeting boys from Barnsley Football Club. BRV lead on Emotional Wellbeing/ literacy. Ongoing email exchange.

Owain Miller Is now volunteering with BRV. Background Education and Psychology. He will be delivering sessions with MH and undergo training.

Some 45 boys in total inclusive of One to ones.

Compassion Conference

On the 11th September Chilypep's BRUV lead attended and presented at the empathy, culture and compassion Conference, promoting the BRV project and good practice work in Barnsley.

Feedback received from the presentation on the day;

“I just wanted to thank you for your contribution of running your workshop at the SHSC Compassion Conference on Tuesday, you were very well received and I've had a lot of great feedback, you were truly inspirational for a lot of attendees on the day. I know you've had great feedback on social media too. I just wanted to personally thank you and wish you every success on your continued career and I'll watch out for your future stellar success”. Dianne Crookes,
Organisation Development Programmes Manager

Outcome 4: Develop and deliver an awareness raising, anti-stigma, and information campaign to promote positive mental health, reduce stigma, and signpost young people to available services and support

Activity/Outcomes/ Impact

Directory

- Work is ongoing to develop a young people friendly directory of services to go onto the MindSpace and Chilypep websites. We had initially planned for this piece of work to be completed by April 2018, we are now aware we will go over this deadline. This is due to a change in staffing structure and a delay from services responded with up to date information. We now aim to have this completed by October/November 2018.

Development of OASIS young people's campaign under #NotJustMe Inspiring your inner hero

- **2nd August** – OASIS campaign session 'Inspiring your inner hero'. After the session an OASIS member messaged to say *"I'd just like to say, I liked the idea of being able to dress up and inspire my inner hero, it was great fun"*. OASIS Member aged 15.



Campaign Post Card developed for OASIS Inspiring your inner hero campaigns #NotJustMe

Chilypep are shining a spotlight on the amazing campaigns the OASIS group members have come up with. Check out the campaign postcards created using the groups ideas and input to raise awareness and challenge stigma around the issues that matter most to them.

Gender identity and equality, suicide prevention and building self-esteem, confidence and celebrating individuality are the themes of the campaigns, using the postcards as a visual prompt to get people talking and making positive change!

OASIS Inspire your inner hero

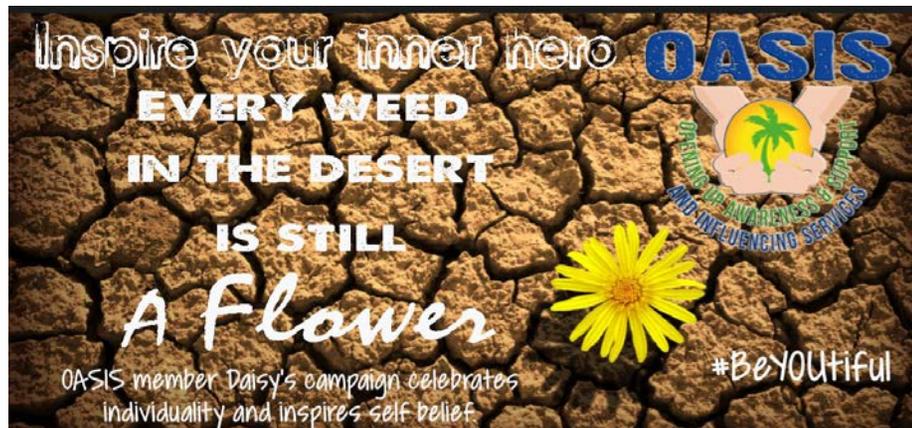
Accomplish your goals in your own time
Thrive with passion and integrity
your experiences build your resilience & strength
#InYourOwnTime

OASIS group member Chloe's #InYourOwnTime Campaign aims to eliminate pressure on young people to succeed and boost their self esteem.

Chloe, OASIS Group Member & Young Commissioner

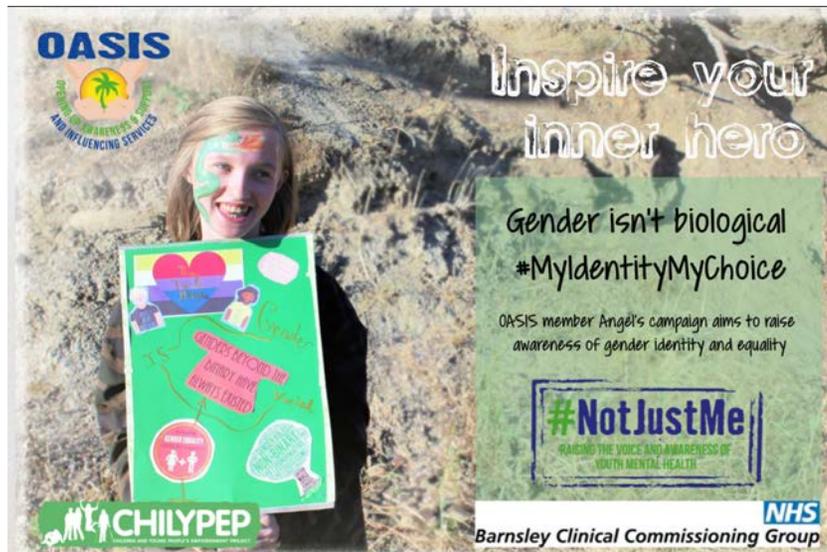
#NotJustMe **CHILYPEP** **NHS**
Barnsley Clinical Commissioning Group

Young people can feel under a lot of pressure to accomplish certain goals by a certain age. OASIS member Chloe's wants to inspire others to take their time and prioritise emotional well-being **#InYourOwnTime**



NHS
Barnsley Clinical Commissioning Group

OASIS Group member Daisy wants to raise awareness amongst young people to celebrate individuality and self-belief [#BeYoutiful](#)



OASIS group member Angel is passionate about ending gender discrimination and educating others about gender identity [#MyIdentityMyChoice](#)

Suicide Prevention

World Suicide Awareness day 10th September 2018

OASIS group encourage men to speak out this World Suicide Prevention Day

- **6th September** – 10 OASIS members participated in a campaign for World Suicide Day on the 10th September in which they developed a voice over anti stigma clip to support the prevention of this.

This World Suicide Prevention Day Chilypep's Barnsley-based OASIS group came together to spotlight the stigma surrounding young men and boys' mental health and encourage them to talk about their feelings. Suicide is the leading cause of death for men under the age of 50 and the OASIS group want to help those feeling desperate to reach out and ask for help. To add their voices to the #AlrightPal campaign supported by Barnsley Council, the OASIS group created the following video clip to demonstrate the different ways people react to men opening up. The first scenario in which a young man admits to a friend that he is feeling low shows a series of negative, stigmatising responses such as 'man up,' 'get over it,' 'you're bringing everyone down.' The second scenario offers more supportive, encouraging responses.

Click the link below to listen to the audio clip.

<http://www.chilypep.org.uk/news/>



Inspire your inner hero

Let's talk!

In a world of 7.5 billion people there will always be someone willing to listen so let's #Talk

OASIS members Ben, Georgie, Davina and Caitlin campaign aims to encourage people to talk and open up about mental health.

CHILYPEP
Child and Adolescent Mental Health Services

#NotJustMe
ENDING THE SILENCE AND STIGMA OF YOUTH MENTAL HEALTH

NHS
Barnsley Clinical Commissioning Group

OASIS
OFFICE OF ADULTS' SUPPORT AND INTERVENING SERVICES

Ben, Georgie, Davina and Caitlin from our Barnsley-based OASIS group want people to know that it's okay to open up and share how you're feeling this [#Letstalk](#) [#AlrightPal](#)

Youth MHFA kit

Youth MHFA Kit, providing creative self-help wellbeing sessions to young people and teachers. Workshops identified to take place with young people starting in May Mental health week. National influence of the Youth MHFA Kit has begun with elements of this built in to bespoke training set to be delivered at Wakefield College in June. The Youth MHFA Kit has also been sent into the NHS 70 year's good practice online marketplace and a poster designed for this. A postcard to promote the Youth MHFA Kit, manifesto and resources was designed in May 2018 with 200 of these printed and will be promoted out during stalls, events as well as on social media.

The new updated Youth MHFA book has been printed and available for download from the 24th April 2018. . CHILYPEP had **500** copies of the Youth MHFA book printed and began handing out to young people in a multitude of young people's settings. The process began throughout May 2018 Mental Health week in the areas chilypep delivered workshops and activities from the Youth MHFA kit. All 500 printed copies of the Youth MHFA book have now been handed out and will be continued to be promoted throughout delivery of training to professionals and working with young people

Development of a Mental Health First Aid Kit at Greenacre school.

Each class were asked to develop their own mental health first aid kits for use within the classroom setting. All 17 classes across Greenacre School including satellite provision, were asked to develop a kit. Classes were asked that objects/ activities be placed in the boxes that could be used to support the mental health and well-being of each child and young person across all programme areas throughout School. This included pupils in free flow (reception) classes through to College students.

All staff were asked that the boxes stay in each classroom and that this is an ongoing resource available for use, as and when needed by pupils to support their mental Health and wellbeing.

Examples of objects in the boxes were such as bubbles, sensory objects, lavender fragranced products, feelings cards, magic sand, stress balls, feathers, music CD's etc. (We can provide photographic evidence of the contents of each box if needed). Staff are encouraged to add items to the boxes.

- **10th July 2018** – Chilypep attended the SEMH Meeting at Greenacre School to discuss the further development of a youth MHFA kit for primary schools and young people with special educational needs and offer of the Youth MHFA training to teachers.

Manifesto

The OASIS 'Our Voice Matters' Manifesto has been reprinted at 200 copies and has been distributed alongside the Youth MHFA book.

The OASIS Mission statement has been designed and 200 a5 poster prints printed (see attachment)

MindSpace Report

July 2018

Work carried out by the Emotional Health Support Worker

Since April 2018 **242** young people have accessed group sessions with the Emotional Health Support Worker across the 10 secondary schools. January 2018 to April 2018 saw almost an even split of **94** males and **93** females. From April 2019 to July 2018 we have seen an upward trajectory relating to girls, **159** females and **83** males.

The first table indicates the numbers from **April 2018** to **July 2018**, the table below is **January 2018** to **April 2018**

<i>Group Focus</i>	<i>Male</i>	<i>Female</i>
<i>Actions and Consequences</i>	13	4
<i>Self-esteem</i>	12	49
<i>Anxiety</i>	7	5
<i>Bereavement</i>	6	6
<i>Exam Stress</i>	5	12
<i>Social Anxiety</i>	4	12
<i>Relationships</i>	0	26
<i>Safe Social Media</i>	14	10
<i>Stress</i>	1	2
<i>Transition</i>	5	8
<i>Social Skills</i>	15	3
<i>Friendships</i>	0	5
<i>Self-harm</i>	0	3
<i>Anger</i>	1	14

<i>Topic</i>	<i>Male</i>	<i>Female</i>
<i>Transition</i>	35	27
<i>Self-esteem</i>	15	7
<i>Anger</i>	8	4
<i>Stress</i>	5	8
<i>Anxiety & Low Mood</i>	1	2
<i>Anxiety</i>	1	13
<i>Exam Stress</i>	13	18
<i>Self-harm</i>		3
<i>Bereavement & loss</i>	3	2
<i>Risk & consequences</i>	10	2
<i>Managing Emotions</i>	3	
<i>Safe relationships</i>		7

After discussion and analysis of year group data the MindSpace team feel the increase in girls accessing the group sessions particularly for self-esteem, social anxiety including relationships and

anger are contributory factors of exam stress and mock exam stress, some schools start GCSEs from year 9, some schools in Barnsley have a graduation process for each year group, young people are under pressure to graduate with specific criteria for example from year 7 into year 8 and so on.....

One school has a banner in reception as the pupils walk in it is a reminder to the year 10 pupils of the date the year 11 exams start.

ASD training for Parents

42 parents have attended the training since October 2017. We are looking at different ways to offer the training due to what we feel is low attendance. From conversations with CAMHS staff it seems they will be offering an ASD parent group. We will work with them ensuring we don't duplicate the offer.

MindSpace website

7 out of the 10 secondary schools have uploaded the MindSpace logo onto the pupil portal, every time a young person logs in the MindSpace logo is there providing self-help strategies and support for young people and parents.

In partnership with Barnsley CCG, Barnsley Local Authority Public Health and Chilypep collectively we have been fortunate to win £228,000 from Beyond Places of Safety to fund an app, extensions to the MindSpace website and access to digital counselling services for young people from the age of 11 to 25. This is an extremely exciting project for all partners. An initial meeting has taken place, a further meeting is arranged for Tuesday 21st August with all partners including young people from the Oasis group and the MindSpace Youth Mental health Ambassadors.

Young People accessing the MindSpace service

From September 2017 to July 2018

412 young people have accessed the 1:1 interventions, **236** females, **184** males.

There are **15** young people pending. The schools with the highest number of referrals are Outwood Shafton, Kirk Balk and Darton College.

Number of vulnerable groups who access MindSpace since September 2017.

LAC - **8**

Education, Health and Care plan - **10**

Young people who are part of a family when an **Early Help Assessment** is in place – **18**

Child in Need – **4**

Children on the SEN register – **24**

Child Protection Plans - **3**

Parents accessing MindSpace

We have seen an increase in referrals for the parent service. To date we worked with over **135** parents offering counselling and self-help strategies to support their own mental health difficulties. Parents are referring themselves, there has also been an increase in social care referrals for parents and young people. We have been made aware the Safeguarding Children's board in Barnsley are now asking the social workers if they have referred young people and parents to the MindSpace service as a supportive measure for the family and children on Child Protection Plans.

I had a conversation with Michael Hill who works for the Young People's Substance Misuse Service, I worked with Michael for over 5 years when I managed the 10 pupil referral units across Barnsley, his clientele was also mine. Michael was extremely complimentary of MindSpace and said we were doing an amazing job and our reputation in Barnsley precedes us.

Summer break

The workshop sessions summer 2017 were not well received, after discussion with the young people accessing MindSpace some requested they continue their 1:1 sessions during the summer break away from the school environment. They will attend the Digital Media centre where we have rooms and appropriate open space for them to have access to their practitioner.

Single Point of Access during the summer break will be attended weekly, any young people referred from CAMHS to MindSpace will be contacted and offered a consultation during the summer rather than waiting until September when they are back at school.

We will monitor and record attendance.

MindSpace newsletter

We have received over a 100 requests to receive the MindSpace newsletter, our first will be published towards the end of August and distributed to our mailing list, schools and partners.

Penguin Books

MindSpace have been approached by Penguin Books, they love the brand and would like to write a book for children, age appropriate, to support mental health difficulties. This is in the early stages, I am waiting for more information from Penguin. We have received 4 books from them as examples of the work they have previously produced, which is all for adults, they have seen a copy of the MindSpace Mood Diary which they love.

Visits to MindSpace

03.07.18 the MindSpace team had a visit from Health Education England, Rebecca Burgess-Dawson National Clinical lead (Mental Health) and Lynne Hall National Mental Health & Learning Disability Programme Manager. They met two parents including two young people who have accessed the

service, they visited a secondary school, spoke with school staff privately about MindSpace and how it works for them in their school, including a telephone conversation with an outside agency (Family Intervention Service) to talk about how they work with MindSpace.

In their words they were blown with the MindSpace service also by the complexity of the families and young people we work with. I asked Rebecca to look at our referral form as we have received some resistance from schools regarding the amount of information we require, Rebecca makes reference to this below....

This was the feedback they emailed.

Your staff are an absolute credit to the service, as are the children and families you work with a credit to themselves and their communities.

I was worried when you said that your referral form was comprehensive and inclusive that I might view it as a potential referrer and think it was cumbersome.

Absolutely not, I think this is in no way excessive in the amount of information it requests!

Further feedback the next day from Rebecca Burgess-Dawson

This information below is a summary of what Rebecca emailed to the rest of her team after the visit to MindSpace.

Summary

To make sure these new teams have workers in them with the right skills qualities and abilities, we thought it was important to visit good quality teams that work well and find out what some of the ingredients are that make them a success.

One of these teams is [MindSpace](#) in Barnsley and another is in Camden, London. Today's visit was to Barnsley.

I was able to glean a variety of thoughts, experiences and top tips that I'll be discussing these in detail more with Elaine, Dominique and Neil in our team as they're on the Children and Young People's Green Paper agenda for HEE too.

Caroline Prudames CYP Mental Health Team Leader SEND & Disadvantage Group for the Department for Education also came to visit MindSpace Thursday 12th July. Caroline held her first meeting for the Designated Senior Mental health Leads from the Green Paper at the Digital media Centre, 30 delegates arrived from as far as London. I have supported Caroline organising the day, I am also part of the working group for the DSMH Leads.

This is Caroline's feedback.

Hi Michelle, I just wanted to say a MASSIVE thankyou again to you and all your lovely team for hosting us today and facilitating what I thought was a really productive session. I really owe you one and hope I can repay the favour at some point. Thanks also for being so welcoming and talking to me so openly about the work you're doing with MindSpace, which is just so striking in terms of how well it is working and how much your staff seem engaged with what you're doing. I found it really inspiring to speak to them.

Trailblazer Programme for the Green Paper Mental Health Support Teams

I have been part of the working group developing the curriculum for the Mental Health Support teams who will be trained to work in schools under the new Trailblazer programme starting October/November 2018.

The working group consists of Peter Fonaghy as chair from UCL, HEE, NHS England, DfE, DfHSC representative from ASCL headteachers union, Association of Colleges and the universities delivering the qualification once developed.

The curriculum is now finalised, we await the application process for the Trailblazers, I have suggested Barnsley be part of the Trailblazers and the CCG are also keen for this to happen.

In It Together

A Social Emotional Mental Health Competency Framework for Staff Working in Education

Early Years – Version 2.0

October 2018

Name:

Date:

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Introduction

In 2015 the Department of Health and NHS England published [Future in Mind](#): promoting, protecting and improving our children and young people's mental health and wellbeing. This strategy outlined a national ambition to dramatically improve children and young people's social emotional mental health by 2020. It urges whole systems to work together and identifies the opportunity that education settings provide for achieving this ambition, including the recommendation that those who work with children and young people are trained in child development and mental health, understand what can be done to provide help and support for those in need and develop a whole setting approach to promoting mental health and wellbeing. This framework is designed to support this recommendation become a reality.



We want children to get the best out of their years in education and achieve their academic potential, growing into emotionally strong and resilient adults.

Implementation of Future in Mind is at the forefront of what the Children and Young People's Clinical Network seek to support. Young people told us that they would like to know, and have the confidence, that staff in their setting are properly trained in emotional wellbeing and mental health.

As the idea of the competency framework started to take shape, we heard more and more of the willingness of the early years settings to develop their workforce, not just because it contributes to their Ofsted rating, but because supporting emotional wellbeing and mental health can improve attainment and a skilled, confident workforce can be a less stressed workforce. Working with children with social emotional mental health problems is inevitable, so why not ensure they receive evidence based support from a skilled workforce.

Scope of the Framework

Mental health should be everybody's business; therefore In It Together; A Social Emotional Mental Health Competency Framework for Staff Working in Education is aimed at all staff, from gardeners to governors, business managers to teachers by outlining role appropriate levels of skill, knowledge and training. It aims to encourage all staff within the setting to work together to support their pupils and each other, knowing their limitations and how to escalate concerns.

Furthermore, this framework aims to complement but not duplicate existing practice, for example, around safeguarding or special education needs and national guidance such as Public Health England's [Whole School and College Approach](#) and the joint publication by the Department for Education and Department of Health; [Transforming Children and Young People's Mental Health Provision: a Green Paper](#).

The framework has separate competencies for those working in early years, primary schools, secondary schools and colleges, with clear enhancements included where necessary for special schools. This framework is intended for early years settings.

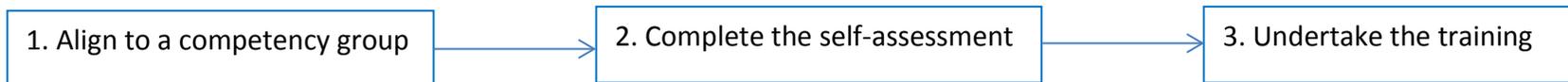
The framework is a *workforce development tool* yet it is not intended to overburden staff or turn teachers into therapists. Nor is it a mental health strategy development tool or PSHE curriculum tool. As the framework was developed a number of useful documents and resources for settings came to light and whilst they were not directly to be included in the framework we didn't want to lose them so they are included as an [appendix](#).

How to Use the Framework

The framework itself is comprised of four components:

- Groups of competencies: core, enhanced and targeted
- Suggestions of staff roles for whom each group of competencies is most likely to be relevant
- A self-assessment tool
- Suggested training options to gain the needed skills and knowledge

Implementing the framework follows three overarching steps for members of staff:



Competency Groups

Members of staff will align with one of three groups of competencies:

1. Core competencies: these are intended for *everyone* within the setting, irrespective of their role to have as a minimum. They focus on being aware of mental health and contributing to a supportive culture. For some staff within the setting these core competencies will be all that they need to have. Anything that is in the core level which needs to be duplicated in other levels has been included in them.
2. Enhanced competencies: these are intended for members of staff who have more interaction with children and their role allows them increased opportunity, and responsibility, to make adjustments in their practice and/or environment. These competencies incorporate and build upon the core competencies by focussing more on specific mental health issues, how resilience can be developed, vulnerable groups and having enhanced communication skills.
3. Targeted competencies: these are intended for members of staff who need a greater depth of knowledge of how to support individual pupils with particular mental health or emotional wellbeing difficulties, such as pastoral staff, safeguarding leads or mental health champions. They may also advise and support other members of staff within the setting on social emotional mental health support. These targeted competencies incorporate and build upon the core level and some elements of the enhanced group.

All categories include knowing how to escalate concerns. Many competencies are broken down into outcomes which provide further detail on what knowledge and skill are required.

Staff Groups

The table at the end of this section is a guide to help settings determine which members of staff require which level of competency. It is stressed that these are flexible and are only there as a guide. Settings may wish to develop particular roles and following discussion between relevant parties it may be, for example, that a member of staff aligned to the core competencies may also require one or two skills from the enhanced level. The key message is that settings should use the framework in a way that meets their unique need; it is not intended to be rigid or prescriptive.

Self-Assessment Tool

Having determined which group of competencies are relevant to an individual's role, they are to complete the self-assessment tool. This will highlight gaps in knowledge or skill and subsequently where resources are to be directed to enable the member of staff to achieve the full range of abilities they require.

Suggested Training Options

Having undertaken the self-assessment and identified areas for development this framework maps competencies against suggested training options. The competencies are numbered and training options are provided against each number. A range of training options are often provided and in some cases more than one option should be undertaken to fulfil the competency (such as MindEd modules). Suggestions have also been made for when special schools may require additional training or if a setting has a high prevalence of Looked After Children. The training options are only suggestions and a setting may wish to use other providers, but care should be taken to ensure they have a solid evidence base and meet the competency. Local CAMHS or respected voluntary organisations may offer some excellent training opportunities.

Particularly for the enhanced and targeted levels a coordinated approach to training would ensure the best use of valuable resources and time, such as when face-to-face or group training is required. In some cases undertaking a brief MindEd session or some overview reading initially would be beneficial whilst group training is coordinated. Settings may also wish to consider "buddying-up" with other settings when purchasing training which will share the cost. A coordinated approach will help settings identify themes for staff development and opportunities for individuals to share their learning or existing expertise with colleagues.

The training suggestions come in a range of formats from e-learning, face-to-face, webpages to factsheets. We appreciate that individuals have different learning style preferences, but the options given focus on providing the correct content to meet the competency.

Finally, as mental health can be a very emotive topic members of staff should be aware of their own emotional wellbeing needs and circumstances and be supported through the process. Support may also need to be given to ensure access to online training.

Core	Enhanced	Targetted
Catering staff	Early years teachers	Level 3 practitioners
Hygiene assistant	Child minder	Level 2 practitioners
Cleaner/caretaker/facilities	Family support workers	Teaching assistant
Administrative staff		Nursery nurse

Table of suggested staff per level of competency.

These levels are suggestions and settings should take into account if they are single handed childminders or part of a larger organisation. To find the appropriate level for your role consider the amount and degree of interaction you have with young children and your designated responsibilities. Single handed childminders may wish to focus on the enhanced level but also select any from the targeted level as appropriate.

- Core competencies cover a basic awareness of mental health and emotional wellbeing.
- Enhanced competencies start to cover signs and symptoms and strategies for supporting young children.
- Targeted competencies also cover signs and symptoms and strategies for support plus working with external organisations when necessary.

These levels are NOT incremental. Anything that is in the core level which needs to be duplicated in other levels has been included in them.

Competencies & Self-Assessment Tool – In It Together: Early Years Core Competencies

Competency	Outcomes		Yes	No	Partial	My Notes
I have an awareness of the key milestones for child development, with a focus on early childhood.	C1	I understand the key physical, social, emotional, cognitive and language milestones for young children.				
	C2	I have a basic understanding of general learning difficulties plus Special Educational Needs (SEN), including behavioural disorders such as ADHD and Autism. I recognise that development and behaviour may be different for these children and behaviour may be a form of communication. I appreciate that the level of emotional development may vary between children of the same chronological age.				
I have a basic awareness of what social emotional mental health is, including the importance of prevention and early intervention and can recognise changes in behaviour.	C3	I understand the concept of mental health, mental wellbeing and mental ill-health.				
	C4	I can recognise changes in behaviour and warning signs that something may be wrong and do not ignore these.				
	C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.				
I can communicate effectively with children relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and to calm a distressed child. I know how to escalate concerns regarding a child's social emotional mental health.	C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a child, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a child's preferences, opinions and wishes.				
	C7	I can adapt my communication style to be able to converse with an autistic child.				
	C8	I can adapt my communication style to be able to be able to converse with a child who has a learning disability.				
	C9	I am aware of the setting's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's social emotional mental health.				
	C10	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites.				

I am aware of my setting's strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	C11	Policies may include: <ul style="list-style-type: none"> • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) 				
I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	C12	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.				
	C13	If I have an existing mental health condition I know how to care for this and access services if necessary.				
I have the ability to effectively promote an open and honest culture within the whole setting around social emotional mental health.	C14	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.				
	C15	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.				
	C16	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.				

Having completed your self-assessment please click [here](#) to go to the training directory.

Competencies & Self-Assessment Tool – In It Together: Early Years Enhanced Competencies

Competency	Outcomes		Yes	No	Partial	My Notes
I have a clear understanding of child development, including Special Educational Needs (SEN) and protective factors for emotional wellbeing, and can use this understanding to underpin behaviour and interactions with children.	E1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.				
	E2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children who have these.				
Prevention: I am aware of the importance of resilience and can work to support and develop this within remit of my role.	E3	I have a solid understanding of resilience, the role it plays and how it can be developed within an education setting.				
	E4	I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am aware of the impact that loss, trauma, bereavement, separation & transition can have on a child.				
Prevention: I am aware of vulnerable groups, their risk factors to social emotional mental health and can adapt my ways of working to support these children.	E5	<p>I am aware of factors that can contribute to a child being vulnerable to developing social emotional mental health difficulties.</p> <p>I understand the links with Safeguarding responsibilities and ways of working.</p> <p>I show respect and understanding of the child’s situation and subsequent emotional wellbeing needs.</p>				
Early Intervention: I am able to recognise the signs and symptoms of common social emotional mental health conditions and can adapt my ways of working to support these. I am <u>not</u> expected to diagnose or treat	E6	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites. (Note: Sign posting is an early intervention. This can include websites or leaflets. RCPSYCH factsheets include early intervention strategies.)				

<p>mental health problems but I know when and how to escalate concerns and seek additional help.</p>	E7	I am aware of the setting's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's social emotional mental health.				
	E8	I understand the concept of mental health, mental wellbeing and mental ill-health.				
	E9	<u>Anxiety</u> : I understand what anxiety is, can identify signs and symptoms, understand why anxiety may develop and can implement basic strategies for working with children with anxiety.				
	E10	<u>Depression</u> : I understand what depression and low mood are, can identify signs and symptoms and can implement basic strategies for working with children with depression and low mood.				
	E11	<u>Eating Disorders</u> : I understand what an eating disorder is and can identify signs and symptoms. I can support a child with his/her eating disorder or worrying attitude to food. I can promote positive self-esteem.				
	E12	<u>Self-harm</u> : I have a basic knowledge of self-harm in children and how it may present.				
	E13	I can recognise potential signs of sexualised behaviour in children.				
<p>I have enhanced communication skills which enable me to have effective, confident conversations with children about their social emotional mental health which are relevant to their age, circumstance, culture and ability. I can use my communication skills to offer basic support and to calm a distressed child.</p>	E14	<p>I can engage with a child about their emotional wellbeing needs. I ensure the child's voice is heard, such as through active listening, questioning, not making assumptions and emotionally literate responses.</p> <p>I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child, e.g. by using different materials such as writing or drawing.</p>				
	E15	I can adapt my communication style to be able to converse with an autistic child.				

	E16	I can adapt my communication style to be able to be able to converse with a child who has a learning disability.				
	E17	I know how to react when a child confides in me about their social emotional mental health and not to panic.				
I am aware of my setting's strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	E18	<p>Policies may include:</p> <ul style="list-style-type: none"> • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) 				
I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	E19	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.				
	E20	If I have an existing mental health condition I know how to care for this and access services if necessary.				
I have the ability to effectively promote an open and honest culture within the whole setting around social emotional mental health.	E21	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.				
	E22	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.				

	E23	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.				
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Having completed your self-assessment please click [here](#) to go to the training directory.

Competencies & Self-Assessment Tool – In It Together: Early Years Targeted Competencies

Competency	Outcomes	Yes	No	Partial	My Notes	
I have a clear understanding of child development, including Special Educational Needs (SEN) and protective factors for emotional wellbeing, and can use this understanding to underpin behaviour and interactions with children.	T1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child to enable observation and judgement of changes to 'normal' behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.				
	T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children who have these.				
I understand what CAMHS does and does not provide and am able to engage with emotional wellbeing and mental health services.	T3	I understand the various service provisions, thresholds and referral criteria of CAMHS and other local services (including health, the voluntary sector and social care).				
	T4	I understand how to access services (including the role and function of a Single Point of Access if applicable to the area).				
	T5	I am able to assess a child's situation and symptoms, gather information and know when to make an external referral or engage CAMHS in systemic work (depending on local referral arrangements).				
	T6	I am aware of and involved in local networks to an appropriate level to ensure the setting does not manage mental health and emotional wellbeing in isolation and options for social prescribing.				
	T7	I am aware of national agencies that can offer support and guidance on children's social emotional mental health, such as: <ul style="list-style-type: none"> • ChildLine • Young Minds • Samaritan's 				

		<ul style="list-style-type: none"> • NSPCC • Beat • selfharm UK • The National Autistic Society • Barnardo's 				
I am aware of my setting's strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	T8	<p>Policies may include:</p> <ul style="list-style-type: none"> • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) 				
I have an in depth understanding of the signs and symptoms of common mental health conditions and poor emotional wellbeing. I am then able to formulate targeted interventions and appropriate self-help strategies for a child. In all situations I know when and how to escalate concerns.	T9	I am aware of the local 0 – 19 Public Health Nursing services and how to access them.				
	T10	<p>I have a range of supportive communication skills. I am able to creatively challenge a child so they can achieve their goals.</p> <p>I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child, e.g. by using different materials such as writing or drawing.</p> <p>I can communicate effectively with children relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed child.</p>				

	T11	I understand the potential underlying mental health links and causes to bullying from the perspective of the bully and bullied and can use this knowledge when the setting is determining what action to take. I act in concordance with the setting's anti-bullying policy.				
	T12	I can recognise sexualised behaviour and understand what steps to take.				
	T13	<u>Self-harm</u> : I have a solid understanding of self-harm. I can actively listen to a child who has self-harmed and identify helpful attitudes and strategies, including distraction techniques.				
	T14	<u>Eating Disorders</u> : I understand the different types of eating disorders and steps to support a child with their management and care. I am aware of ways to promote positive body image and self-esteem.				
	T15	<u>Anxiety</u> : I understand what anxiety is, potential causes and can recognise signs and symptoms. I can support a child with strategies to manage anxiety, including during the move from early years to primary school.				
	T16	<u>Anxiety</u> : I can use my supportive communication skills to be able to support a child who has experienced a traumatic event/major incident/terror attack.				
	T17	<u>Depression</u> : I understand the difference between low mood and depression and can recognise signs and symptoms. I can use my supportive communication skills and positive language to support children suffering from low mood and depression.				
I am able to effectively collaborate with other members of staff, and a child's peers if appropriate, to enable them to support the child and implement targeted support.	T18	This may include supporting the implementation of recommendations from when external agencies are involved. I can engage in collaborative working with the team around the child (applying many of the principles found in Safeguarding ways of working).				

I understand how to engage and work with vulnerable children around their mental health and emotional wellbeing.	T19	I am aware of factors that can contribute to a child being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions may present in children with different vulnerabilities and can recommend/implement strategies to support these children.				
	T20	<u>LGBTQ+</u> : I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in the setting and in the community).				
	T21	I understand the mental health needs of Looked After Children and Care Leavers and insecure attachment. I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am able to identify strategies to empower staff to appropriately support young people with attachment difficulties. I am aware of Adverse Childhood Experiences (ACE) and the impact upon social emotional development.				
	T22	I understand the impact of separation, loss, bereavement & transition along with effective interventions to support children who have experienced this.				
	T23	I have a basic awareness of the impact of parental mental health, domestic abuse and substance misuse (toxic trio) on a child and am able to identify when this may be present. I understand the links this has to Safeguarding and what actions to take to support a child facing these difficulties.				

I can have difficult conversations with parents/carers regarding a child's mental health needs and collaborate with them to co-develop action plans.	T24	Through respectful partnership working, active listening and questioning and involvement in decision making I can build a relationship with parents/carers and effectively communicate with and engage with families. I recognise the impact a child's poor emotional wellbeing or mental health can have on a family and am able to de-escalate a situation and calm a distressed person.				
	T25	I am aware of how different cultures may perceive and respond to mental health problems. I understand that many families are complex and diverse. I therefore avoid stereotyping or making assumptions and instead listen to family members to elicit their individual perspectives.				
I can support the setting's management team to identify themes and trends relating to areas for concern around children's mental health and emotional wellbeing. I can support the management team to work with colleagues and agencies through a collaborative approach when developing strategies to address these.	T26	I am able to undertake a mental health audit of the setting by listening to the child's voice and other sources of information. I can involve children in the design of mental health initiatives when appropriate.				
	T27	I have a solid understanding of resilience and can participate in whole setting approach to building resilience. Included in this I understand that having a sense of connectedness or belonging to the setting is a protective factor for mental health.				
	T28	I understand the setting's communication routes to disseminate information and good practice.				
	T29	I can take an active role in driving a whole setting ethos of openness and empathy, challenge stigma and normalise talk about mental health.				
	T30	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.				
T31	I understand what actions my role is expected to take in response to critical events, e.g. when there has been a sudden death within the setting.					

<p>I can lead or contribute to the quality assurance of external mental health and wellbeing support offers, interventions and organisations that are brought into the setting, ensuring that resources are effectively and efficiently used.</p>	<p>T32</p>	<p>I can access the Local Authority prohibited speakers list or know who can.</p> <p>I can use my knowledge of social emotional mental health to support the identification of suitable PSHE materials relating to social emotional mental health.</p> <p>Note: The assurance process can include checking websites, testimonials, preferred list of providers and using your knowledge of social emotional mental health to ensure organisations/guest speakers are fit for purpose. This can include examining the evidence base, qualifications, recent training, knowledge of their professional body and who to contact if concerns are raised.</p>				
<p>I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.</p>	<p>T33</p>	<p>I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.</p>				
	<p>T34</p>	<p>If I have an existing mental health condition I know how to care for this and access services if necessary.</p>				
<p>I am able to recognise when members of staff may be struggling with their own emotional wellbeing and mental health, am able to offer basic help, signpost to appropriate information and encourage access to additional interventions/help if needed.</p>	<p>T35</p>	<p>I can recognise the signs of burnout and secondary trauma.</p> <p>I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.</p>				

Having completed your self-assessment please click [here](#) to go to the training directory.

Training Directory – In It Together: Early Years Core Competencies

Outcomes		Training Options
C1	I understand the key physical, social, emotional, cognitive and language milestones for young children.	Developmental Milestones age 3-5 . 7 minute video.
C2	I have a basic understanding of general learning difficulties plus Special Educational Needs (SEN), including behavioural disorders such as ADHD and Autism. I recognise that development and behaviour may be different for these children and behaviour may be a form of communication. I appreciate that the level of emotional development may vary between children of the same chronological age.	The child with general learning disability : RCPSYCH factsheet. Attention-deficit hyperactivity disorder and hyperkinetic disorder : RCPSYCH factsheet. Autism and Asperger's syndrome : RCPSYCH factsheet. <i>All three factsheets to read to meet the competency.</i>
C3	I understand the concept of mental health, mental wellbeing and mental ill-health.	What is mental health and mental illness? Rethink booklet.
C4	I can recognise changes in behaviour and warning signs that something may be wrong and do not ignore these.	What Goes Wrong? MindEd: Free online e-learning. Types of problems . Time to Change webpage. <i>Both options to be looked at to achieve the competency.</i>
C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.	Risks and protective factors : Heads Together Mentally Healthy Schools
C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a child, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a child's preferences, opinions and wishes.	Talking with Kids - Positive Ways to Talk and Listen: PBS Website with 11 top tips to work through to meet the competency. This is parent focussed but same principles apply.
C7	I can adapt my communication style to be able to converse with an autistic child.	Communicating and interacting . The National Autistic Society webpage.

C8	I can adapt my communication style to be able to be able to converse with a child who has a learning disability.	Communicating with and for people with learning disabilities . Mental Health Foundation webpage with section on communication techniques.
C9	I am aware of the setting's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's social emotional mental health.	External training is not suggested for this competency, but time should be taken to find out who leads on mental health within the setting and how to contact them.
C10	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites.	External training is not suggested for this competency but time should be taken to find out if the local area has a dedicated website to support children's mental health.
C11	<p>Policies may include:</p> <ul style="list-style-type: none"> • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) 	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
C12	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.	<p>Looking after your own emotional wellbeing is unique to you, some suggestions however are:</p> <p>Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website.</p> <p>Audio guides to boost your mood. NHS</p> <p>How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course</p> <p>Headspace. App.</p>

		<p>5 Steps to Improve Mental Health & Wellbeing – YouTube Video</p> <p>Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more.</p> <p>Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health.</p>
C13	If I have an existing mental health condition I know how to care for this and access services if necessary.	<p>Welcome to the Moodzone. NHS Choices webpage including search function for local services.</p> <p>Getting Help. Mental Health Foundation webpage.</p>
C14	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.	No external training is suggested for this competency but personal reflection is suggested with line manager discussion if necessary.
C15	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.	Positive Language : Plugging the Leaks: Word document to download
C16	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.	<p>Time to Change: Myths & Facts: Webpage</p> <p>What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video</p> <p><i>Both options</i> to be looked at to achieve the competency.</p>

Training Directory – In It Together: Early Years Enhanced Competencies

Outcomes		Training Options
E1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.	<p>Introducing Child Development. MindEd: Free online e-learning</p> <p>Emotional Development. MindEd: Free online e-learning</p> <p>Complex Neurodevelopmental Problems. MindEd: Free online e-learning.</p> <p><i>All three</i> of the above modules should be completed to achieve the competency plus reflection on previous professional training.</p>
E2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children who have these.	<p>Teaching young children on the autism spectrum. National Autistic Society Webpage</p> <p>Examples of Autism Spectrum Behaviours. Child Autism UK Webpage</p>
E3	I have a solid understanding of resilience, the role it plays and how it can be developed within an education setting.	<p>How Environment Affects Children's Mental Health. MindEd: Free online e-learning</p> <p>Resilience: 4 Key Skills – practical ideas. In our Hands video (is labelled for school nurses but suitable for all staff in this group)</p> <p>Using a Resilience Model to Promote Positive Mental Health in School. In our Hands video.</p> <p>Resilience. Kids Matter. Basic understanding website</p>
E4	I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am aware of the impact that loss, trauma, bereavement, separation & transition can have on a child.	<p>Attachment and Human Development. MindEd: Free online e-learning</p> <p>Divorce or separation of parents - the impact on children and adolescents. RCPSYCH factsheet.</p> <p>Death in the family - helping children to cope. RCPSYCH factsheet</p> <p>Death Through Suicide. Winston’s Wish Website</p>

		<p>Reactive Attachment Disorder and Other Attachment Issues: HelpGuide Website</p> <p>Positive Separations. Kids Matter. Basic understanding website</p>
E5	<p>I am aware of factors that can contribute to a child being vulnerable to developing social emotional mental health difficulties.</p> <p>I understand the links with Safeguarding responsibilities and ways of working.</p> <p>I show respect and understanding of the child's situation and subsequent emotional wellbeing needs.</p>	<p>Vulnerable Groups - An Overview. MindEd: Free online e-learning</p> <p>Children Adopted or In Care. MindEd: Free online e-learning</p> <p>Risk and Protective Factors: Chart</p> <p>Suggest <i>all three</i> options are undertaken to meet the competency.</p>
E6	<p>I have a basic knowledge of what the local offer for social emotional mental health support is, including websites. (Note: Sign posting is an early intervention. This can include websites or leaflets. RCPSYCH factsheets include early intervention strategies.)</p>	<p>External training is not suggested for this competency but time should be taken to find out if the local area has a dedicated website to support and signposting for children's mental health.</p>
E7	<p>I am aware of the setting's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's social emotional mental health.</p>	<p>External training is not suggested for this competency, but time should be taken to find out who leads on mental health within the setting and how to contact them.</p>
E8	<p>I understand the concept of mental health, mental wellbeing and mental ill-health.</p>	<p>What is mental health and mental illness? Rethink booklet</p>
E9	<p><u>Anxiety</u>: I understand what anxiety is, can identify signs and symptoms, understand why anxiety may develop and can implement basic strategies for working with children with anxiety.</p>	<p>The Worried Child. MindEd: Free online e-learning</p> <p>Anxiety in children. NHS Choices website with advice</p> <p>Worries and anxieties - helping children to cope. RCPSYCH factsheet</p> <p>Practical Strategies for Helping Children Manage Overwhelming Feelings. In our Hands video.</p> <p>Suggest <i>all four</i> above options are undertaken to meet the competency.</p>

E10	<u>Depression</u> : I understand what depression and low mood are, can identify signs and symptoms and can implement basic strategies for working with children with depression and low mood.	Sad, Bored or Isolated . MindEd: Free online e-learning Depression and Your Child . Young Minds: Free booklet providing an overview
E11	<u>Eating Disorders</u> : I understand what an eating disorder is and can identify signs and symptoms. I can support a child with his/her eating disorder or worrying attitude to food. I can support positive self-esteem.	Eating Difficulties in Younger Children . In our Hands. Video 7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes
E12	<u>Self-harm</u> : I have a basic knowledge of self-harm in children and how it may present.	Self-Harm . NSPCC webpage.
E13	I can recognise potential signs of sexualised behaviour in children.	Healthy sexual behaviour : Your guide to keeping children safe, spotting warning signs and what to do if you're worried. NSPCC. Factsheets and advice.
E14	I can engage with a child about their emotional wellbeing needs. I ensure the child's voice is heard, such as through active listening, questioning, not making assumptions and emotionally literate responses. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child, e.g. by using different materials such as writing or drawing.	Listening Skills . MindEd. Free online e-learning. Engaging Children and Young People . MindEd: Free online e-learning The Me First Communication Model Free online model. Communicating with children . UNICEF free toolkit Adapting the environment : Talking Point: Webpage with basic tips Teaching Children a Vocabulary for Emotions . Document to download Teaching Your Child to Identify and Express Emotions : The Center on the Social and Emotional Foundations for Early Learning. Document to download Active Listening . Skills you need: Webpage with top tips Resilience: Wellbeing without Words . Place2Be: 1 day workshop Supporting the Communication of Children in Preschool . Virtual Lab School: Webpage to read with useful tips

E15	I can adapt my communication style to be able to converse with an autistic child.	Communicating and interacting . The National Autistic Society webpage
E16	I can adapt my communication style to be able to be able to converse with a child who has a learning disability.	Communicating with and for people with learning disabilities . Mental Health Foundation: Webpage with section on communication techniques.
E17	I know how to react when a child confides in me about their social emotional mental health and not to panic.	Responding to Mental Health Disclosures . In our Hands video.
E18	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
E19	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.	<p>Looking after your own emotional wellbeing is unique to you, some suggestions however are:</p> <p>Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website.</p> <p>Audio guides to boost your mood. NHS</p> <p>How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course</p> <p>Headspace. App.</p> <p>5 Steps to Improve Mental Health & Wellbeing – YouTube Video</p> <p>Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more.</p> <p>Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health.</p>

E20	If I have an existing mental health condition I know how to care for this and access services if necessary.	<p>Welcome to the Moodzone. NHS Choices webpage including search function for local services.</p> <p>Getting Help. Mental Health Foundation webpage.</p>
E21	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.	No external training is suggested for this competency but personal reflection is suggested with line manager discussion if necessary.
E22	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.	Positive Language : Plugging the Leaks. Word document to download
E23	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.	<p>Time to Change: Myths & Facts. Webpage</p> <p>What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video</p> <p><i>Both options</i> to be looked at to achieve the competency.</p>

Training Directory – In It Together: Early Years Targeted Competencies

Outcomes		Training Options
T1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.	<p>Introducing Child Development. MindEd: Free online e-learning</p> <p>Emotional Development. MindEd: Free online e-learning</p> <p>Complex Neurodevelopmental Problems. MindEd: Free online e-learning.</p> <p><i>All three</i> of the above modules should be completed to achieve the competency plus reflection on previous professional training.</p>
T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children who have these.	<p>Supporting children on the autism spectrum: Guidance for practitioners in the Early Years Foundation Stage – Comprehensive online guide from Inclusion Development Programme</p> <p>And</p> <p>ADHD in the Early Years. Teach Early Years</p>
T3	I understand the various service provisions, thresholds and referral criteria of CAMHS and other local services (including health, the voluntary sector and social care).	As per local arrangements the settings can liaise with CAMHS and other services to understand their services, e.g. via Mental Health Champions, Primary Practitioners, CAMHS outreach workers.
T4	I understand how to access services (including the role and function of a Single Point of Access if applicable to the area).	No external training is suggested for this but settings should liaise with CAMHS to determine if a Single Point of Access is established and applicable for this age range.
T5	I am able to assess a situation, gather information and know when to make an external referral or engage CAMHS in systemic work (depending on local referral arrangements).	<p>Designing School and Hospital Interventions. MindEd: Free online e-learning.</p> <p>Putting Information Together. MindEd: Free online e-learning.</p> <p>Preschool Presentations. MindEd: Free online e-learning</p> <p>Measuring mental wellbeing to improve the lives of children and young people. CORC free online e-learning</p>

T6	I am aware of and involved in local networks to an appropriate level to ensure the setting does not manage mental health and emotional wellbeing in isolation and options for social prescribing.	No external training is suggested for this but time should be taken to research local networks and how the setting can link to them.
T7	I am aware of national agencies that can offer support and guidance on children's social emotional mental health, such as: <ul style="list-style-type: none"> • ChildLine • Young Minds • Samaritan's • NSPCC • Beat • selfharm UK • The National Autistic Society • Barnardo's 	No external training is suggested for this, but time should be taken to review their websites to discover how they can support early years settings and children.
T8	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
T9	I am aware of the local 0 – 19 Public Health Nursing services and how to access them.	Contact the children and young people's lead in the public health team at your local authority.
T10	I have a range of supportive communication skills. I am able to creatively challenge a child so they can achieve their goals. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child, e.g. by using different materials such as writing or drawing. I can communicate effectively with children relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed child.	Active Listening . Skills you need: Webpage with top tips Positive Language : Plugging the Leaks: Word document to download (also applicable to working with parents and colleagues) 5 Ways to Help Children Identify and Express their Emotions : MindChamps Website Developing motivational interviewing techniques in work with children and young people . O'Neill Training. Consideration should be given to which option(s) are best suited to need of the individual as many skills should have already been learnt during training.

T11	I understand the potential underlying mental health links and causes to bullying from the perspective of the bully and bullied and can use this knowledge when the setting is determining what action to take. I act in concordance with the setting's anti-bullying policy.	Preventing Bullying In Early Childhood . Webpage
T12	I can recognise sexualised behaviour and understand what steps to take.	Healthy sexual behaviour : Your guide to keeping children safe, spotting warning signs and what to do if you're worried. NPSCC Factsheets and advice.
T13	<u>Self-harm</u> : I have a solid understanding of self-harm. I can actively listen to a child who has self-harmed and identify helpful attitudes and strategies, including distraction techniques.	Self-Harm . NSPCC webpage
T14	<u>Eating Disorders</u> : I understand the different types of eating disorders and steps to support a child with their management and care. I am aware of ways to promote positive body image and self-esteem.	Eating Difficulties in Younger Children . In our Hands video Eating Disorders and Children . Eating Disorders Victoria: Webpage with useful tips (Suggest both options are undertaken.) Promoting healthy body image in the early years – PACEY Webpage 7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes
T15	<u>Anxiety</u> : I understand what anxiety is, potential causes and can recognise signs and symptoms. I can support a child with strategies to manage anxiety, including during the move from home to early years and early years to primary school.	Aside from using supportive communication skills practitioners should undertake The Worried Child . MindEd: Free online e-learning How to Settle Your Child into Childcare : YouTube Video School Ready – Practitioners . PACEY Video School Transition Planning . PACEY chart
T16	<u>Anxiety</u> : I can use my supportive communication skills to be able to support a child who has experienced a traumatic event/major incident/terror attack.	Traumatic stress in children . RCPSYCH factsheet

T17	<p><u>Depression</u>: I understand the difference between low mood and depression and can recognise signs and symptoms. I can use my supportive communication skills and positive language to support children suffering from low mood and depression.</p>	<p>Sad, Bored or Isolated. MindEd: Free online e-learning.</p> <p>Signs of depression in children. NHS Webpage</p>
T18	<p>This may include supporting the implementation of recommendations from when external agencies are involved.</p> <p>I can engage in collaborative working with the team around the child (applying many of the principles found in Safeguarding ways of working).</p>	<p>No external training is suggested for this; however the setting may consider training on collaborative/team working as part of its general development. The principles learnt at safeguarding training would be applicable.</p>
T19	<p>I am aware of factors that can contribute to a child being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions may present in children with different vulnerabilities and can recommend/implement strategies to support these children.</p>	<p>Vulnerable Groups - An Overview. MindEd free online e-learning</p> <p>Preparing vulnerable children for the holidays. In our Hands video</p> <p>(Suggest both options are undertaken.)</p>
T20	<p><u>LGBTQ+</u>: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in setting and in the community).</p>	<p>LGBT Awareness: £30 +VAT online course</p> <p>Plus link to competency T7.</p>
T21	<p>I understand the mental health needs of Looked After Children and Care Leavers and insecure attachment. I understand the basics of attachment theory and behavioural characteristics of different attachment styles.</p> <p>I am able to identify strategies to empower staff to appropriately support young people with attachment difficulties.</p>	<p>Children Adopted or In Care. MindEd: Free e-learning.</p> <p>Attachment and Human Development. MindEd: Free e-learning</p> <p>Reactive Attachment Disorder and Other Attachment Issues: HelpGuide Website</p> <p>Positive Separations. Kids Matter. Basic understanding website</p> <p>See also Children in care Emotional wellbeing and mental health. NSPCC: website for more information</p>

	I am aware of Adverse Childhood Experiences (ACE) and the impact upon social emotional development.	<p>Inside I'm Hurting. Adoption Plus UK £180 pp inc VAT, one day training. Can be followed by a further day's training – What About Me? £180 pp inc VAT. <i>Inside I'm Hurting</i> is also a practical book by Louise Bomber that is recommended and can be purchased.</p> <p>Adverse Childhood Experience ACE - a short guide video</p>
T22	I understand the impact of separation, loss, bereavement & transition along with effective interventions to support children who have experienced this.	A Whole School Approach to Supporting Loss and Bereavement (includes Early Years): NHS Glasgow pdf to download
T23	I have a basic awareness of the impact of parental mental health, domestic abuse and substance misuse (toxic trio) on a child and am able to identify when this may be present. I understand the links this has to Safeguarding and what actions to take to support a child facing these difficulties.	<p>The Toxic Trio. Kate Young. Blog to read for understanding.</p> <p>Parental mental illness: the impact on children and adolescents. RCPSYCH factsheet</p>
T24	<p>Through respectful partnership working, active listening and questioning and involvement in decision making I can build a relationship with parents/carers and effectively communicate with and engage with families.</p> <p>I recognise the impact a child's poor emotional wellbeing or mental health can have on a family and am able to de-escalate a situation and calm a distressed person.</p>	<p>Communicating With Families. MindEd: Free e-learning.</p> <p>Working with Parents: Place2Be 1 day workshop</p> <p>Depending upon circumstances settings may wish to initially undertake the MindEd session and later the Place2Be training, or immediately undertake the Place2Be training.</p>
T25	I am aware of how different cultures may perceive and respond to mental health problems. I understand that many families are complex and diverse. I therefore avoid stereotyping or making assumptions and instead listen to family members to elicit their individual perspectives.	Multicultural Issues and Mental Health Information sheet to download (Australian but same advice applies).

T26	I am able to undertake a mental health audit of the setting by listening to the child's voice and other sources of information. I can involve children in the design of mental health initiatives when appropriate.	Emotional and Mental Health – Toolkit . Online Resource Derbyshire County Council & NHS (audit on p7 – 9 can be adapted for Early Years Settings) Some areas also offer a local Mental Health Champions programme supported by CAMHS.
T27	I have a solid understanding of resilience and can participate in whole setting approach to building resilience. Included in this I understand that having a sense of connectedness or belonging to the setting is a protective factor for mental health.	Academic Resilience : A Whole School Approach Training. Young Minds: 1 day £195+VAT pp or How to Thrive (Using Penn Resilience Programme). How to Thrive. Resilience . Kids Matter. Basic understanding website
T28	I understand the setting's communication routes to disseminate information and good practice.	No external training is recommended for this but time should be taken to review and familiarise communication routes.
T29	I can take an active role in driving a whole setting ethos of openness and empathy, challenge stigma and normalise talk about mental health.	Tackling Stigma : A Practical Toolkit. RCPSYCH. Time to Change : Get Involved in Schools. Free resources and tools. What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? video
T30	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.	No external training is suggested for this competency but personal reflection is suggested with line manager discussion if necessary.
T31	I understand what actions my role is expected to take in response to critical events, e.g. when there has been a sudden death within the setting.	No external training is suggested but time should be taken to review and ensure clarity of roles.

<p>T32</p>	<p>I can access the Local Authority prohibited speakers list or know who can.</p> <p>I can use my knowledge of social emotional mental health to support the identification of suitable PSHE materials relating to social emotional mental health.</p> <p>Note: The assurance process can include checking websites, testimonials, preferred list of providers and using your knowledge of social emotional mental health to ensure organisations/guest speakers are fit for purpose. This can include examining the evidence base, qualifications, recent training, knowledge of their professional body and who to contact if concerns are raised.</p>	<p>No external training is suggested but time should be taken to review this competency.</p>
<p>T33</p>	<p>I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.</p>	<p>Looking after your own emotional wellbeing is unique to you, some suggestions however are:</p> <p>Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website.</p> <p>Audio guides to boost your mood. NHS</p> <p>How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course</p> <p>Headspace. App.</p> <p>5 Steps to Improve Mental Health & Wellbeing – YouTube Video</p> <p>Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more.</p> <p>Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health.</p>

T34	If I have an existing mental health condition I know how to care for this and access services if necessary.	<p>Welcome to the Moodzone. NHS Choices webpage including search function for local services.</p> <p>Getting Help. Mental Health Foundation webpage.</p>
T35	<p>I can recognise the signs of burnout and secondary trauma.</p> <p>I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.</p>	<p>How to support staff who are experiencing a mental health problem. Mind free online toolkit</p> <p>Caring For The Wellbeing Of Teachers And School Staff. Young Minds online toolkit</p>

Appendix A – Useful Resources

Topics:

- [Anti-Bullying](#)
- [Anti-Stigma & Anti-Stereotyping](#)
- [CSE](#)
- [Eating Disorders](#)
- [Self-Harm](#)
- [Self-Help](#)
- [Other](#)
- [National Guidance](#)
- [Teaching Children and Young People About Emotional Wellbeing and Mental Health](#)
- [Whole School Support](#)

Anti-Bullying

Title	Format	Details
Anti-Bullying Alliance	Online Training	6 modules to better understand bullying

Anti-Stigma & Anti-Stereotyping

Title	Format	Details
A Smile a Day	Poster	Young person designed encouraging talking about problems
Dealing With It	Video	“This short animated resource was developed and designed solely by young people with the aim of being a ‘young person friendly’ educational resource that promotes discussion around anti-social behaviour, substance use and stereotyping.”
I Am Whole	PDF Booklet	YMCA and NHS produced report investigating stigma – lots of useful messages and information.
It's Okay Not to be Okay	Video	By fixers – why it's okay not be okay

Mental Health Song	Video/Song	Mental health awareness song produced by a school in North East Lincolnshire
Mental Health Stigma	Video	By fixers – young people talk about their experiences and challenges of talking
Time to Change	Website with lots of resources to download and use in schools	National anti-stigma campaign

CSE

Title	Format	Details
Working with children who are victims or at risk of sexual exploitation: Barnardo's model of practice	Downloadable booklet	"This paper first sets out the issue of child sexual exploitation and the models and processes used to exploit children and young people, and then explains the '4 As' from a practitioner perspective. It has been developed for a broad audience, including those who wish to learn about effective and evidence-based engagement with children at risk of, and those who have been victims of, sexual exploitation."

Eating Disorders

Title	Format	Details
Beat	Website and National Charity	

Self-Harm

Title	Format	Details
Alumina	Online learning	Alumina is an online course started by selfharm.co.uk for young people aged between 14 & 18.
Coping with self-harm A Guide for Parents and Carers	PDF booklet	Produced by university of Oxford with lots of useful messages, including understanding self-harm and why may happen

Self-Help

Title	Format	Details
10 Keys to Happier Living	Website with advice and resources	Produced by Action for Happiness
Getting Through Tough Times	8 page booklet	Lots of advice on how to cope with life's pressures. Produced by Bradford.
Making Your Mind Up	Website	"24/7 online self- help tool that provides early help to empower patients, of all ages to self-care. It does this through providing online interventions that build resilience and promote emotional wellbeing."
Silent Voices	YouTube Video	Overview of mental health, not alone and encourage to seek help

Other

Title	Format	Details
Bereavement Support – Just 'B'	Offer support to schools	
Charlie Waller Memorial Trust	Mixed	Lots of free resources on children and young people's mental health.
Fixers	Website with lots of resources developed by young people	Homepage
In Our Hands	Mixed	Lots of free resources and regular webinars on children and young people's mental health.
Kids Matter	Website	Lots of advice and suggestions on social and emotional learning.
NASEN Special Educational Needs	Online learning.	"Focus on SEND training for educational practitioners working across Early Years, Primary, Secondary and Post 16. Focus on SEND training is a free course aiming to help teachers and educational practitioners working across the 0 – 25 years age range to develop high quality practice in order to better meet the needs of their learners with SEND. It is based on the evidence of what constitutes good continuing professional development (CPD) and so takes a practice- led, enquiry-based and collaborative approach."
School nurse and health visitor E-learning	e-learning	"The Children's Emotional and Additional Health Needs programme provides Continuing Professional Development (CPD) content comprising six e-learning sessions, as both a resource pack for face-to-face training and as a learning resource, for Health Visitors and School Nurses."
ShortFilmsAboutMentalHealth	Videos	Series of Videos covering anxiety , psychosis and personality disorders by Oxford Health NHS Foundation Trust
Skin Deep	Video	By Fixers – young person sharing their story

National Guidance

Organisation & Title
Department for Education (2018) Mental health and behaviour in schools
Department of Health (2016) Mental Health Core Skills Education and Training Framework
National Children's Bureau (2016) A whole school framework for emotional well-being and mental health
NHS England & Department for Health (2015) Future in Mind
Public Health England & Anna Freud National Centre for Children and Families (2016) Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges
Public Health England & UCL Institute of Health Equity (2014) Building children and young people's resilience in schools

Teaching Children and Young People About Emotional Wellbeing and Mental Health

Organisation & Title	Description
ChildLine Exam Stress	Lots of resources and information for young people on how to cope with exam stress
Friends Resilience	Endorsed by the World Health Organisation training to deliver age appropriate resilience is available.
Jigsaw PSHE	“Designed as a whole school approach, Jigsaw provides a comprehensive scheme of learning for Foundation Stage to Year 6. It makes teachers’ lives easier by providing well-structured, progressive lesson plans with all the teaching resources included (except story books).”
Living Life to the Full for Primary School-aged children	Teaching primary school children to solve problems and cope with emotions.
Living Life to the Full –Young People	“In just eight, enjoyable sessions that can each be run within a typical school lesson, the Living Life to the Full Programme can help young people change their lives.”
Mindfulness in schools	“MiSP does not deliver these curricula directly in schools themselves but provides training to adults to teach its mindfulness courses to children and young people in schools.”
Ollie and His Superpowers ®	The Ollie model is founded on the belief that every individual is unique and so requires a solution that allows and encourages that uniqueness through its simplicity and flexibility - “one size does not fit all”. It doesn’t shoe-horn people into boxes and treat them by a label, it treats the individual, giving them tools to be able to continue to help themselves in the future.
Penn Resilience Programme	“18 evidenced based lessons aimed at 11-13 year olds. Students will learn about the link between thoughts, feelings and behaviour. They will develop an understanding about different habits of thinking and how some thinking is helpful and some not so much. Resilience skills will enable them to think flexibly and accurately as a route to problem solving, overcoming the difficulties they face and making the most of opportunity.”
Primary Resources	Free lesson plans, activity ideas and resources for primary teachers.

PSHE Association Curriculum and Resources	<p>“Our curriculum guidance section brings together the advice you need to develop your PSHE curriculum, and our invaluable resource library offers high-quality resources to help you put your plans into practice - from planning frameworks to detailed lesson plans. The resources here are either developed by the Association or quality assured by us against best practice criteria.”</p>
Public Health England Whole School and College Approach	<p>Curriculum resources on p28 onwards.</p>
<p>Samaritan’s DEAL</p>	<p>DEAL (Developing Emotional Awareness and Listening) is a free teaching resource aimed at students aged approximately 14 and over. Themes covered include Emotional Health, Coping Strategies, Dealing with Feelings and Connecting with Others.</p>

Whole School Support

Organisation & Title	Description
Academic Resilience from BoingBoing	“Our schools-based resilience research projects have led to the creation of various resources which adapt the Resilience Framework for use in schools and helps schools make resilient moves across the whole school community. Many of these schools resources make up our Academic Resilience Approach – free, downloadable, practical resources to help everyone in the school community step up and support pupils’ academic resilience.”
CORC & Anna Freud National Centre for Children and Families Schools in Mind	“Schools in Mind is a network for school staff and allied professionals. It aims to provide a trusted source of up-to-date and accessible information and resources that teachers and school leaders can utilise to support the mental health and wellbeing of their whole school community.”
Barnardo’s Our Services for Schools	“Engaging children and young people in education is a proven way to fulfil their potential and overcome disadvantage. At Barnardo’s we use our expertise to join up the key people in making this possible. Our experience of working with children and young people, as well as their schools and families, means we look at integrated solutions to meet students’ needs.”
Carnegie Centre of Excellence for Mental Health in Schools	“This initiative, being led by Carnegie School of Education and Minds Ahead CIC, is focused on evidence-based solutions which address schools’, pupils and parents/carers needs; the development of a professional community of school mental health experts; and leading innovation within the area.”
Charlie Waller Memorial Trust	“An integrated approach, raising awareness of mental health issues amongst parents, staff and pupils.”
Healthy Teen Minds Mental Health Masterclass	Whole team training for up to 30 people – covers common problems, strategies for resilience, improvement engagement, navigate CAMHS and early identification.
Humanutopia	Various workshops for schools staff and students to cope with education life
Mentally Healthy Schools	Heads Together initiative with lots of resources and advice.
Penn Resilience Programme (PRP)	“The PRP teaches specific, tangible skills and strategies that can become the skills for life – a set of personal tools that underpin the way students will engage and approach their time in school and in life.”
The Solihull Approach	“To introduce all staff in a school to the Solihull Approach model, providing a shared language and a shared

	understanding of children in school. This training has added value if the school is running the group for parents and/or the workshops for parents, so staff and parents have a shared understanding. The training links with Mindfulness.”
Worth-IT	“Support the children’s workforce through continuing professional development, coaching and targeted interventions; this includes our whole school resilience programme and specific evidenced based training programmes.”

Appendix B - Development of the Framework

During summer 2016 a call went out via Lead Commissioners in Yorkshire & the Humber for interested parties to be nominated who wished to join a Task & Finish Group to develop this competency framework. A fantastic response was received from a wide range of disciplines and organisations. These included: educational psychologists, public health specialists, head teachers, SENCOs, heads of pastoral care, commissioners, providers, inclusion leads and child protection officers to name but a few. The Task & Finish Group was chaired by a Consultant Psychologist to ensure clinically sound, evidence based competencies and training options were developed. Having schools and colleges involved throughout the process helped keep the competencies focussed on needs of the setting and be realistic.

The views and opinions of children and young people were sought via Stairways; an advisory group that works regularly with the Children and Young People's Clinical Network and come from all across Yorkshire & the Humber, plus HYPE in Leeds; a group of young people keen to work with services developing their provision. More detail on their ideas is located in the [appendix](#).

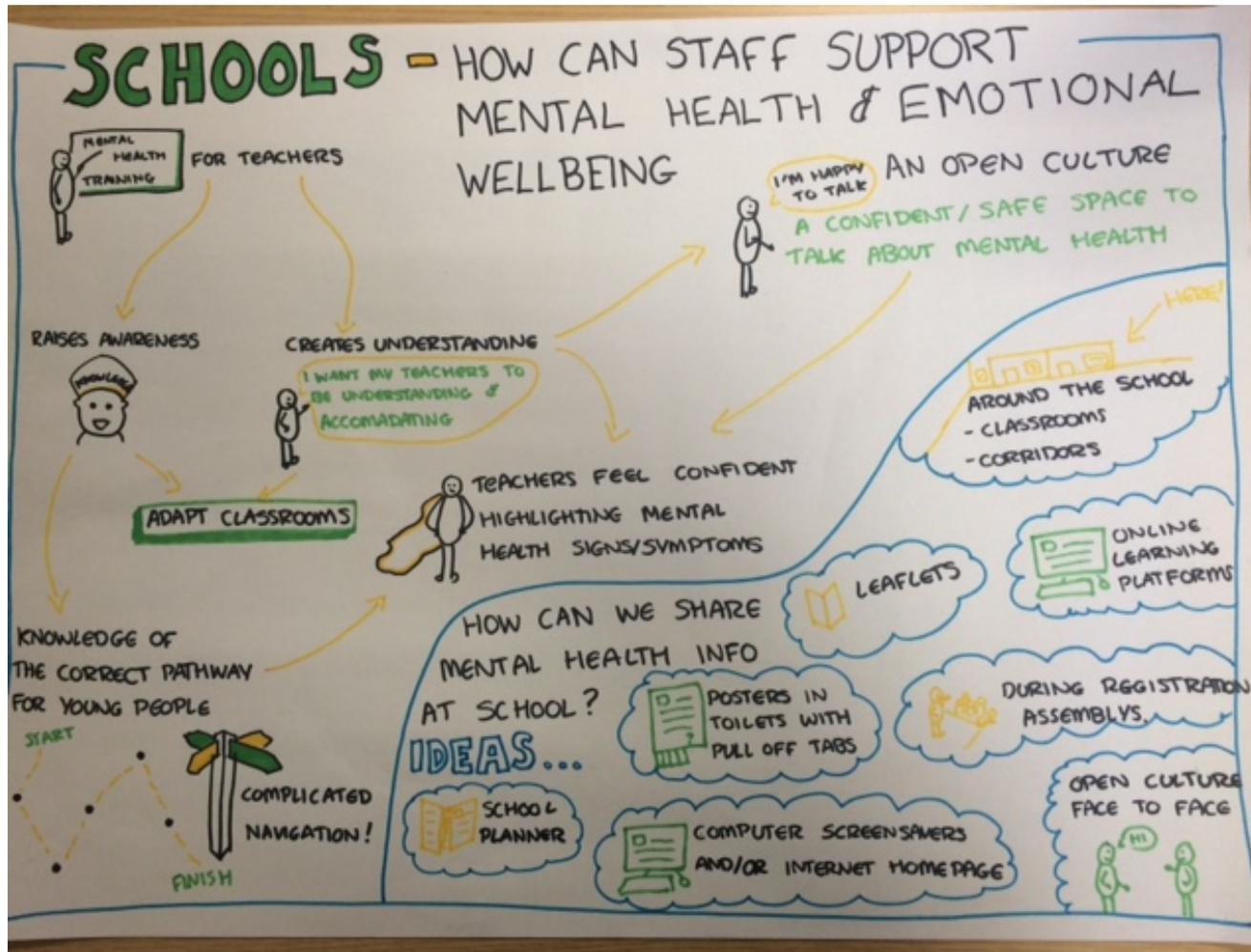
The guiding principles for creating the framework were that it should:

- Be evidence based with defined, achievable outcomes
- Address the diverse need of children and young people
- Prevent the usage of ineffective interventions
- Make the best use of the workforce
- Clearly defines roles and responsibilities where children and young people's mental health and emotional wellbeing is everybody's business
- Promote staff wellbeing

For future developments and suggestions for the framework please contact the Yorkshire & Humber Clinical Network for Children and Young People's Mental Health via the [website](#).

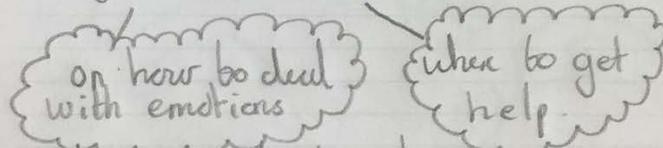
Appendix C – Young People’s Views

Stairways is group of young people from all across Yorkshire & the Humber who care about mental health and emotional wellbeing and support the Children and Young People’s Mental Health Clinical Network across all its work programme. At a workshop in April 2017 we talked to them about how they would like to see education staff support social emotional mental health. Here is what they told us:



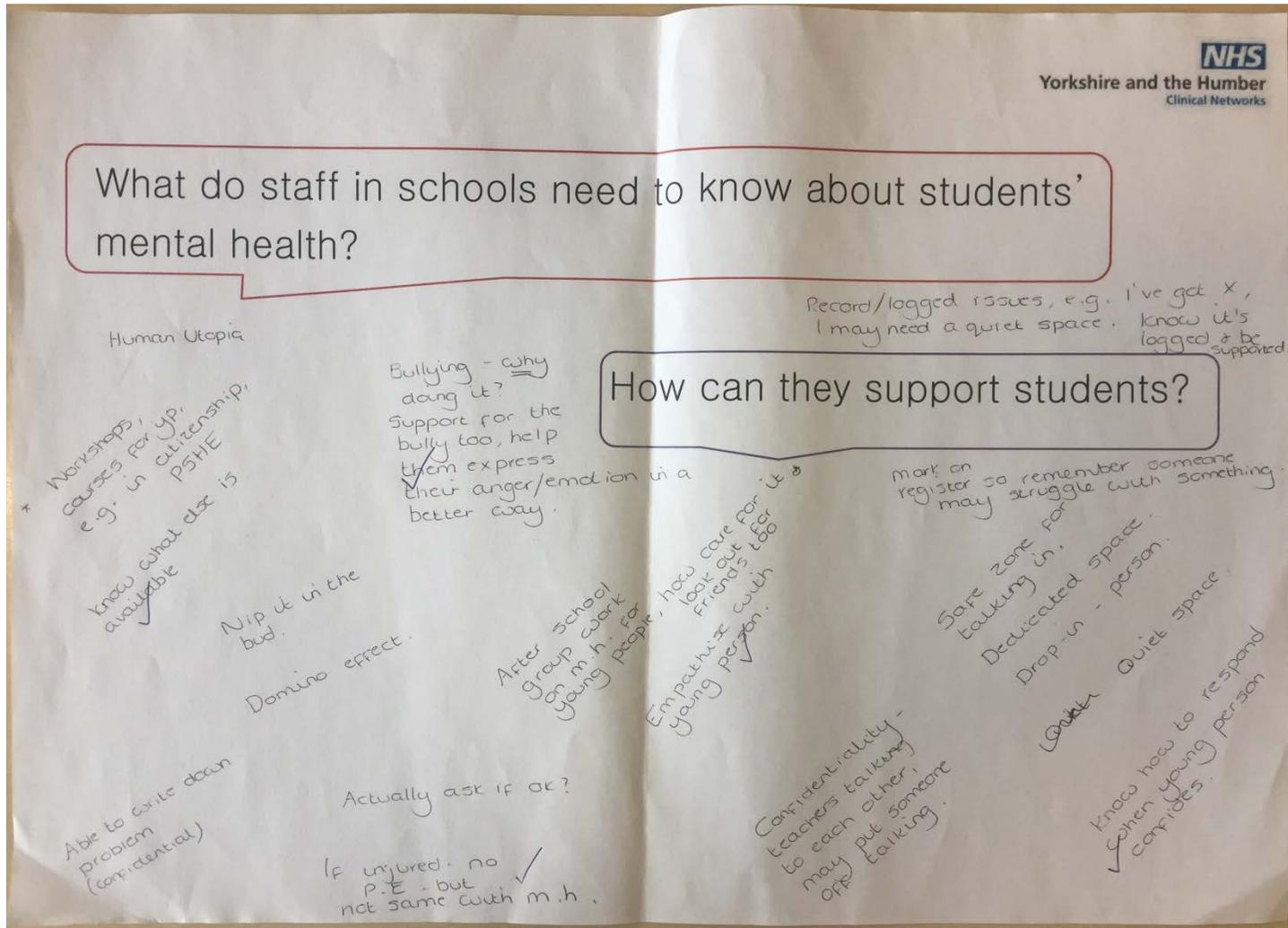
Friends Opinions :

- ~~Current~~ Understanding of current issues around pressures teenagers feel?
- Have experience around mental health and try to understand why students feel a certain way. They should also try to understand the feelings of others so that they don't feel alone. Important skills need to include ~~social~~ social skills such as communication, sympathy and empathy and sympathy so that they can finally be a good listener so the situation that they are struggling with or are upset about.
- They definitely need good listening skills and need to be comforting. They also need to be able to give advice as well.



- They need to be approachable, gentle, calm and patient mostly.
- More than anything I think even if they have no training they need to have an understanding of mental health and need to be considerate.
- All staff (teachers especially) need to have an understanding of mental health so if anyone has a breakdown or needs advice they can deal with it. It would also give people many more options to talk to about mental health.

HYPE is a group of young people supported by the Market Place in Leeds who also gave up some of their valuable time to discuss ideas on how staff in education can support social emotional mental health. Here is what they told us:



What do staff in schools need to know about students' mental health?

Know what services are available & who needs what.

Don't know where to direct someone,
Not get passed on & on & on - - -

Someone who in school who has a bit
✓ more knowledge - can support student
& teacher. Know underlying reasons.

* Not ignoring something when you see that something isn't right ✓
* Not gossiping with other teachers
* Not making people feel like a burden or making parents as soon as a pupil opens up

Teachers know what interventions & signs/symptoms/ (e.g. self-harm 10 points)

Stop young people using m.h. terms in a bad way, e.g. you listen to X music = r/ depressed.

Share lived experiences, who really understand.

How can they support students?

Use lessons to educate about mental health

Teachers be more observant, confident to log/record issues.

Not to panic, then student feel scared to open up.

Peer support groups, ages relate to each other

Appendix D - Acknowledgements

We are extremely grateful to all members of the Task & Finish Group, young people and other agencies that helped us develop this framework. Without their wide ranging expertise and input the work would not have progressed to the point it has. In particular we would like to thank:



In It Together

A Social Emotional Mental Health Competency Framework for Staff Working in Education

Primary Schools – Version 2.0

October 2018

Name:

Date:

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Introduction

In 2015 the Department of Health and NHS England published [Future in Mind](#): promoting, protecting and improving our children and young people's mental health and wellbeing. This strategy outlined a national ambition to dramatically improve children and young people's social emotional mental health by 2020. It urges whole systems to work together and identifies the opportunity that education settings provide for achieving this ambition, including the recommendation that those who work with children and young people are trained in child development and mental health, understand what can be done to provide help and support for those in need and develop a whole school approach to promoting mental health and wellbeing. This framework is designed to support this recommendation become a reality.



We want children to get the best out of their years in education and achieve their academic potential, growing into emotionally strong and resilient adults.

Implementation of Future in Mind is at the forefront of what the Children and Young People's Clinical Network seek to support. Young people told us that they would like to know, and have the confidence, that their schools are properly trained in emotional wellbeing and mental health.

As the idea of the competency framework started to take shape, we heard more and more of the willingness of schools to develop their workforce, not just because it contributes to their Ofsted rating, but because supporting emotional wellbeing and mental health can improve attainment and a skilled, confident workforce can be a less stressed workforce. Working with children and young people with social emotional mental health problems is inevitable, so why not ensure they receive evidence based support from a skilled workforce.

Scope of the Framework

Mental health should be everybody's business; therefore In It Together; A Social Emotional Mental Health Competency Framework for Staff Working in Education is aimed at all staff, from gardeners to governors, business managers to teachers by outlining role appropriate levels of skill, knowledge and training. It aims to encourage all staff within the setting to work together to support their pupils and each other, knowing their limitations and how to escalate concerns.

Furthermore, this framework aims to complement but not duplicate existing practice, for example, around safeguarding or special education needs and national guidance such as Public Health England's [Whole School and College Approach](#) and the joint publication by the Department for Education and Department of Health; [Transforming Children and Young People's Mental Health Provision: a Green Paper](#).

The framework has separate competencies for those working in early years, primary schools, secondary schools and colleges, with clear enhancements included where necessary for special schools. This framework is intended for primary schools.

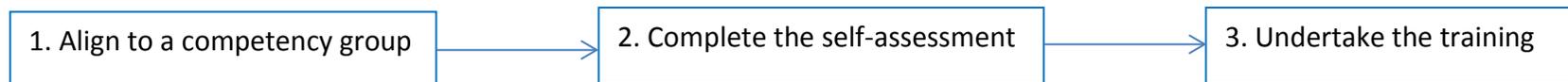
The framework is a *workforce development tool* yet it is not intended to overburden staff or turn teachers into therapists. Nor is it a mental health strategy development tool or PSHE curriculum tool. As the framework was developed a number of useful documents and resources for schools came to light and whilst they were not directly to be included in the framework we didn't want to lose them so they are included as an [appendix](#).

How to Use the Framework

The framework itself is comprised of four components:

- Groups of competencies: core, enhanced and targeted
- Suggestions of staff roles for whom each group of competencies is most likely to be relevant
- A self-assessment tool
- Suggested training options to gain the needed skills and knowledge

Implementing the framework follows three overarching steps for members of staff:



Competency Groups

Members of staff will align with one of three groups of competencies:

1. Core competencies: these are intended for *everyone* within the setting, irrespective of their role to have as a minimum. They focus on being aware of mental health and contributing to a supportive school culture. For some staff within the setting these core competencies will be all that they need to have.
2. Enhanced competencies: these are intended for members of staff who have more interaction with children and young people and their role allows them increased opportunity, and responsibility, to make adjustments in their practice and/or environment. A prime example would be a teacher. These competencies incorporate and build upon the core competencies by focussing more on specific mental health issues, how resilience can be developed, vulnerable groups and having enhanced communication skills.
3. Targeted competencies: these are intended for members of staff who need a greater depth of knowledge of how to support individual pupils with particular mental health or emotional wellbeing difficulties, such as pastoral staff, safeguarding leads or mental health champions. They may also advise and support other members of staff within the school on social emotional mental health support. These targeted competencies incorporate and build upon the core level and some elements of the enhanced group.

All categories include knowing how to escalate concerns. Many competencies are broken down into outcomes which provide further detail on what knowledge and skill are required.

Staff Groups

The table at the end of this section is a guide to help schools determine which members of staff require which level of competency. It is stressed that these are flexible and are only there as a guide. Schools may wish to develop particular roles and following discussion between relevant parties it may be, for example, that a member of staff aligned to the core competencies may also require one or two skills from the enhanced level. The key message is that schools should use the framework in a way that meets their unique need; it is not intended to be rigid or prescriptive.

Self-Assessment Tool

Having determined which group of competencies are relevant to an individual's role, they are to complete the self-assessment tool. This will highlight gaps in knowledge or skill and subsequently where resources are to be directed to enable the member of staff to achieve the full range of abilities they require.

Suggested Training Options

Having undertaken the self-assessment and identified areas for development this framework maps competencies against suggested training options. The competencies are numbered and training options are provided against each number. A range of training options are often provided and in some cases more than one option should be undertaken to fulfil the competency (such as MindEd modules). Suggestions have also been made for when special schools may require additional training or if a school has a high prevalence of Looked After Children. The training options are only suggestions and a school may wish to use other providers, but care should be taken to ensure they have a solid evidence base and meet the competency. Local CAMHS or respected voluntary organisations may offer some excellent training opportunities.

Particularly for the enhanced and targeted levels a coordinated approach to training would ensure the best use of valuable resources and time, such as when face-to-face or group training is required. In some cases undertaking a brief MindEd session or some overview reading initially would be beneficial whilst group training is coordinated. Schools may also wish to consider "buddying-up" with other schools when purchasing training which will share the cost. A coordinated approach will help schools identify themes for staff development and opportunities for individuals to share their learning or existing expertise with colleagues.

The training suggestions come in a range of formats from e-learning, face-to-face, webpages to factsheets. We appreciate that individuals have different learning style preferences, but the options given focus on providing the correct content to meet the competency.

Finally, as mental health can be a very emotive topic members of staff should be aware of their own emotional wellbeing needs and circumstances and be supported through the process. Support may also need to be given to ensure access to online training.

Core	Enhanced	Targeted
Business and administrative team	Teacher	Safeguarding lead
Caretaker/facilities team	Head teacher	Intervention manager
Catering team	Deputy head teacher	SENCO
Governors	Nursery nurse	Pastoral team
Lunch time supervisor	ELSA	Learning mentor
	Play Leader/Worker	School Nurse
	Learning Support Assistant	HLTA
	Teaching assistant	Inclusion lead
		Mental Health Champion

Table of suggested staff per level of competency.

These levels are NOT incremental. Anything that is in the core level which needs to be duplicated in other levels has been included in them. Please read the full section on How to Use the Framework to help you find the level that suits you.

Competencies & Self-Assessment Tool – In It Together: Primary School Core Competencies

Competency	Outcomes	Yes	No	Partial	My Notes	
I have an awareness of the key milestones for child and adolescent development, with a focus on childhood.	C1	I understand the key physical, social, emotional, cognitive and language milestones for children.				
	C2	I have a basic understanding of general learning difficulties plus Special Educational Needs (SEN), including behavioural disorders such as ADHD and Autism. I recognise that development and behaviour may be different for these children and behaviour may be a form of communication. I appreciate that the level of emotional development may vary between children of the same chronological age.				
I have a basic awareness of what social emotional mental health is, including the importance of prevention and early intervention and can recognise changes in behaviour.	C3	I understand the concept of mental health, mental wellbeing and mental ill-health.				
	C4	I can recognise changes in behaviour and warning signs that something may be wrong and do not ignore these.				
	C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.				
I can communicate effectively with children relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and to calm a distressed child. I know how to escalate concerns regarding a child's social emotional mental health.	C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a child, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a child's preferences, opinions and wishes.				
	C7	I can adapt my communication style to be able to converse with an autistic child.				
	C8	I can adapt my communication style to be able to be able to converse with a child who has a learning disability.				
	C9	I am aware of the school's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's social emotional mental health.				
	C10	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites.				

I am aware of school strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	C11	Policies may include: <ul style="list-style-type: none"> • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) 				
I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	C12	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.				
	C13	If I have an existing mental health condition I know how to care for this and access services if necessary.				
I have the ability to effectively promote an open and honest culture within the whole school around social emotional mental health.	C14	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.				
	C15	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.				
	C16	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.				

Having completed your self-assessment please click [here](#) to go to the training directory.

Competencies & Self-Assessment Tool – In It Together: Primary School Enhanced Competencies

Competency	Outcomes		Yes	No	Partial	My Notes
I have a clear understanding of child and adolescent development, including Special Educational Needs (SEN) and protective factors for emotional wellbeing, and can use this understanding to underpin behaviour and interactions with children.	E1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.				
	E2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children who have these.				
Prevention: I am aware of the importance of resilience and can work to support and develop this within remit of my role.	E3	I have a solid understanding of resilience, the role it plays and how it can be developed within an education setting.				
	E4	I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am aware of the impact that loss, trauma, bereavement, separation & transition can have on a child.				
Prevention: I am aware of vulnerable groups, their risk factors to social emotional mental health and can adapt my ways of working to support these children.	E5	<p>I am aware of factors that can contribute to a child being vulnerable to developing social emotional mental health difficulties. I can support children to establish and maintain positive friendships.</p> <p>I understand the links with Safeguarding responsibilities and ways of working.</p> <p>I show respect and understanding of the child’s situation and subsequent emotional wellbeing needs.</p>				
Early Intervention: I am able to recognise the signs and symptoms of common social emotional mental health conditions and can adapt my ways of working to support these. I am <u>not</u> expected to diagnose or	E6	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites. (Note: Sign posting is an early intervention. This can include websites or leaflets. RCPSYCH factsheets include early intervention strategies.)				

<p>treat mental health problems but I know when and how to escalate concerns and seek additional help.</p>	E7	I am aware of the school's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's social emotional mental health.				
	E8	I understand the concept of mental health, mental wellbeing and mental ill-health.				
	E9	<u>Anxiety</u> : I understand what anxiety is, can identify signs and symptoms, understand why anxiety may develop and can implement basic strategies for working with children with anxiety.				
	E10	<u>Depression</u> : I understand what depression and low mood are, can identify signs and symptoms and can implement basic strategies for working with children with depression and low mood.				
	E11	<u>Eating Disorders</u> : I understand what an eating disorder is and can identify signs and symptoms. I can support a child with his/her eating disorder or worrying attitude to food. I can promote positive self-esteem.				
	E12	<u>Self-harm</u> : I have a basic knowledge of self-harm in children and how it may present.				
	E13	I can recognise potential signs of sexualised behaviour in children.				
	E14	I can support children to cope with exam stress.				
<p>I have enhanced communication skills which enable me to have effective, confident conversations with children about their social emotional mental health which are relevant to their age, circumstance, culture and ability. I can use my communication skills to offer basic support and to calm a distressed child.</p>	E15	<p>I can engage with a child about their emotional wellbeing needs. I ensure the child's voice is heard, such as through active listening, coaching conversations, questioning, not making assumptions and emotionally literate responses.</p> <p>I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child, e.g. by using different materials such as writing or drawing.</p>				
	E16	I can adapt my communication style to be able to converse with an autistic child.				

	E17	I can adapt my communication style to be able to be able to converse with a child who has a learning disability.				
	E18	I know how to react when a child confides in me about their social emotional mental health and not to panic.				
I am aware of school strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	E19	<p>Policies may include:</p> <ul style="list-style-type: none"> • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) 				
I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	E20	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.				
	E21	If I have an existing mental health condition I know how to care for this and access services if necessary.				
I have the ability to effectively promote an open and honest culture within the whole school around social emotional mental health.	E22	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.				
	E23	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.				

	E24	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.				
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Having completed your self-assessment please click [here](#) to go to the training directory.

Competencies & Self-Assessment Tool – In It Together: Primary School Targeted Competencies

Competency	Outcomes		Yes	No	Partial	My Notes
I have a clear understanding of child and adolescent development, including Special Educational Needs (SEN) and protective factors for emotional wellbeing, and can use this understanding to underpin behaviour and interactions with children.	T1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.				
	T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children who have these.				
I understand what CAMHS does and does not provide and am able to engage with emotional wellbeing and mental health services.	T3	I understand the various service provisions, thresholds and referral criteria of CAMHS and other local services (including health, the voluntary sector and social care). I understand the role of Forensic CAMHS.				
	T4	I understand how to access services (including the role and function of a Single Point of Access if applicable to the area).				
	T5	I am able to assess a situation, gather information and know when to make an external referral or engage CAMHS in systemic work (depending on local referral arrangements, including Mental Health Support Teams in Education Settings).				
	T6	I am able to coordinate and/or undertake an assessment of a child’s social emotional mental health (such as a Strengths and Difficulties Questionnaire – SDQ for 5 – 11years).				
	T7	I am aware of and involved in local networks to an appropriate level to ensure the school does not manage mental health and emotional wellbeing in isolation and options for social prescribing.				

	T8	<p>I am aware of national agencies that can offer support and guidance to schools on children’s social emotional mental health, such as:</p> <ul style="list-style-type: none"> • ChildLine • Young Minds • Samaritan’s • NSPCC • Beat • selfharm UK • The National Autistic Society • Barnardo’s 				
I am aware of school strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	T9	<p>Policies may include:</p> <ul style="list-style-type: none"> • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) 				
I have an in depth understanding of the signs and symptoms of common mental	T10	I am aware of the local 0 – 19 Public Health Nursing services and how to access them.				

<p>health conditions and poor emotional wellbeing. I am then able to formulate targeted interventions and appropriate self-help strategies for a child. In all situations I know when and how to escalate concerns.</p>	T11	<p>I have a range of supportive communication skills (such as therapeutic communication skills, motivational interviewing, coaching and counselling micro-skills) I understand the difference between these and when to use each approach. I am able to creatively challenge a child so they can achieve their goals.</p> <p>I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child, e.g. by using different materials such as writing or drawing.</p> <p>I can communicate effectively with children relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed child.</p>				
	T12	<p>I understand the potential negative effect of social media on emotional wellbeing and mental health, but am also aware of the importance of social capital as a preventative measure. I can put in place intervention strategies around anxiety and eating disorders/body image etc. to support a child in difficulty.</p>				
	T13	<p>I understand the difficulties faced by children moving from primary school to secondary school and can suggest strategies to alleviate this.</p>				
	T14	<p>I understand the potential underlying mental health links and causes to bullying from the perspective of the bully and bullied and can use this knowledge when the school is determining what action to take. I act in concordance with the school's anti-bullying policy.</p>				
	T15	<p>I can recognise sexualised behaviour and understand what steps to take.</p>				

	T16	<u>Self-harm</u> : I have a solid understanding of self-harm. I can actively listen to a child who has self-harmed and identify helpful attitudes and strategies, including distraction techniques.				
	T17	I am aware of national and local suicide prevention strategies.				
	T18	<u>Eating Disorders</u> : I understand the different types of eating disorders and steps to support a young person with their management and care. I am aware of ways to promote positive body image and self-esteem.				
	T19	<u>Eating Disorders</u> : I am aware of the local Community Eating Disorder Service for Children and Young People and how to contact them (provided by local CAMHS).				
	T20	<u>Anxiety</u> : I understand what anxiety is, potential causes and can recognise signs and symptoms, including OCD. I can support a child with strategies to manage anxiety.				
	T21	<u>Anxiety</u> : I can use my supportive communication skills to be able to support a child who has experienced a traumatic event/major incident/terror attack.				
	T22	<u>Anxiety</u> : I understand the negative impact of assessment stress on social emotional mental health and suggest age appropriate strategies to reduce this.				
	T23	<u>Depression</u> : I understand the difference between low mood and depression and can recognise signs and symptoms. I can use my supportive communication skills and positive language to support children suffering from low mood and depression.				
I am able to effectively collaborate with other members of staff, and a child's peers if appropriate, to enable them to support the child and implement targeted support.	T24	This may include supporting the implementation of recommendations from when external agencies, such as CAMHS, are involved. I can engage in collaborative working with the team around the child (applying many of the principles found in Safeguarding ways of working).				

I understand how to engage and work with vulnerable children around their mental health and emotional wellbeing.	T25	<p>I am aware of factors that can contribute to a child being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions may present in children with different vulnerabilities and can recommend/implement strategies to support these children.</p> <p>I can support children to establish and maintain positive friendships.</p>				
	T26	<p><u>Young carers</u>: I understand the emotional needs of young carers and what support that can be offered to them (both in school and in the community).</p>				
	T27	<p><u>LGBTQ+</u>: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in school and in the community).</p>				
	T28	<p>I understand the mental health needs of Looked After Children and Care Leavers and insecure attachment. I understand the basics of attachment theory and behavioural characteristics of different attachment styles.</p> <p>I am able to identify strategies to empower staff to appropriately support young people with attachment difficulties.</p> <p>I am aware of Adverse Childhood Experiences (ACE) and the impact upon social emotional development.</p>				
	T29	<p>I understand the impact of separation, loss, bereavement & transition along with effective interventions to support children who have experienced this.</p>				
	T30	<p>I have a basic awareness of the impact of parental mental health, domestic abuse and substance misuse (toxic trio) on a child and am able to identify when this may be present. I understand the links this has to Safeguarding and what actions to take to support a child facing these difficulties.</p>				

I can have difficult conversations with parents/carers regarding a child's mental health needs and collaborate with them to co-develop action plans.	T31	Through respectful partnership working, active listening and questioning and involvement in decision making I can build a relationship with parents/carers and effectively communicate with and engage with families. I recognise the impact a child's poor emotional wellbeing or mental health can have on a family and am able to de-escalate a situation and calm a distressed person.				
	T32	I am aware of how different cultures may perceive and respond to mental health problems. I understand that many families are complex and diverse. I therefore avoid stereotyping or making assumptions and instead listen to family members to elicit their individual perspectives.				
I can support the school's management team to identify themes and trends relating to areas for concern around children's mental health and emotional wellbeing. I can support the management team to work with colleagues and agencies through a collaborative approach when developing strategies to address these.	T33	I am able to undertake a mental health audit of the school, pulling together the pupil voice from various groups as well as other sources of information, such as pastoral care reports and SEND reports. I can involve children in the design of mental health initiatives when appropriate and can support strengthening relationships with CAMHS.				
	T34	I have a solid understanding of resilience and can participate in whole school approach to building resilience. Included in this I understand that having a sense of connectedness or belonging to the school is a protective factor for mental health.				
	T35	I understand the school's communication routes to disseminate information and good practice. I can ensure there are clear pathways within the school so pupils know how to raise mental health and emotional wellbeing needs.				
	T36	I can take an active role in driving a whole school ethos of openness and empathy, challenge stigma and normalise talk about mental health.				

	T37	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.				
	T38	I understand what actions my role is expected to take in response to critical events, e.g. when there has been a suicide/sudden death within the school.				
I can lead or contribute to the quality assurance of external mental health and wellbeing support offers, interventions and organisations that are brought into the school, ensuring that resources are effectively and efficiently used.	T39	I can access the Local Authority prohibited speakers list or know who can. I can use my knowledge of social emotional mental health to support the identification of suitable PSHE materials relating to social emotional mental health. Note: The assurance process can include checking websites, testimonials, preferred list of providers and using your knowledge of social emotional mental health to ensure organisations/guest speakers are fit for purpose. This can include examining the evidence base, qualifications, recent training, knowledge of their professional body and who to contact if concerns are raised.				
I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	T40	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.				
	T41	If I have an existing mental health condition I know how to care for this and access services if necessary.				
I am able to recognise when members of staff may be struggling with their own emotional wellbeing and mental health, am able to offer basic help, signpost to appropriate information and encourage access to additional interventions/help if needed.	T42	I can recognise the signs of burnout and secondary trauma. I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.				

Having completed your self-assessment please click [here](#) to go to the training directory.

Training Directory – In It Together: Primary School Core Competencies

Outcomes		Training Options
C1	I understand the key physical, social, emotional, cognitive and language milestones for children.	Developmental Milestones School Age (5-11yrs) Video
C2	I have a basic understanding of general learning difficulties plus Special Educational Needs (SEN), including behavioural disorders such as ADHD and Autism. I recognise that development and behaviour may be different for these children and behaviour may be a form of communication. I appreciate that the level of emotional development may vary between children of the same chronological age.	The child with general learning disability : RCPSYCH factsheet. Attention-deficit hyperactivity disorder and hyperkinetic disorder : RCPSYCH factsheet. Autism and Asperger's syndrome : RCPSYCH factsheet. <i>All three factsheets to read to meet the competency.</i>
C3	I understand the concept of mental health, mental wellbeing and mental ill-health.	What is mental health and mental illness? Rethink booklet.
C4	I can recognise changes in behaviour and warning signs that something may be wrong and do not ignore these.	What Goes Wrong? MindEd: Free online e-learning. Types of problems . Time to Change webpage. <i>Both options to be looked at to achieve the competency.</i>
C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.	Risks and protective factors : Heads Together Mentally Healthy Schools
C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a child, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a child's preferences, opinions and wishes.	Talking with Kids - Positive Ways to Talk and Listen: PBS Website with 11 top tips to work through to meet the competency. This is parent focussed but same principles apply.

C7	I can adapt my communication style to be able to converse with an autistic child.	Communicating and interacting . The National Autistic Society webpage.
C8	I can adapt my communication style to be able to be able to converse with a child who has a learning disability.	Communicating with and for people with learning disabilities . Mental Health Foundation webpage with section on communication techniques.
C9	I am aware of the school's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's social emotional mental health.	External training is not suggested for this competency, but time should be taken to find out who leads on mental health within the school and how to contact them.
C10	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites.	External training is not suggested for this competency but time should be taken to find out if the local area has a dedicated website to support children's mental health.
C11	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
C12	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.	<p>Looking after your own emotional wellbeing is unique to you, some suggestions however are:</p> <p>Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website.</p> <p>Audio guides to boost your mood. NHS</p> <p>How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course</p> <p>Headspace. App.</p> <p>5 Steps to Improve Mental Health & Wellbeing. YouTube Video</p> <p>Living Life to the Full. Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more.</p> <p>Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health.</p>

C13	If I have an existing mental health condition I know how to care for this and access services if necessary.	<p>Welcome to the Moodzone. NHS Choices webpage including search function for local services.</p> <p>Getting Help. Mental Health Foundation webpage.</p>
C14	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.	No external training is suggested for this competency but personal reflection is suggested with line manager discussion if necessary.
C15	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.	Positive Language : Plugging the Leaks: Word document to download
C16	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.	<p>Time to Change: Myths & Facts: Webpage</p> <p>What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video</p> <p><i>Both options</i> to be looked at to achieve the competency.</p>

Training Directory – In It Together: Primary School Enhanced Competencies

Outcomes		Training Options
E1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.	<p>Introducing Child Development. MindEd: Free online e-learning</p> <p>Emotional Development. MindEd: Free online e-learning</p> <p>Complex Neurodevelopmental Problems. MindEd: Free online e-learning.</p> <p><i>All three of the above modules should be completed to achieve the competency). Schools may also want to consider:</i></p> <p>Mental Health ITT Development Programme. Leeds Beckett University: Also covers competencies relating to attachment and resilience.</p>
E2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children who have these.	<p>Examples of Autism Spectrum Behaviours. Child Autism UK Webpage</p> <p>Autism and Related Problems. MindEd free e-learning</p> <p>Poor Concentration and Overactivity 1. MindEd free e-learning</p>
E3	I have a solid understanding of resilience, the role it plays and how it can be developed within an education setting.	<p>How Environment Affects Children's Mental Health. MindEd: Free online e-learning</p> <p>Resilience: 4 Key Skills – practical ideas. In our Hands video (is labelled for school nurses but suitable for all staff in this group)</p> <p>Using a Resilience Model to Promote Positive Mental Health in School. In our Hands. 50 minute video.</p> <p>Academic Resilience: A Whole School Approach Training. Young Minds: £195+VAT</p> <p>Suggest <i>all four</i> training options are taken in a staged approach.</p>

E4	<p>I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am aware of the impact that loss, trauma, bereavement, separation & transition can have on a child.</p>	<p>Attachment and Human Development. MindEd: Free online e-learning</p> <p>Divorce or separation of parents - the impact on children and adolescents. RCPSYCH factsheet.</p> <p>Death in the family - helping children to cope. RCPSYCH factsheet</p> <p>Death Through Suicide. Winston's Wish Website</p> <p>Children in Care. Heads Together –Mentally Healthy Schools Webpage</p> <p>Inside I'm Hurting. Adoption Plus UK. £168 pp inc VAT, one day training. This could be followed by a further day's training – What About Me? £140 + VAT. <i>Inside I'm Hurting</i> is also a practical book by Louise Bomber that is recommended and can be purchased.</p> <p>(Schools with higher numbers of Looked After Children in particular may want to consider this training as an addition to the MindEd session)</p> <p>Mental Health ITT Development Programme. Leeds Beckett University. Also covers SEN and resilience.</p>
E5	<p>I am aware of factors that can contribute to a child being vulnerable to developing social emotional mental health difficulties. I can support children to establish and maintain positive friendships.</p> <p>I understand the links with Safeguarding responsibilities and ways of working.</p> <p>I show respect and understanding of the child's situation and subsequent emotional wellbeing needs.</p>	<p>Vulnerable Groups - An Overview. MindEd: Free online e-learning</p> <p>Children Adopted or In Care. MindEd: Free online e-learning</p> <p>Mental Health and Wellbeing. MindEd: Free online e-learning</p> <p>Risk and Protective Factors: Chart</p> <p>The Circle of Friends Approach: pdf to download</p> <p>Suggest <i>all</i> options are undertaken to meet the competency.</p>

E6	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites. (Note: Sign posting is an early intervention. This can include websites or leaflets. RCPSYCH factsheets include early intervention strategies.)	External training is not suggested for this competency but time should be taken to find out if the local area has a dedicated website to support and signposting for children's mental health.
E7	I am aware of the school's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's social emotional mental health.	External training is not suggested for this competency, but time should be taken to find out who leads on mental health within the school and how to contact them.
E8	I understand the concept of mental health, mental wellbeing and mental ill-health.	What is mental health and mental illness? Rethink booklet
E9	<u>Anxiety</u> : I understand what anxiety is, can identify signs and symptoms, understand why anxiety may develop and can implement basic strategies for working with children with anxiety.	The Worried Child . MindEd: Free online e-learning Anxiety in children . NHS Choices website with advice Worries and anxieties - helping children to cope. RCPSYCH factsheet Practical Strategies for Helping Children Manage Overwhelming Feelings . In our Hands video. Suggest <i>all four</i> above options are undertaken to meet the competency.
E10	<u>Depression</u> : I understand what depression and low mood are, can identify signs and symptoms and can implement basic strategies for working with children with depression and low mood.	Sad, Bored or Isolated . MindEd: Free online e-learning Depression and Your Child . Young Minds: Free booklet providing an overview Signs of depression in children . NHS Webpage
E11	<u>Eating Disorders</u> : I understand what an eating disorder is and can identify signs and symptoms. I can support a child with his/her eating disorder or worrying attitude to food. I can promote positive self-esteem.	Eating Difficulties in Younger Children . In our Hands. Video 7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes
E12	<u>Self-harm</u> : I have a basic knowledge of self-harm in children and how it may present.	Self-Harm . NSPCC webpage.

E13	I can recognise potential signs of sexualised behaviour in children.	Healthy sexual behaviour : Your guide to keeping children safe, spotting warning signs and what to do if you're worried. Factsheets and advice.
E14	I can support children to cope with academic stress.	Help your child beat exam stress . NHS Choices: aimed at parents but includes signs of exam stress and useful tips. Exam Stress . BBC Radio 1: Webpage with lots of advice and resources.
E15	I can engage with a child about their emotional wellbeing needs. I ensure the child's voice is heard, such as through active listening, coaching conversations, questioning, not making assumptions and emotionally literate responses. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child, e.g. by using different materials such as writing or drawing.	Listening Skills . MindEd. Free online e-learning. Engaging Children and Young People . MindEd: Free online e-learning The Me First Communication Model Free online model. Communicating with children . UNICEF free toolkit Adapting the environment : Talking Point: Webpage with basic tips Teaching Children a Vocabulary for Emotions . Document to download Teaching Your Child to Identify and Express Emotions : The Center on the Social and Emotional Foundations for Early Learning. Document to download Active Listening . Skills you need: Webpage with top tips Resilience: Wellbeing without Words . Place2Be: 1 day workshop Suggest all training options are undertaken over time to achieve a range of communication skills.
E16	I can adapt my communication style to be able to converse with an autistic child.	Communicating and interacting . The National Autistic Society webpage
E17	I can adapt my communication style to be able to be able to converse with a child who has a learning disability.	Communicating with and for people with learning disabilities . Mental Health Foundation: Webpage with section on communication techniques.

E18	I know how to react when a child confides in me about their social emotional mental health and not to panic.	Responding to Mental Health Disclosures . In our Hands video.
E19	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
E20	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.	<p>Looking after your own emotional wellbeing is unique to you, some suggestions however are:</p> <p>Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website.</p> <p>Audio guides to boost your mood. NHS</p> <p>How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course</p> <p>Headspace. App.</p> <p>5 Steps to Improve Mental Health & Wellbeing – YouTube Video</p> <p>Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more.</p> <p>Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health.</p>
E21	If I have an existing mental health condition I know how to care for this and access services if necessary.	<p>Welcome to the Moodzone. NHS Choices webpage including search function for local services.</p> <p>Getting Help. Mental Health Foundation webpage.</p>

E22	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.	No external training is suggested for this competency but personal reflection is suggested with line manager discussion if necessary.
E23	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.	Positive Language : Plugging the Leaks: Word document to download
E24	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.	Time to Change : Myths & Facts: Webpage What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video <i>Both options</i> to be looked at to achieve the competency.

Training Directory – In It Together: Primary School Targeted Competencies

Outcomes		Training Options
T1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.	<p>Introducing Child Development. MindEd: Free online e-learning</p> <p>Emotional Development. MindEd: Free online e-learning</p> <p>Complex Neurodevelopmental Problems. MindEd: Free online e-learning.</p> <p><i>All three</i> of the above modules should be completed to achieve the competency</p>
T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children who have these.	<p>Autism and Related Problems. MindEd free e-learning</p> <p>Poor Concentration and Overactivity 1. MindEd free e-learning</p> <p>Special Schools should also consider Making Sense of Mental Health. NASS: Four module e-learning £90 for single license, £500 10 licenses</p>
T3	I understand the various service provisions, thresholds and referral criteria of CAMHS and other local services (including health, the voluntary sector and social care). I understand the role of Forensic CAMHS.	<p>As per local arrangements the school can liaise with CAMHS and other services to understand their services, e.g. via Mental Health Champions, Primary Practitioners, CAMHS outreach workers.</p> <p>Forensic CAMHS information is available here.</p>
T4	I understand how to access services (including the role and function of a Single Point of Access if applicable to the area).	No external training is suggested for this but schools should liaise with CAMHS to determine if a Single Point of Access is established.
T5	I am able to assess a situation, gather information and know when to make an external referral or engage CAMHS in systemic work (depending on local referral arrangements, including Mental Health Support Teams in Education Settings).	<p>Designing School and Hospital Interventions. MindEd: Free online e-learning.</p> <p>Putting Information Together. MindEd: Free online e-learning.</p> <p>Suggest both sessions are undertaken to meet the competency alongside liaising with CAMHS.</p>

T6	I am able to coordinate and/or undertake an assessment of a child's social emotional mental health (such as a Strengths and Difficulties Questionnaire – SDQ for 5 – 11years).	Measuring mental wellbeing to improve the lives of children and young people . CORC free online e-learning What is the SDQ? Youth in Mind SDQ website including questionnaires and scoring. Some CAMHS also provide SDQ training.
T7	I am aware of and involved in local networks to an appropriate level to ensure the school does not manage mental health and emotional wellbeing in isolation and options for social prescribing.	No external training is suggested for this but time should be taken to research local networks and how the school can link to them.
T8	I am aware of national agencies that can offer support and guidance to schools on children's social emotional mental health, such as: <ul style="list-style-type: none"> • ChildLine • Young Minds • Samaritan's • NSPCC • Beat • selfharm UK • The National Autistic Society • Barnardo's • 	No external training is suggested for this, but time should be taken to review their websites to discover how they can support schools and children.
T9	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
T10	I am aware of the local 0 – 19 Public Health Nursing services and how to access them.	Contact the children and young people's lead in the public health team at your local authority.
T11	I have a range of supportive communication skills (such as therapeutic communication skills, motivational interviewing, coaching and counselling micro-skills) I understand the difference between these and when to use each approach. I am able to creatively challenge a child so they can achieve their goals. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my	Active Listening . Skills you need: Webpage with top tips Positive Language : Plugging the Leaks: Word document to download (also applicable to working with parents and colleagues) Introduction to Counselling Skills : Place2Be 1 day workshop Counselling skills for schools . Leeds Beckett University: Four half days or two full days.

	<p>communication method according to the needs of the child, e.g. by using different materials such as writing or drawing.</p> <p>I can communicate effectively with children relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed child.</p>	<p>Developing motivational interviewing techniques in work with children and young people. O'Neill Training.</p> <p>Consideration should be given to which option(s) are best suited to need of the individual.</p>
T12	<p>I understand the potential negative effect of social media on emotional wellbeing and mental health, but am also aware of the importance of social capital as a preventative measure. I can put in place intervention strategies around anxiety and eating disorders/body image etc. to support a child in difficulty.</p>	<p>#StatusOfMind. Royal Society for Public Health: Webpage plus report to download and read.</p>
T13	<p>I understand the difficulties faced by children moving from primary school to secondary school and can suggest strategies to alleviate this.</p>	<p>Coping with Transition. Place2Be 1 day workshop</p> <p>Children who are moving from primary to secondary school. Heads Together, Mentally Healthy Schools. Webpage</p>
T14	<p>I understand the potential underlying mental health links and causes to bullying from the perspective of the bully and bullied and can use this knowledge when the school is determining what action to take. I act in concordance with the school's anti-bullying policy.</p>	<p>Bullying and Mental Health Training. Young Minds 1 day or half day</p>
T15	<p>I can recognise sexualised behaviour and understand what steps to take.</p>	<p>Healthy sexual behaviour: Your guide to keeping children safe, spotting warning signs and what to do if you're worried. NPSCC Factsheets and advice.</p> <p>Harmful sexual behaviour: seminar programme. NSPCC: £15pp, 1.5 hours</p> <p>Suggest <i>both</i> options are undertaken – the factsheet initially followed when possible by the seminar.</p>

T16	<u>Self-harm</u> : I have a solid understanding of self-harm. I can actively listen to a child who has self-harmed and identify helpful attitudes and strategies, including distraction techniques.	Self-Harm . NSPCC webpage
T17	I am aware of national and local suicide prevention strategies.	National Strategy - Preventing suicide in England HM Government Local Strategies & Action Plans will be available from Public Health Departments within Local Authorities
T18	<u>Eating Disorders</u> : I understand the different types of eating disorders and steps to support a child with their management and care. I am aware of ways to promote positive body image and self-esteem.	Eating Difficulties in Younger Children . In our Hands video Eating Disorders and Children . Eating Disorders Victoria: Webpage with useful tips Body image and primary school children – Kismatter Webpage Body Image – What Can Schools Do? Heads Together – Mentally Healthy Schools Webpage 7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes (Suggest all options are undertaken.)
T19	<u>Eating Disorders</u> : I am aware of the local Community Eating Disorder Service for Children and Young People and how to contact them (provided by local CAMHS).	No external training is suggested for this but schools should liaise with CAMHS when achieving competency T3.
T20	<u>Anxiety</u> : I understand what anxiety is, potential causes and can recognise signs and symptoms, including OCD. I can support a child with strategies to manage anxiety.	Moodcafe Relaxation Techniques for Children – Moodcafe OCD Factsheet - RCPSYCH Anxiety Disorders Training . YoungMinds. Healthy Sleep Tips for Children : NHS Webpage Schools may also want to consider the Coping Cat approach for anxiety in 7 – 13 years olds

T21	<u>Anxiety</u> : I can use my supportive communication skills to be able to support a child who has experienced a traumatic event/major incident/terror attack.	Traumatic stress in children . RCPSYCH factsheet
T22	<u>Anxiety</u> : I understand the negative impact of assessment stress on social emotional mental health and suggest age appropriate strategies to reduce this.	Help your child beat exam stress . NHS Choices: aimed at parents but includes signs of exam stress and useful tips. Exam Stress . BBC Radio 1: Webpage with lots of advice and resources.
T23	<u>Depression</u> : I understand the difference between low mood and depression and can recognise signs and symptoms. I can use my supportive communication skills and positive language to support children suffering from low mood and depression.	Sad, Bored or Isolated . MindEd: Free online e-learning. Signs of depression in children . NHS Webpage
T24	This may include supporting the implementation of recommendations from when external agencies, such as CAMHS, are involved. I can engage in collaborative working with the team around the child (applying many of the principles found in Safeguarding ways of working).	No external training is suggested for this; however the school may consider training on collaborative/team working as part of its general development. The principles learnt at safeguarding training would be applicable.
T25	I am aware of factors that can contribute to a child being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions may present in children with different vulnerabilities and can recommend/implement strategies to support these children. I can support children to establish and maintain positive friendships.	Vulnerable Groups - An Overview. MindEd free online e-learning Preparing vulnerable children for the holidays . In our Hands video (Suggest both options are undertaken.) Migrant and refugee children . Heads Together – Mentally Healthy Schools Webpage The Circle of Friends Approach : pdf to download
T26	<u>Young carers</u> : I understand the emotional needs of young carers and what support that can be offered to them (both in school and in the community).	Young Carers : Action for Children: free e-learning module. Young Carers : Heads Together – Mentally Healthy Schools Webpage

		<p>Young Carers in Schools. Information on a free initiative run by Carers Trust and The Children’s Society.</p> <p>Plus link to competency T7.</p>
T27	<p><u>LGBTQ+</u>: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in school and in the community).</p>	<p>Teacher Training for Primary Schools. Stonewall: one day training</p> <p>or</p> <p>LGBT Awareness: £30 +VAT online course</p> <p>Plus link to competency T7.</p>
T28	<p>I understand the mental health needs of Looked After Children and Care Leavers and insecure attachment. I understand the basics of attachment theory and behavioural characteristics of different attachment styles.</p> <p>I am able to identify strategies to empower staff to appropriately support young people with attachment difficulties.</p> <p>I am aware of Adverse Childhood Experiences (ACE) and the impact upon social emotional development.</p>	<p>Children Adopted or In Care. MindEd: Free e-learning.</p> <p>Attachment and Human Development. MindEd: Free e-learning</p> <p>Depending upon circumstances schools may initially want to undertake the above MindEd sessions followed by additional training below, or immediately jump to one of the training options below:</p> <p>Looked After Children and Young People Training. Young Minds £195 + VAT</p> <p>Understanding Attachment Place2Be 1 day workshop</p> <p>Inside I’m Hurting. Adoption Plus UK £180 pp inc VAT, one day training. Can be followed by a further day’s training – What About Me? £180 pp inc VAT.</p> <p>Adverse Childhood Experience ACE - a short guide video Followed by Trauma and Adverse Childhood Experiences Training: YoungMinds 1 day £195 + VAT</p>
T29	<p>I understand the impact of separation, loss, bereavement & transition along with effective interventions to support children who have experienced this.</p>	<p>A Whole School Approach to Supporting Loss and Bereavement: NHS Glasgow pdf to download</p>

T30	I have a basic awareness of the impact of parental mental health, domestic abuse and substance misuse (toxic trio) on a child and am able to identify when this may be present. I understand the links this has to Safeguarding and what actions to take to support a child facing these difficulties.	<p>The Toxic Trio. Kate Young. Blog to read for understanding.</p> <p>Parental mental illness: the impact on children and adolescents. RCPSYCH factsheet</p> <p>Poor parental mental health. Heads Together – Mentally Healthy Schools Webpage</p>
T31	<p>Through respectful partnership working, active listening and questioning and involvement in decision making I can build a relationship with parents/carers and effectively communicate with and engage with families.</p> <p>I recognise the impact a child’s poor emotional wellbeing or mental health can have on a family and am able to de-escalate a situation and calm a distressed person.</p>	<p>Communicating With Families. MindEd: Free e-learning.</p> <p>Working with Parents: Place2Be 1 day workshop</p> <p>Depending upon circumstances schools may wish to initially undertake the MindEd session and later the Place2Be training, or immediately undertake the Place2Be training.</p> <p>Mental Health ITT Development Programme. Leeds Beckett University. Also covers developing relationships with pupils and developing own resilience and SEN.</p> <p>Also to consider: The Solihull Approach for Schools: an online Multi User Licence course bringing together education staff and parents.</p>
T32	I am aware of how different cultures may perceive and respond to mental health problems. I understand that many families are complex and diverse. I therefore avoid stereotyping or making assumptions and instead listen to family members to elicit their individual perspectives.	<p>Multicultural Issues and Mental Health Information sheet to download (Australian but same advice applies).</p>
T33	I am able to undertake a mental health audit of the school, pulling together the pupil voice from various groups as well as other sources of information, such as pastoral care reports and SEND reports. I can involve children in the design of mental health initiatives when appropriate and can support strengthening relationships with CAMHS.	<p>Emotional and Mental Health – Toolkit. Online Resource Derbyshire County Council & NHS (audit p7)</p> <p>Mental Health Champions Programme. Three half day training sessions as well as four to six personalised consultation sessions held over at least two academic terms.</p> <p>Some areas also offer a local Mental Health Champions programme supported by CAMHS.</p>

T34	I have a solid understanding of resilience and can participate in whole school approach to building resilience. Included in this I understand that having a sense of connectedness or belonging to the school is a protective factor for mental health.	Relationships and belonging . Heads Together: Mentally Healthy Schools. Webpage Academic Resilience : A Whole School Approach Training. Young Minds: 1 day £195+VAT pp or How to Thrive (Using Penn Resilience Programme). How to Thrive.
T35	I understand the school's communication routes to disseminate information and good practice. I can ensure there are clear pathways within the school so pupils know how to raise mental health and emotional wellbeing needs.	No external training is recommended for this but time should be taken to review and familiarise communication routes.
T36	I can take an active role in driving a whole school ethos of openness and empathy, challenge stigma and normalise talk about mental health.	Tackling Stigma : A Practical Toolkit. RCPsych. Time to Change : Get Involved in Schools. Free resources and tools. What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? video
T37	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.	No external training is suggested for this competency but personal reflection is suggested with line manager discussion if necessary.
T38	I understand what actions my role is expected to take in response to critical events, e.g. when there has been a suicide/sudden death within the school.	No external training is suggested but time should be taken to review and ensure clarity of roles.
T39	I can access the Local Authority prohibited speakers list or know who can. I can use my knowledge of social emotional mental health to support the identification of suitable PSHE materials relating to social emotional mental health.	No external training is suggested but time should be taken to review this competency.

	<p>Note: The assurance process can include checking websites, testimonials, preferred list of providers and using your knowledge of social emotional mental health to ensure organisations/guest speakers are fit for purpose. This can include examining the evidence base, qualifications, recent training, knowledge of their professional body and who to contact if concerns are raised.</p>	
T40	<p>I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.</p>	<p>Looking after your own emotional wellbeing is unique to you, some suggestions however are:</p> <p>Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website.</p> <p>Audio guides to boost your mood. NHS</p> <p>How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course</p> <p>Headspace. App.</p> <p>5 Steps to Improve Mental Health & Wellbeing – YouTube Video</p> <p>Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more.</p> <p>Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health.</p>
T41	<p>If I have an existing mental health condition I know how to care for this and access services if necessary.</p>	<p>Welcome to the Moodzone. NHS Choices webpage including search function for local services.</p> <p>Getting Help. Mental Health Foundation webpage.</p>

T42	<p>I can recognise the signs of burnout and secondary trauma.</p> <p>I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.</p>	<p>How to support staff who are experiencing a mental health problem. Mind free online toolkit</p> <p>Caring For The Wellbeing Of Teachers And School Staff. Young Minds online toolkit</p>
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Appendix A – Useful Resources

Topics:

- [Anti-Bullying](#)
- [Anti-Stigma & Anti-Stereotyping](#)
- [CSE](#)
- [Eating Disorders](#)
- [Self-Harm](#)
- [Self-Help](#)
- [Other](#)
- [National Guidance](#)
- [Teaching Children and Young People About Emotional Wellbeing and Mental Health](#)
- [Whole School Support](#)

Anti-Bullying

Title	Format	Details
Anti-Bullying Alliance	Online Training	6 modules to better understand bullying

Anti-Stigma & Anti-Stereotyping

Title	Format	Details
A Smile a Day	Poster	Young person designed encouraging talking about problems
Dealing With It	Video	“This short animated resource was developed and designed solely by young people with the aim of being a ‘young person friendly’ educational resource that promotes discussion around anti-social behaviour, substance use and stereotyping.”
I Am Whole	PDF Booklet	YMCA and NHS produced report investigating stigma – lots of useful messages

		and information.
It's Okay Not to be Okay	Video	By fixers – why it's okay not be okay
Mental Health Song	Video/Song	Mental health awareness song produced by a school in North East Lincolnshire
Mental Health Stigma	Video	By fixers – young people talk about their experiences and challenges of talking
Time to Change	Website with lots of resources to download and use in schools	National anti-stigma campaign

CSE

Title	Format	Details
Working with children who are victims or at risk of sexual exploitation: Barnardo's model of practice	Downloadable booklet	"This paper first sets out the issue of child sexual exploitation and the models and processes used to exploit children and young people, and then explains the '4 As' from a practitioner perspective. It has been developed for a broad audience, including those who wish to learn about effective and evidence-based engagement with children at risk of, and those who have been victims of, sexual exploitation."

Eating Disorders

Title	Format	Details
Beat	Website and National Charity	

Self-Harm

Title	Format	Details
Alumina	Online learning	Alumina is an online course started by selfharm.co.uk for young people aged between 14 & 18.
Coping with self-harm A Guide for Parents and Carers	PDF booklet	Produced by university of Oxford with lots of useful messages, including understanding self-harm and why may happen

Self-Help

Title	Format	Details
10 Keys to Happier Living	Website with advice and resources	Produced by Action for Happiness
Getting Through Tough Times	8 page booklet	Lots of advice on how to cope with life's pressures. Produced by Bradford.
Making Your Mind Up	Website	"24/7 online self- help tool that provides early help to empower patients, of all ages to self-care. It does this through providing online interventions that build resilience and promote emotional wellbeing."
Silent Voices	YouTube Video	Overview of mental health, not alone and encourage to seek help

Other

Title	Format	Details
Bereavement Support – Just 'B'	Offer support to schools	
Charlie Waller Memorial Trust	Mixed	Lots of free resources on children and young people's mental health.
Fixers	Website with lots of resources developed by young people	Homepage
In Our Hands	Mixed	Lots of free resources and regular webinars on children and young people's mental health.
NASEN Special Educational Needs	Online learning.	"Focus on SEND training for educational practitioners working across Early Years, Primary, Secondary and Post 16. Focus on SEND training is a free course aiming to help teachers and educational practitioners working across the 0 – 25 years age range to develop high quality practice in order to better meet the needs of their learners with SEND. It is based on the evidence of what constitutes good continuing professional development (CPD) and so takes a practice- led, enquiry-based and collaborative approach."
School nurse and health visitor E-learning	e-learning	"The Children's Emotional and Additional Health Needs programme provides Continuing Professional Development (CPD) content comprising six e-learning sessions, as both a resource pack for face-to-face training and as a learning resource, for Health Visitors and School Nurses."
SCIE	Charity & Website	SCIE is a charity committed to helping young people, including care leavers.
ShortFilmsAboutMentalHealth	Videos	Series of Videos covering anxiety , psychosis and personality disorders by Oxford Health NHS Foundation Trust
Skin Deep	Video	By Fixers – young person sharing their story

National Guidance

Organisation & Title
Department for Education (2018) Mental health and behaviour in schools
Department of Health (2016) Mental Health Core Skills Education and Training Framework
National Children's Bureau (2016) A whole school framework for emotional well-being and mental health
NHS England & Department for Health (2015) Future in Mind
Public Health England & Anna Freud National Centre for Children and Families (2016) Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges
Public Health England & UCL Institute of Health Equity (2014) Building children and young people's resilience in schools

Teaching Children and Young People About Emotional Wellbeing and Mental Health

Organisation & Title	Description
ChildLine Exam Stress	Lots of resources and information for young people on how to cope with exam stress
Friends Resilience	Endorsed by the World Health Organisation training to deliver age appropriate resilience is available.
Jigsaw PSHE	“Designed as a whole school approach, Jigsaw provides a comprehensive scheme of learning for Foundation Stage to Year 6. It makes teachers’ lives easier by providing well-structured, progressive lesson plans with all the teaching resources included (except story books).”
Living Life to the Full for Primary School-aged children	Teaching primary school children to solve problems and cope with emotions.
Living Life to the Full –Young People	“In just eight, enjoyable sessions that can each be run within a typical school lesson, the Living Life to the Full Programme can help young people change their lives.”
Mindfulness in schools	“MiSP does not deliver these curricula directly in schools themselves but provides training to adults to teach its mindfulness courses to children and young people in schools.”
Ollie and His Superpowers ®	The Ollie model is founded on the belief that every individual is unique and so requires a solution that allows and encourages that uniqueness through its simplicity and flexibility - “one size does not fit all”. It doesn’t shoe-horn people into boxes and treat them by a label, it treats the individual, giving them tools to be able to continue to help themselves in the future.
Penn Resilience Programme	“18 evidenced based lessons aimed at 11-13 year olds. Students will learn about the link between thoughts, feelings and behaviour. They will develop an understanding about different habits of thinking and how some thinking is helpful and some not so much. Resilience skills will enable them to think flexibly and accurately as a route to problem solving, overcoming the difficulties they face and making the most of opportunity.”
Primary Resources	Free lesson plans, activity ideas and resources for primary teachers.
PSHE Association Curriculum and Resources	“Our curriculum guidance section brings together the advice you need to develop your PSHE curriculum, and our invaluable resource library offers high-quality resources to help you put your plans into practice - from planning

	frameworks to detailed lesson plans. The resources here are either developed by the Association or quality assured by us against best practice criteria.”
Public Health England Whole School and College Approach	Curriculum resources on p28 onwards.
Samaritan’s DEAL	DEAL (Developing Emotional Awareness and Listening) is a free teaching resource aimed at students aged approximately 14 and over. Themes covered include Emotional Health, Coping Strategies, Dealing with Feelings and Connecting with Others.

Whole School Support

Organisation & Title	Description
Academic Resilience from BoingBoing	“Our schools-based resilience research projects have led to the creation of various resources which adapt the Resilience Framework for use in schools and helps schools make resilient moves across the whole school community. Many of these schools resources make up our Academic Resilience Approach – free, downloadable, practical resources to help everyone in the school community step up and support pupils’ academic resilience.”
CORC & Anna Freud National Centre for Children and Families Schools in Mind	“Schools in Mind is a network for school staff and allied professionals. It aims to provide a trusted source of up-to-date and accessible information and resources that teachers and school leaders can utilise to support the mental health and wellbeing of their whole school community.”
Barnardo’s Our Services for Schools	“Engaging children and young people in education is a proven way to fulfil their potential and overcome disadvantage. At Barnardo’s we use our expertise to join up the key people in making this possible. Our experience of working with children and young people, as well as their schools and families, means we look at integrated solutions to meet students’ needs.”
Carnegie Centre of Excellence for Mental Health in Schools	“This initiative, being led by Carnegie School of Education and Minds Ahead CIC, is focused on evidence-based solutions which address schools’, pupils and parents/carers needs; the development of a professional community of school mental health experts; and leading innovation within the area.”
Charlie Waller Memorial Trust	“An integrated approach, raising awareness of mental health issues amongst parents, staff and pupils.”
Healthy Teen Minds Mental Health Masterclass	Whole team training for up to 30 people – covers common problems, strategies for resilience, improvement engagement, navigate CAMHS and early identification.
Humanutopia	Various workshops for schools staff and students to cope with education life
Mentally Healthy Schools	Heads Together initiative with lots of resources and advice.
Penn Resilience Programme (PRP)	“The PRP teaches specific, tangible skills and strategies that can become the skills for life – a set of personal tools that underpin the way students will engage and approach their time in school and in life.”
The Solihull Approach	“To introduce all staff in a school to the Solihull Approach model, providing a shared language and a shared

	understanding of children in school. This training has added value if the school is running the group for parents and/or the workshops for parents, so staff and parents have a shared understanding. The training links with Mindfulness.”
Thrive Approach	The Thrive Approach draws on insights to provide a powerful way of working with children and young people that supports optimal social and emotional development. In addition, the Approach can equip schools to work in a targeted way with children and young people who may have struggled with difficult life events to help them re-engage with life and learning.
Worth-IT	“Support the children’s workforce through continuing professional development, coaching and targeted interventions; this includes our whole school resilience programme and specific evidenced based training programmes.”

Appendix B - Development of the Framework

During summer 2016 a call went out via Lead Commissioners in Yorkshire & the Humber for interested parties to be nominated who wished to join a Task & Finish Group to develop this competency framework. A fantastic response was received from a wide range of disciplines and organisations. These included: educational psychologists, public health specialists, head teachers, SENCOs, heads of pastoral care, commissioners, providers, inclusion leads and child protection officers to name but a few. The Task & Finish Group was chaired by a Consultant Psychologist to ensure clinically sound, evidence based competencies and training options were developed. Having schools and colleges involved throughout the process helped keep the competencies focussed on needs of the setting and be realistic.

The views and opinions of children and young people were sought via Stairways; an advisory group that works regularly with the Children and Young People's Clinical Network and come from all across Yorkshire & the Humber, plus HYPE in Leeds; a group of young people keen to work with services developing their provision. More detail on their ideas is located in the [appendix](#).

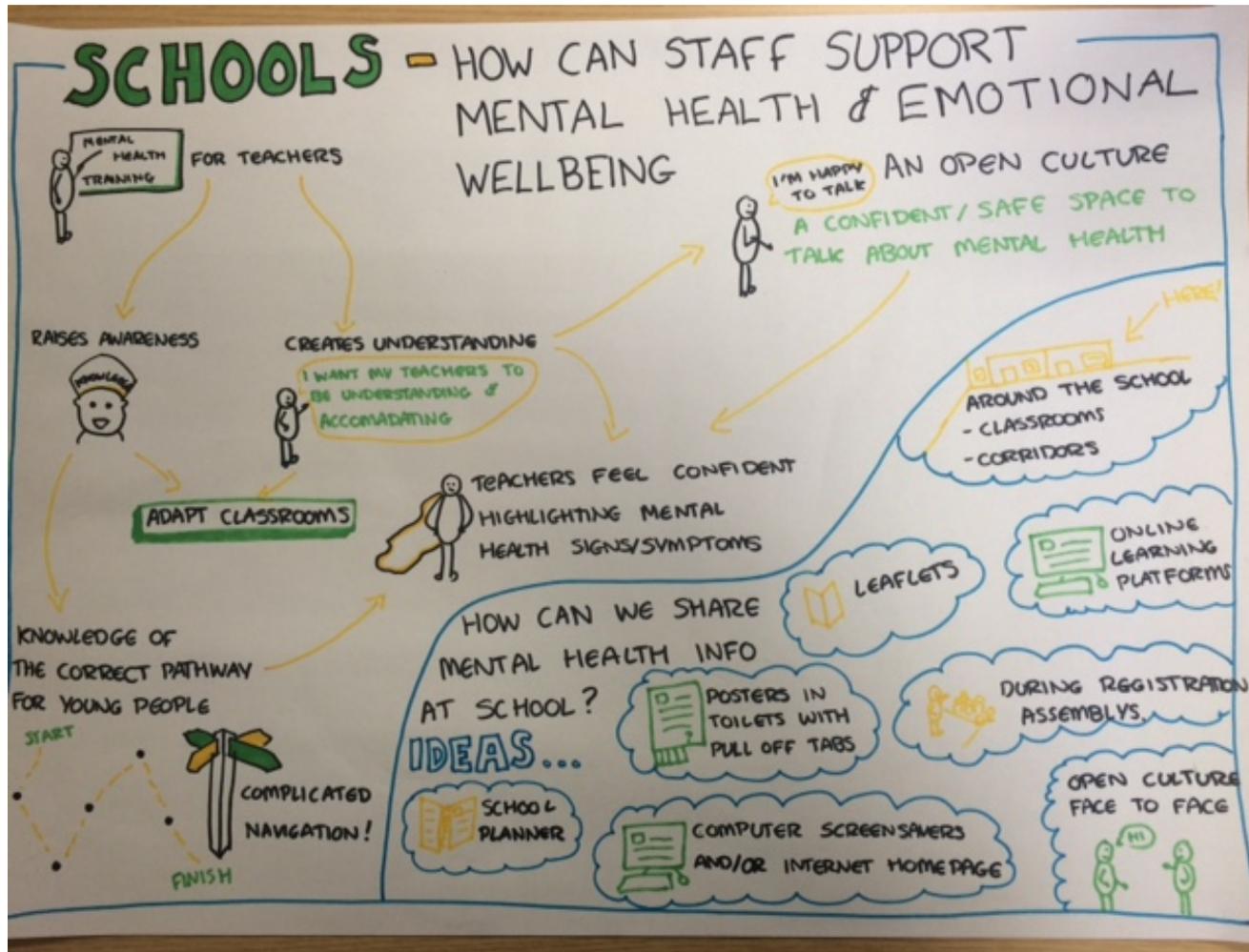
The guiding principles for creating the framework were that it should:

- Be evidence based with defined, achievable outcomes
- Address the diverse need of children and young people
- Prevent the usage of ineffective interventions
- Make the best use of the workforce
- Clearly defines roles and responsibilities where children and young people's mental health and emotional wellbeing is everybody's business
- Promote staff wellbeing

For future developments and suggestions for the framework please contact the Yorkshire & Humber Clinical Network for Children and Young People's Mental Health via the [website](#).

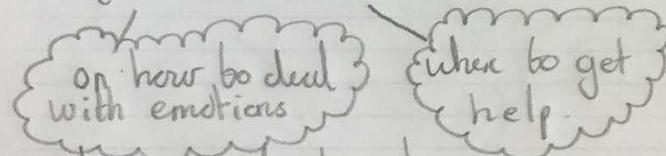
Appendix C – Young People’s Views

Stairways is group of young people from all across Yorkshire & the Humber who care about mental health and emotional wellbeing and support the Children and Young People’s Mental Health Clinical Network across all its work programme. At a workshop in April 2017 we talked to them about how they would like to see education staff support social emotional mental health. Here is what they told us:



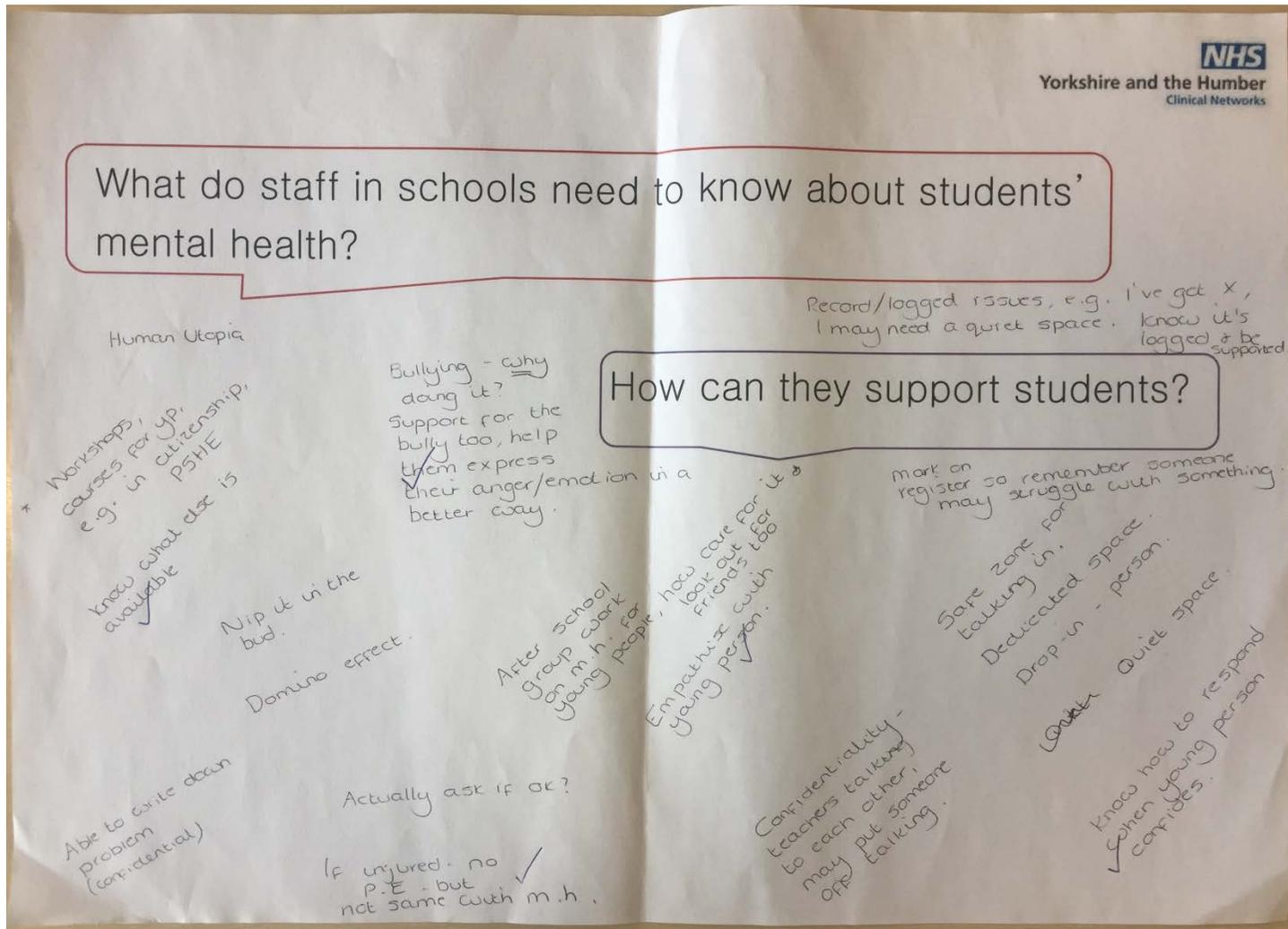
Friends Opinions :

- ~~Current~~ Understanding of current issues around pressures teenagers feel?
- Have experience around mental health and try to understand why students feel a certain way. They should also try to understand the feelings of others so that they don't feel alone. Important skills need to include ~~social~~ social skills such as communication. They would also need to be empathetic and sympathetic and finally to be a good listener so that they can make the person feel better about the situation that they are struggling with or are upset about.
- They definitely need good listening skills and need to be comforting. They also need to be able to give advice as well.



- They need to be approachable, gentle, calm & and patient mostly.
- More than anything, I think even if they have no training they need to have an understanding of mental health and need to be considerate.
- All staff (teachers especially) need to have an understanding of mental health so if anyone has a breakdown or needs advice they can deal with it. It would also give people many more options to talk to about mental health.

HYPE is a group of young people supported by the Market Place in Leeds who also gave up some of their valuable time to discuss ideas on how staff in education can support social emotional mental health. Here is what they told us:



What do staff in schools need to know about students' mental health?

Know what services are available & who needs what.

Don't know where to direct someone,
Not get passed on & on & on ----

Someone who in school who has a bit
✓ more knowledge - can support student
& teacher. Know underlying reasons.

* Not ignoring something when you see that something isn't right ✓
* Not gossiping with other teachers
* Not making people feel like a burden or making parents as soon as a pupil opens up

Teachers know what interventions & signs/symptoms (e.g. self-harm 10 points)

Stop young people using m.h. terms in a bad way. e.g. you listen to X music = r/ depressed.

Share lived experiences, who really understand.

How can they support students?

Use lessons to educate about mental health

Teachers be more observant, confident to log/record issues.

Not to panic, then student feel scared to open up.

Peer support groups, ages relate to each other

Appendix D - Acknowledgements

We are extremely grateful to all members of the Task & Finish Group, young people and other agencies that helped us develop this framework. Without their wide ranging expertise and input the work would not have progressed to the point it has. In particular we would like to thank:



Stairways



In It Together

A Social Emotional Mental Health Competency Framework for Staff Working in Education

Secondary Schools – Version 2.0

October 2018

Name:

Date:

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Introduction

In 2015 the Department of Health and NHS England published [Future in Mind](#): promoting, protecting and improving our children and young people's mental health and wellbeing. This strategy outlined a national ambition to dramatically improve children and young people's social emotional mental health by 2020. It urges whole systems to work together and identifies the opportunity that education settings provide for achieving this ambition, including the recommendation that those who work with children and young people are trained in child development and mental health, understand what can be done to provide help and support for those in need and develop a whole school approach to promoting mental health and wellbeing. This framework is designed to support this recommendation become a reality.



We want young people to get the best out of their years in education and achieve their academic potential, growing into emotionally strong and resilient adults.

Implementation of Future in Mind is at the forefront of what the Children and Young People's Clinical Network seek to support. Young people told us that they would like to know, and have the confidence, that their schools and colleges are properly trained in emotional wellbeing and mental health.

As the idea of the competency framework started to take shape, we heard more and more of the willingness of schools to develop their workforce, not just because it contributes to their Ofsted rating, but because supporting emotional wellbeing and mental health can improve attainment and a skilled, confident workforce can be a less stressed workforce. Working with young people with social emotional mental health problems is inevitable, so why not ensure they receive evidence based support from a skilled workforce.

Scope of the Framework

Mental health should be everybody's business; therefore In It Together; A Social Emotional Mental Health Competency Framework for Staff Working in Education is aimed at all staff, from gardeners to governors, business managers to teachers by outlining role appropriate levels of skill, knowledge and training. It aims to encourage all staff within the setting to work together to support their pupils and each other, knowing their limitations and how to escalate concerns.

Furthermore, this framework aims to complement but not duplicate existing practice, for example, around safeguarding or special education needs and national guidance such as Public Health England's [Whole School and College Approach](#) and the joint publication by the Department for Education and Department of Health; [Transforming Children and Young People's Mental Health Provision: a Green Paper](#).

The framework has separate competencies for those working in early years, primary schools, secondary schools and colleges, with clear enhancements included where necessary for special schools. This framework is intended for secondary schools.

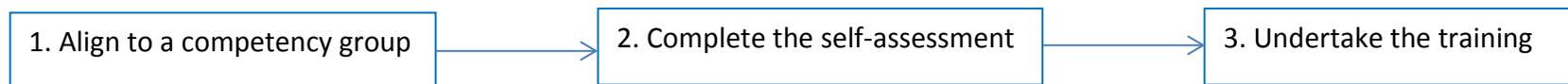
The framework is a *workforce development tool* yet it is not intended to overburden staff or turn teachers into therapists. Nor is it a mental health strategy development tool or PSHE curriculum tool. As the framework was developed a number of useful documents and resources for schools came to light and whilst they were not directly to be included in the framework we didn't want to lose them so they are included as an [appendix](#).

How to Use the Framework

The framework itself is comprised of four components:

- Groups of competencies: core, enhanced and targeted
- Suggestions of staff roles for whom each group of competencies is most likely to be relevant
- A self-assessment tool
- Suggested training options to gain the needed skills and knowledge

Implementing the framework follows three overarching steps for members of staff:



Competency Groups

Members of staff will align with one of three groups of competencies:

1. Core competencies: these are intended for *everyone* within the setting, irrespective of their role to have as a minimum. They focus on being aware of mental health and contributing to a supportive school culture. For some staff within the setting these core competencies will be all that they need to have.
2. Enhanced competencies: these are intended for members of staff who have more interaction with children and young people and their role allows them increased opportunity, and responsibility, to make adjustments in their practice and/or environment. A prime example would be a teacher. These competencies incorporate and build upon the core competencies by focussing more on specific mental health issues, how resilience can be developed, vulnerable groups and having enhanced communication skills.
3. Targeted competencies: these are intended for members of staff who need a greater depth of knowledge of how to support individual pupils with particular mental health or emotional wellbeing difficulties, such as pastoral staff, safeguarding leads or mental health champions. They may also advise and support other members of staff within the school on social emotional mental health support. These targeted competencies incorporate and build upon the core level and some elements of the enhanced group.

All categories include knowing how to escalate concerns. Many competencies are broken down into outcomes which provide further detail on what knowledge and skill are required.

Staff Groups

The table at the end of this section is a guide to help schools determine which members of staff require which level of competency. It is stressed that these are flexible and are only there as a guide. Schools may wish to develop particular roles and following discussion between relevant parties it may be, for example, that a member of staff aligned to the core competencies may also require one or two skills from the enhanced level. The key message is that schools should use the framework in a way that meets their unique need; it is not intended to be rigid or prescriptive.

Self-Assessment Tool

Having determined which group of competencies are relevant to an individual's role, they are to complete the self-assessment tool. This will highlight gaps in knowledge or skill and subsequently where resources are to be directed to enable the member of staff to achieve the full range of abilities they require.

Suggested Training Options

Having undertaken the self-assessment and identified areas for development this framework maps competencies against suggested training options. The competencies are numbered and training options are provided against each number. A range of training options are often provided and in some cases more than one option should be undertaken to fulfil the competency (such as MindEd modules). Suggestions have also been made for when special schools may require additional training or if a school has a high prevalence of Looked After Children. The training options are only suggestions and a school may wish to use other providers, but care should be taken to ensure they have a solid evidence base and meet the competency. Local CAMHS or respected voluntary organisations may offer some excellent training opportunities.

Particularly for the enhanced and targeted levels a coordinated approach to training would ensure the best use of valuable resources and time, such as when face-to-face or group training is required. In some cases undertaking a brief MindEd session or some overview reading initially would be beneficial whilst group training is coordinated. Schools may also wish to consider "buddying-up" with other schools when purchasing training which will share the cost. A coordinated approach will help schools identify themes for staff development and opportunities for individuals to share their learning or existing expertise with colleagues.

The training suggestions come in a range of formats from e-learning, face-to-face, webpages to factsheets. We appreciate that individuals have different learning style preferences, but the options given focus on providing the correct content to meet the competency.

Finally, as mental health can be a very emotive topic members of staff should be aware of their own emotional wellbeing needs and circumstances and be supported through the process. Support may also need to be given to ensure access to online training.

Core	Enhanced	Targeted
Caretaker/facilities team	Teacher	Safeguarding lead
Lunch time supervisor	Head teacher	Intervention manager
Business and administrative team	Deputy head teacher	SENCO
Governors	Attendance officer (EWO)	Pastoral team
Library team	ELSA	Learning mentor
Catering	Learning Support Assistant	School Nurse
	Teaching assistant	HLTA
		Inclusion lead
		Mental Health Champion
		Safeguarding lead

Table of suggested staff per level of competency.

These levels are NOT incremental. Anything that is in the core level which needs to be duplicated in other levels has been included in them. Please read the full section on How to Use the Framework to help you find the level that suits you.

Competencies & Self-Assessment Tool – In It Together: Secondary School Core Competencies

Competency	Outcomes		Yes	No	Partial	My Notes
I have an awareness of the key milestones for child and adolescent development, with a focus on adolescence.	C1	I understand the key changes that adolescents experience.				
	C2	I have a basic understanding of general learning difficulties plus Special Educational Needs (SEN), including behavioural disorders such as ADHD and Autism. I recognise that development and behaviour may be different for these young people and behaviour may be a form of communication. I appreciate that the level of emotional development may vary between young people of the same chronological age.				
I have a basic awareness of what social emotional mental health is, including the importance of prevention and early intervention and can recognise changes in behaviour.	C3	I understand the concept of mental health, mental wellbeing and mental ill-health.				
	C4	I can recognise changes in behaviour and warning signs that something may be wrong and do not ignore these.				
	C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.				
I can communicate effectively with young people relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed young person. I know how to escalate concerns regarding a young person's social emotional mental health.	C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a young person, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a young person's preferences, opinions and wishes.				
	C7	I can adapt my communication style to be able to converse with an autistic young person.				
	C8	I can adapt my communication style to be able to be able to converse with a young person who has a learning disability.				
	C9	I am aware of the school's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a young person's social emotional mental health.				
	C10	I have a have a basic knowledge of what the local offer for social emotional mental health support is, including websites.				

I am aware of school strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	C11	Policies may include: <ul style="list-style-type: none"> • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) 				
I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	C12	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with students and others.				
	C13	If I have an existing mental health condition I know how to care for this and access services if necessary.				
I have the ability to effectively promote an open and honest culture within the whole school around social emotional mental health.	C14	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with young people and parents/carers.				
	C15	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and young people.				
	C16	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.				

Having completed your self-assessment please click [here](#) to go to the training directory.

Competencies & Self-Assessment Tool – In It Together: Secondary School Enhanced Competencies

Competency	Outcomes		Yes	No	Partial	My Notes
I have a clear understanding of child and adolescent development, including Special Educational Needs (SEN) and protective factors for emotional wellbeing, and can use this understanding to underpin behaviour and interactions with young people.	E1	<p>I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of an adolescent to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.</p> <p>I understand that puberty coincides with certain freedoms from parents/carers, internal conflicts and risk taking. I understand that adolescence presents opportunities for a young person to make their own choices in meeting their emotional wellbeing needs.</p>				
	E2	I have a clear understanding of behaviours associated with ADHD and autism and can develop strategies to work with young people who have these.				
Prevention: I am aware of the importance of resilience and can work to support and develop this within remit of my role.	E3	I have a solid understanding of resilience, the role it plays and how it can be developed within an education setting.				
	E4	I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am aware of the impact that loss, trauma, bereavement, separation & transition can have on a young person.				

<p>Prevention: I am aware of vulnerable groups, their risk factors to social emotional mental health and can adapt my ways of working to support these young people.</p>	<p>E5</p>	<p>I am aware of factors that can contribute to a young person being vulnerable to developing social emotional mental health difficulties. I can support young people to establish and maintain positive friendships.</p> <p>I understand the links with Safeguarding responsibilities and ways of working.</p> <p>I show respect and understanding of the young person's situation and subsequent emotional wellbeing needs.</p> <p>I am aware that alcohol and substance misuse are common amongst young people with mental health problems.</p>				
<p>Early Intervention: I am able to recognise the signs and symptoms of common social emotional mental health conditions and can adapt my ways of working to support these. I am <u>not</u> expected to diagnose or treat mental health problems but I know when and how to escalate concerns and seek additional help.</p>	<p>E6</p>	<p>I have a basic knowledge of what the local offer for social emotional mental health support is, including websites. Note: Sign posting is an early intervention. This can include websites or leaflets. RCPSYCH factsheets include early intervention strategies.</p>				
	<p>E7</p>	<p>I am aware of the school's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's social emotional mental health.</p>				
	<p>E8</p>	<p>I understand the concept of mental health, mental wellbeing and mental ill-health.</p>				
	<p>E9</p>	<p><u>Self-harm & Suicide</u>: I understand why young people may self-harm, can recognise the warning signs and physical signs. I know how to support a young person who self-harms or has attempted suicide.</p>				
	<p>E10</p>	<p><u>Crisis</u>: I know how to support a young person in a mental health crisis.</p>				
	<p>E11</p>	<p><u>Anxiety</u>: I understand what anxiety is, can identify signs and symptoms, understand why anxiety may develop and can implement basic strategies for working with young people with anxiety.</p>				

	E12	<u>Depression</u> : I understand what depression and low mood are, can identify signs and symptoms and can implement basic strategies for working with young people with depression and low mood.				
	E13	<u>Eating Disorders</u> : I understand what an eating disorder is and can identify signs and symptoms. I can support a young person with his/her eating disorder or worrying attitude to food. I can promote positive self-esteem.				
	E14	I can support young people to identify 'fake news'.				
	E15	I can recognise potential signs of sexualised behaviour in young people.				
	E16	I can support a young person to cope with exam stress and results day stress.				
I have enhanced communication skills which enable me to have effective, confident conversations with children about their social emotional mental health which are relevant to their age, circumstance, culture and ability. I can use my communication skills to offer basic support and to calm a distressed child.	E17	I can engage with a young person about their emotional wellbeing needs. I ensure the young person's voice is heard, such as through active listening, coaching conversations, questioning, not making assumptions and emotionally literate responses. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the young person, e.g. by using different materials such as writing or drawing.				
	E18	I can adapt my communication style to be able to converse with an autistic young person.				
	E19	I can adapt my communication style to be able to be able to converse with a young person who has a learning disability.				
	E20	I know how to react when a young person confides in me about their social emotional mental health and not to panic.				

I am aware of school strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	E21	Policies may include: <ul style="list-style-type: none"> • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) 				
I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	E22	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.				
	E23	If I have an existing mental health condition I know how to care for this and access services if necessary.				
I have the ability to effectively promote an open and honest culture within the whole school around social emotional mental health.	E24	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.				
	E25	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.				
	E26	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.				

Having completed your self-assessment please click [here](#) to go to the training directory.

Competencies & Self-Assessment Tool – In It Together: Secondary School Targeted Competencies

Competency	Outcomes		Yes	No	Partial	My Notes
I have a clear understanding of child and adolescent development, including Special Educational Needs (SEN) and protective factors for emotional wellbeing, and can use this understanding to underpin behaviour and interactions with young people.	T1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a young person to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.				
	T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with young people who have these.				
I understand what CAMHS does and does not provide and am able to engage with emotional wellbeing and mental health services.	T3	I understand the various service provisions, thresholds and referral criteria of CAMHS other local services (including health, the voluntary sector and social care). I understand the role of Forensic CAMHS.				
	T4	I understand how to access services (including the role and function of a Single Point of Access if applicable to the area).				
	T5	I am able to assess a situation, gather information and know when to make an external referral or engage CAMHS in systemic work (depending on local referral arrangements, including Mental Health Support Teams in Education Settings).				
	T6	I am able to coordinate and/or undertake an assessment of a young person’s social emotional mental health (such as a Strengths and Difficulties Questionnaire – SDQ).				
	T7	I am aware of and involved in local networks to an appropriate level to ensure the school does not manage mental health and emotional wellbeing in isolation and options for social prescribing.				

	T8	<p>I am aware of national agencies that can offer support and guidance to schools on social emotional mental health, such as:</p> <ul style="list-style-type: none"> • ChildLine • Young Minds • Samaritan's • NSPCC • Beat • selfharm UK • The National Autistic Society • Barnardo's 				
I am aware of school strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	T9	<p>Policies may include:</p> <ul style="list-style-type: none"> • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) 				
I have an in depth understanding of the signs and symptoms of common mental health	T10	I am aware of the local 0 – 19 Public Health Nursing services and how to access them.				

<p>conditions and poor emotional wellbeing. I am then able to formulate targeted interventions and appropriate self-help strategies for a young person. In all situations I know when and how to escalate concerns.</p>	T11	<p>I have a range of supportive communication skills (such as therapeutic communication skills, motivational interviewing, coaching and counselling micro-skills) I understand the difference between these and when to use each approach. I am able to creatively challenge a young person so they can achieve their goals.</p> <p>I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the young person, e.g. by using different materials such as writing or drawing.</p> <p>I can communicate effectively with young people relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed young person.</p>				
	T12	I can empower a young person to care for their own social emotional mental health.				
	T13	I understand the potential negative effect of social media on emotional wellbeing and mental health, but am also aware of the importance of social capital as a preventative measure. I can put in place intervention strategies around anxiety and eating disorders/body image etc. to support a young person in difficulty.				
	T14	I understand the difficulties faced by children moving from primary school to secondary school and then from secondary school to college and can suggest strategies to alleviate this.				
	T15	I understand the potential underlying mental health links and causes to bullying from the perspective of the bully and bullied and can use this knowledge when the school is determining what action to take. I act in concordance with the school's anti-bullying policy.				
	T16	I can recognise sexualised behaviour and understand what steps to take.				

T17	<u>Self-harm</u> : I have a solid understanding of self-harm. I can actively listen to a young person who has self-harmed and identify helpful attitudes and strategies, including distraction techniques.				
T18	<u>Suicide Prevention</u> : I am able to engage with young people who have with suicidal thoughts or have escalating levels of self-harm and apply a prevention model.				
T19	I am aware of national and local suicide prevention strategies.				
T20	<u>Crisis</u> : I know how to support a young person in a mental health crisis.				
T21	<u>Eating Disorders</u> : I understand the different types of eating disorders and steps to support a young person with their management and care. I am aware of ways to promote positive body image and self-esteem.				
T22	<u>Eating Disorders</u> : I am aware of the local Community Eating Disorder Service for Children and Young People and how to contact them (provided by local CAMHS).				
T23	<u>Anxiety</u> : I understand what anxiety is, potential causes and can recognise signs and symptoms, including OCD. I can support a young person with strategies to manage anxiety.				
T24	<u>Anxiety</u> : I can use my supportive communication skills to be able to support a young person who has experienced a traumatic event/major incident/terror attack.				
T25	I understand the negative impact of exam stress and results day stress on social emotional mental health and suggest age appropriate strategies to reduce this.				
T26	<u>Depression</u> : I understand the difference between low mood and depression and can recognise signs and symptoms. I can use my supportive communication skills and positive language to support young people suffering from low mood and depression.				

	T27	<u>Depression</u> : I understand the impact of relationship difficulties in adolescents.				
	T28	<u>Psychosis</u> : I understand what psychosis is, common signs and symptoms when a psychotic disorder is developing and the role of the local Early Intervention in Psychosis teams (provided by CAMHS/AMHS/CMHT).				
I am able to effectively collaborate with other members of staff, and young person's peers if appropriate, to enable them to support the young person and implement targeted support.	T29	This may include supporting the implementation of recommendations from when external agencies, such as CAMHS Tier 4 In-Patient Services or HMYOI are involved. I can engage in collaborative working with the team around the young person (applying many of the principles found in Safeguarding ways of working).				
I have a basic knowledge of the Mental Health Act 2007.	T30					
I understand how to engage and work with vulnerable young people around their mental health and emotional wellbeing.	T31	I am aware of factors that can contribute to a young person being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions may present in young people with different vulnerabilities and can recommend/implement strategies to support these ones. I can support young people to establish and maintain positive friendships.				
	T32	<u>Young carers</u> : I understand the emotional needs of young carers and what support that can be offered to them (both in school and in the community).				
	T33	<u>LGBTQ+</u> : I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in school and in the community).				

	T34	<p>I understand the mental health needs of Looked After Children and Care Leavers and insecure attachment. I understand the basics of attachment theory and behavioural characteristics of different attachment styles.</p> <p>I am able to identify strategies to empower staff to appropriately support young people with attachment difficulties.</p> <p>I am aware of Adverse Childhood Experiences (ACE) and the impact upon social emotional development.</p>				
	T35	<p>I understand the impact of separation, loss, bereavement & transition along with effective interventions to support young people who have experienced this.</p>				
	T36	<p>I have a basic awareness of the impact of parental mental health, domestic abuse and substance misuse (toxic trio) on a young person and am able to identify when this may be present. I understand the links this has to Safeguarding and what actions to take to support a young person facing these difficulties.</p>				
<p>I can have difficult conversations with parents/carers regarding a young person's mental health needs and collaborate with them to co-develop action plans.</p>	T37	<p>Through respectful partnership working, active listening and questioning and involvement in decision making I can build a relationship with parents/carers and effectively communicate with and engage with families.</p> <p>I recognise the impact a young person's poor emotional wellbeing or mental health can have on a family and am able to de-escalate a situation and calm a distressed person.</p>				
	T38	<p>I am aware of how different cultures may perceive and respond to mental health problems. I understand that many families are complex and diverse. I therefore avoid stereotyping or making assumptions and instead listen to family members to elicit their individual perspectives.</p>				

<p>I can support the school's management team to identify themes and trends relating to areas for concern around young people's mental health and emotional wellbeing. I can support the management team to work with colleagues and agencies through a collaborative approach when developing strategies to address these.</p>	T39	<p>I am able to undertake a mental health audit of the school, pulling together the pupil voice from various groups as well as other sources of information, such as pastoral care reports and SEND reports. I can involve young people in the design of mental health initiatives when appropriate and can support strengthening relationships with CAMHS.</p>				
	T40	<p>I have a solid understanding of resilience and can participate in whole school approach to building resilience. Included in this I understand that having a sense of connectedness or belonging to the school is a protective factor for mental health.</p>				
	T41	<p>I understand the school's communication routes to disseminate information and good practice.</p> <p>I can ensure there are clear pathways within the school so pupils know how to raise mental health and emotional wellbeing needs.</p>				
	T42	<p>I can take an active role in driving a whole school ethos of openness and empathy, challenge stigma and normalise talk about mental health.</p>				
	T43	<p>I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with young people and parents/carers.</p>				
	T44	<p>I understand what actions my role is expected to take in response to critical events, e.g. when there has been a suicide/sudden death within the school.</p>				

<p>I can lead or contribute to the quality assurance of external mental health and wellbeing support offers, interventions and organisations that are brought into the school, ensuring that resources are effectively and efficiently used.</p>	<p>T45</p>	<p>I can access the Local Authority prohibited speakers list or know who can.</p> <p>I can use my knowledge of social emotional mental health to support the identification of suitable PSHE materials relating to social emotional mental health.</p> <p>Note: The assurance process can include checking websites, testimonials, preferred list of providers and using your knowledge of social emotional mental health to ensure organisations/guest speakers are fit for purpose. This can include examining the evidence base, qualifications, recent training, knowledge of their professional body and who to contact if concerns are raised.</p>				
<p>I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.</p>	<p>T46</p>	<p>I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with young people and others.</p>				
	<p>T47</p>	<p>If I have an existing mental health condition I know how to care for this and access services if necessary.</p>				
<p>I am able to recognise when members of staff may be struggling with their own emotional wellbeing and mental health, am able to offer basic help, signpost to appropriate information and encourage access to additional interventions/help if needed.</p>	<p>T48</p>	<p>I can recognise the signs of burnout and secondary trauma.</p> <p>I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.</p>				

Having completed your self-assessment please click [here](#) to go to the training directory.

Training Directory – In It Together: Secondary School Core Competencies

Outcomes		Training Options
C1	I understand the key changes that adolescents experience.	Adolescent development . The art of growing up: MindMatters video.
C2	I have a basic understanding of general learning difficulties plus Special Educational Needs (SEN), including behavioural disorders such as ADHD and Autism. I recognise that development and behaviour may be different for these young people and behaviour may be a form of communication. I appreciate that the level of emotional development may vary between young people of the same chronological age.	<p>The child with general learning disability: RCPSYCH factsheet.</p> <p>Attention-deficit hyperactivity disorder and hyperkinetic disorder: RCPSYCH factsheet.</p> <p>Autism and Asperger’s syndrome: RCPSYCH factsheet.</p> <p><i>All three factsheets to read to meet the competency.</i></p>
C3	I understand the concept of mental health, mental wellbeing and mental ill-health.	What is mental health and mental illness? Rethink booklet.
C4	I can recognise changes in behaviour and warning signs that something may be wrong and do not ignore these.	<p>What Goes Wrong? MindEd: Free online e-learning.</p> <p>Types of problems. Time to Change webpage.</p>
C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.	Risks and protective factors : Heads Together Mentally Healthy Schools
C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a young person, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a young person’s preferences, opinions and wishes.	<p>Talking with Kids – Positive Ways to Talk and Listen: PBS Website with 11 top tips to work through to meet the competency.</p> <p>This is parent focussed but same principles apply.</p>
C7	I can adapt my communication style to be able to converse with an autistic young person.	Communicating and interacting . The National Autistic Society webpage.

C8	I can adapt my communication style to be able to be able to converse with a young person who has a learning disability.	Communicating with and for people with learning disabilities . Mental Health Foundation webpage with section on communication techniques.
C9	I am aware of the school's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a young person's social emotional mental health.	External training is not suggested for this competency, but time should be taken to find out who leads on mental health within the school and how to contact them.
C10	I have a have a basic knowledge of what the local offer for social emotional mental health support is, including websites.	External training is not suggested for this competency but time should be taken to find out if the local area has a dedicated website to support young people's mental health.
C11	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
C12	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with students and others.	<p>Looking after your own emotional wellbeing is unique to you, some suggestions however are:</p> <p>Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website.</p> <p>Audio guides to boost your mood. NHS</p> <p>How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course</p> <p>Headspace. App.</p> <p>5 Steps to Improve Mental Health & Wellbeing – YouTube Video</p> <p>Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more.</p> <p>Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health.</p>

C13	If I have an existing mental health condition I know how to care for this and access services if necessary.	<p>Welcome to the Moodzone. NHS Choices webpage including search function for local services.</p> <p>Getting Help. Mental Health Foundation webpage.</p>
C14	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with young people and parents/carers.	No external training is suggested for this competency but personal reflection is suggested with line manager discussion if necessary.
C15	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and young people.	Positive Language : Plugging the Leaks: Word document to download
C16	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.	<p>Time to Change: Myths & Facts: Webpage</p> <p>What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video</p>

Training Directory – In It Together: Secondary School Enhanced Competencies

Outcomes	Training Options
<p>E1 I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of an adolescent to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.</p> <p>I understand that puberty coincides with certain freedoms from parents/carers, internal conflicts and risk taking. I understand that adolescence presents opportunities for a young person to make their own choices in meeting their emotional wellbeing needs.</p>	<p>Introducing Child Development. MindEd free e-learning</p> <p>Emotional Development. MindEd free e-learning</p> <p>Complex Neurodevelopmental Problems. MindEd free e-learning</p> <p><i>All three of the above modules should be completed to achieve the competency). Schools may also want to consider:</i></p> <p>Teens, Turmoil And Transition Mental Health In Adolescence Training. Young Minds: £195+VAT</p> <p>Mental Health ITT Development Programme. Leeds Beckett University. This also covers SEN, attachment and developing relationships.</p> <p>Or</p> <p>Understanding Adolescents. Place2be 1 day workshop</p> <p>Youth Mental Health First Aid training includes an overview of protective factors to good mental health.</p> <p>Youth Mental Health First Aid training includes an overview of the relationship between mental health problems and adolescent development and an appendix discussing the adolescent brain.</p> <p>Youth Mental Health First Aid training includes a brief overview of ADHD and ASD.</p>
<p>E2 I have a clear understanding of behaviours associated with ADHD and autism and can develop strategies to work with young people who have these.</p>	<p>Examples of Autism Spectrum Behaviours. Child Autism UK Webpage</p> <p>Autism and Related Problems. MindEd free e-learning</p> <p>Poor Concentration and Overactivity 1. MindEd free e-learning</p>

E3	I have a solid understanding of resilience, the role it plays and how it can be developed within an education setting.	<p>How Environment Affects Children’s Mental Health. MindEd free e-learning</p> <p>Resilience: 4 Key Skills – practical ideas. In our Hands video (is labelled for school nurses but suitable for all staff in this group)</p> <p>Using a Resilience Model to Promote Positive Mental Health in School. In our Hands video.</p> <p>Academic Resilience: A Whole School Approach Training. Young Minds: £195+VAT</p> <p>Suggest <i>all four</i> training options taken in a phased approach.</p> <p>Youth Mental Health First Aid training has an appendix on resilience.</p>
E4	I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am aware of the impact that loss, trauma, bereavement, separation & transition can have on a young person.	<p>Attachment and Human Development. MindEd free e-learning</p> <p>Divorce or separation of parents. RCPSYCH factsheet</p> <p>Death in the family – helping children to cope. RCPSYCH factsheet</p> <p>Death Through Suicide. Winston’s Wish Website</p> <p>Children in Care. Heads Together –Mentally Healthy Schools Webpage</p> <p>Inside I’m Hurting. Adoption Plus UK £168 pp inc VAT, one day training. Can be followed by a further day’s training – What About Me? £140 + VAT. <i>Inside I’m Hurting</i> is also a practical book by Louise Bomber that is recommended and can be purchased. (schools with higher numbers of Looked After Children in particular may want to consider this training as an addition to the MindEd session)</p> <p>Mental Health ITT Development Programme. Leeds Beckett University: Also covers developing relationships and personal resilience.</p>
E5	I am aware of factors that can contribute to a young person being vulnerable to developing social emotional mental health difficulties. I can support young people to establish and maintain positive friendships.	<p>Vulnerable Groups – An Overview. MindEd free e-learning</p> <p>Risk and Protective Factors chart</p>

	<p>I understand the links with Safeguarding responsibilities and ways of working.</p> <p>I show respect and understanding of the young person's situation and subsequent emotional wellbeing needs.</p> <p>I am aware that alcohol and substance misuse are common amongst young people with mental health problems.</p>	<p>Mental Health and Wellbeing. MindEd: Free online e-learning</p> <p>The Circle of Friends Approach: pdf to download</p> <p>Youth Mental Health First Aid Training includes an overview of risk factors to poor mental health.</p> <p>Youth Mental Health First Aid training includes an appendix on alcohol and substance misuse.</p>
E6	<p>I have a basic knowledge of what the local offer for social emotional mental health support is, including websites. Note: Sign posting is an early intervention. This can include websites or leaflets. RCPSYCH factsheets include early intervention strategies.</p>	<p>External training is not suggested for this competency but time should be taken to find out if the local area has a dedicated website to support and signposting for young people's mental health.</p>
E7	<p>I am aware of the school's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's social emotional mental health.</p>	<p>External training is not suggested for this competency, but time should be taken to find out who leads on mental health within the school and how to contact them.</p>
E8	<p>I understand the concept of mental health, mental wellbeing and mental ill-health.</p>	<p>What is mental health and mental illness? Rethink booklet</p>
E9	<p><u>Self-harm & Suicide</u>: I understand why young people may self-harm, can recognise the warning signs and physical signs. I know how to support a young person who self-harms or has attempted suicide.</p>	<p>Self-Harm: Understanding and Responding to Self-Harm. In our Hands video</p> <p>Suicide: Talking to Students With Thoughts of Suicide. In our Hands video.</p> <p>Self-harm and Risky Behaviour. MindEd free e-learning</p> <p>Self-harm: how to respond. Project Air: Factsheet</p>

		<p>Self-Harm 3-hour Essential Knowledge Session: Selfharm UK</p> <p>Also covered in Youth Mental Health First Aid training.</p>
E10	<p><u>Crisis</u>: I know how to support a young person in a mental health crisis.</p>	<p>A young person may be known to services and already have a 'crisis plan'. Liaison with CAMHS is suggested to understand local services. The YoungMinds crisis messenger service provides free, 24/7 crisis support across the UK. If you are experiencing a mental health crisis and need support, you can text YM to 85258.</p>
E11	<p><u>Anxiety</u>: I understand what anxiety is, can identify signs and symptoms, understand why anxiety may develop and can implement basic strategies for working with young people with anxiety.</p>	<p>Ideas for Supporting Anxiety and Panic. In our Hands video</p> <p>The Worried Child. MindEd free e-learning</p> <p>Anxiety in children. NHS Choices website with advice</p> <p>Suggest <i>all of the above</i> training is undertaken to meet the competency, but schools may also wish to consider the following:</p> <p>Anxiety Disorders Training. Young Minds: Cost TBC</p> <p>Also covered in Youth Mental Health First Aid training.</p>
E12	<p><u>Depression</u>: I understand what depression and low mood are, can identify signs and symptoms and can implement basic strategies for working with young people with depression and low mood.</p>	<p>Sad, Bored or Isolated. MindEd free e-learning</p> <p>Depression and Your Child. Young Minds booklet providing an overview</p> <p>Depression in young people. Action Mental Health webpage</p> <p>Teachers – How to Support Young People with Depression. Blurt webpage with useful tips</p> <p>Also covered in Youth Mental Health First Aid training.</p>
E13	<p><u>Eating Disorders</u>: I understand what an eating disorder is and can identify signs and symptoms. I can support a young person with his/her eating disorder or worrying attitude to food. I can promote positive self-esteem.</p>	<p>Understanding Eating Disorders. In our Hands video</p> <p>Eating disorders in young people. RCPSYCH factsheet</p>

		<p>7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes</p> <p>Suggest <i>all of the above</i> training options are undertaken to meet the competency, but schools may also wish to consider the following:</p> <p>Understanding Eating Disorders for Schools (Staff Training Session). Beat: two hour workshop for groups</p> <p>Also covered in Youth Mental Health First Aid training.</p>
E14	I can support young people to identify ‘fake news’.	Fake news: What is it? And how to spot it. BBC webpage
E15	I can recognise potential signs of sexualised behaviour in young people.	Healthy sexual behaviour: Your guide to keeping children safe, spotting warning signs and what to do if you’re worried. Factsheets and advice.
E16	I can support a young person to cope with exam stress and results day stress.	<p>Help your child beat exam stress. NHS Choices: aimed at parents but includes signs of exam stress and useful tips.</p> <p>Exam Stress. BBC Radio 1 webpage with advice and resources.</p> <p>Stairways: Positive Messages to Help With Exam Results Stress: YouTube Video</p>
E17	<p>I can engage with a young person about their emotional wellbeing needs. I ensure the young person’s voice is heard, such as through active listening, coaching conversations, questioning, not making assumptions and emotionally literate responses.</p> <p>I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the young person, e.g. by using different materials such as writing or drawing.</p>	<p>Listening Skills. MindEd free e-learning</p> <p>Engaging Children and Young People. MindEd free e-learning</p> <p>The Me First Communication Model Free online model.</p> <p>Adapting the environment: Talking Point webpage with basic tips</p> <p>Communicating with children. UNICEF free toolkit</p> <p>Active Listening. Skills you need: Webpage with top tips</p> <p>Resilience: Wellbeing without Words. Place2Be: 1 day workshop</p>

		<p>Youth Mental Health First Aid training has an appendix covering non-judgemental listening.</p> <p>Suggest all training options are undertaken over time to achieve a range of communication skills.</p>
E18	I can adapt my communication style to be able to converse with an autistic young person.	Communicating and interacting . The National Autistic Society webpage
E19	I can adapt my communication style to be able to be able to converse with a young person who has a learning disability.	Communicating with and for people with learning disabilities . Mental Health Foundation: Webpage with section on communication techniques.
E20	I know how to react when a young person confides in me about their social emotional mental health and not to panic.	Responding to Mental Health Disclosures . In our Hands video.
E21	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
E22	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children and others.	<p>Looking after your own emotional wellbeing is unique to you, some suggestions however are:</p> <p>Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website.</p> <p>Audio guides to boost your mood. NHS</p> <p>How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course</p> <p>Headspace. App.</p> <p>5 Steps to Improve Mental Health & Wellbeing – YouTube Video</p> <p>Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more.</p> <p>Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health.</p>

E23	If I have an existing mental health condition I know how to care for this and access services if necessary.	<p>Welcome to the Moodzone. NHS Choices webpage including search function for local services.</p> <p>Getting Help. Mental Health Foundation webpage.</p>
E24	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children and parents/carers.	No external training is suggested for this competency but personal reflection is suggested with line manager discussion if necessary.
E25	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.	Positive Language : Plugging the Leaks: Word document to download
E26	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.	<p>Time to Change: Myths & Facts: Webpage</p> <p>What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video</p> <p><i>Both options</i> to be looked at to achieve the competency.</p>

Training Directory – In It Together: Secondary School Targeted Competencies

Outcomes		Training Options
T1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a young person to enable observation and judgement of changes to ‘normal’ behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.	<p>Introducing Child Development. MindEd free e-learning</p> <p>Emotional Development. MindEd free e-learning</p> <p>Complex Neurodevelopmental Problems. MindEd free e-learning</p> <p><i>All three of the above modules should be completed to achieve the competency). Schools may also want to consider:</i></p> <p>Teens, Turmoil And Transition Mental Health In Adolescence Training. Young Minds: £195+VAT</p> <p>Understanding Adolescents. Place2be 1 day workshop</p> <p>Youth Mental Health First Aid training includes an overview of protective factors to good mental health.</p> <p>Youth Mental Health First Aid training includes an overview of the relationship between mental health problems and adolescent development and an appendix discussing the adolescent brain.</p> <p>Youth Mental Health First Aid training includes a brief overview of ADHD and ASD.</p>
T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with young people who have these.	<p>Autism and Related Problems. MindEd free e-learning</p> <p>Poor Concentration and Overactivity 1. MindEd free e-learning</p> <p>Special Schools should also consider Making Sense of Mental Health. NASS: Four module e-learning £90 for single license, £500 10 licenses</p>

T3	I understand the various service provisions, thresholds and referral criteria of CAMHS other local services (including health, the voluntary sector and social care). I understand the role of Forensic CAMHS.	As per local arrangements the school can liaise with CAMHS and other services to understand their services, e.g. via Mental Health Champions, Primary Practitioners, CAMHS outreach workers. Forensic CAMHS information is available here .
T4	I understand how to access services (including the role and function of a Single Point of Access if applicable to the area).	No external training is suggested for this but schools should liaise with CAMHS to determine if a Single Point of Access is established.
T5	I am able to assess a situation, gather information and know when to make an external referral or engage CAMHS in systemic work (depending on local referral arrangements, including Mental Health Support Teams in Education Settings).	Designing School and Hospital Interventions . MindEd: Free online e-learning. Putting Information Together . MindEd: Free online e-learning. Suggest both sessions are undertaken to meet the competency alongside liaising with CAMHS.
T6	I am able to coordinate and/or undertake an assessment of a young person's social emotional mental health (such as a Strengths and Difficulties Questionnaire – SDQ).	Measuring mental wellbeing to improve the lives of children and young people . CORC free online e-learning What is the SDQ? Youth in Mind SDQ website including questionnaires and scoring. Some CAMHS also provide SDQ training.
T7	I am aware of and involved in local networks to an appropriate level to ensure the school does not manage mental health and emotional wellbeing in isolation and options for social prescribing.	No external training is suggested for this but time should be taken to research local networks and how the school can link to them.
T8	I am aware of national agencies that can offer support and guidance to schools on social emotional mental health, such as: <ul style="list-style-type: none"> • ChildLine • Young Minds • Samaritan's • NSPCC • Beat 	No external training is suggested for this, but time should be taken to review their websites to discover how they can support schools and children.

	<ul style="list-style-type: none"> • selfharm UK • The National Autistic Society • Barnardo's 	
T9	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
T10	I am aware of the local 0 – 19 Public Health Nursing services and how to access them.	Contact the children and young people's lead in the public health team at your local authority.
T11	<p>I have a range of supportive communication skills (such as therapeutic communication skills, motivational interviewing, coaching and counselling micro-skills) I understand the difference between these and when to use each approach. I am able to creatively challenge a young person so they can achieve their goals.</p> <p>I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the young person, e.g. by using different materials such as writing or drawing.</p> <p>I can communicate effectively with young people relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed young person.</p>	<p>Introduction to Counselling Skills. Place2Be 1 day workshop</p> <p>Self-belief: Helping Children Thrive. Place2Be 1 day workshop</p> <p>Certificate in Therapeutic Communication. Institute of Counselling £270 online learning</p> <p>Counselling skills for schools. Leeds Beckett University four half days or two full days</p> <p>Active Listening. Skills you need webpage with top tips</p> <p>Developing motivational interviewing techniques in work with children and young people. O'Neill Training: Cost and need to discuss with company.</p> <p>Positive Language: Plugging the Leaks: Word document to download (also applicable to working with parents and colleagues)</p> <p>Consideration should be given to which option(s) are best suited to need of the individual.</p> <p>Youth Mental Health First Aid training has an appendix covering non-judgemental listening.</p>
T12	I can empower a young person to care for their own social emotional mental health.	<p>WRAP® (Wellness Recovery Action Planning)</p> <p>WRAP® Webinars often available.</p> <p>Youth Mental Health First Aid training includes an appendix on WRAP® and a model of personal empowerment.</p>

T13	I understand the potential negative effect of social media on emotional wellbeing and mental health, but am also aware of the importance of social capital as a preventative measure. I can put in place intervention strategies around anxiety and eating disorders/body image etc. to support a young person in difficulty.	#StatusOfMind . Royal Society for Public Health: Webpage plus report to download and read.
T14	I understand the difficulties faced by children moving from primary school to secondary school and then from secondary school to college and can suggest strategies to alleviate this.	<p>Coping with Transition. Place2Be 1 day workshop</p> <p>Children who are moving from primary to secondary school. Heads Together, Mentally Healthy Schools. Webpage</p> <p>Supporting young people with autism to move from school to college Free guide</p>
T15	I understand the potential underlying mental health links and causes to bullying from the perspective of the bully and bullied and can use this knowledge when the school is determining what action to take. I act in concordance with the school's anti-bullying policy.	<p>Bullying and Mental Health Training. Young Minds 1 day or half day</p> <p>Youth Mental Health First Aid training includes an appendix on cyberbullying.</p>
T16	I can recognise sexualised behaviour and understand what steps to take.	<p>Healthy sexual behaviour: Your guide to keeping children safe, spotting warning signs and what to do if you're worried. NSPCC Factsheets and advice.</p> <p>Harmful sexual behaviour: seminar programme. NSPCC: £15pp, 1.5 hours</p> <p>Suggest <i>both</i> options are undertaken – the factsheet initially followed when possible by the seminar.</p>

T17	<p><u>Self-harm</u>: I have a solid understanding of self-harm. I can actively listen to a young person who has self-harmed and identify helpful attitudes and strategies, including distraction techniques.</p>	<p>Talking about self-harm – NHS Video outlining distraction techniques</p> <p>Self-harm: how to respond. Project Air: Factsheet</p> <p>Self-Harm 6-Hour in depth workshop: Selfharm UK</p> <p>Understanding: Self Harm. Healthy Teen Minds half day workshop</p> <p>Talking About Self Harm: Listen, Plan, Act, Feedback. For teachers & frontline school staff. Anna Freud National Centre for Children and Families £100 half day</p> <p>Also covered in Youth Mental Health First Aid training.</p>
T18	<p><u>Suicide Prevention</u>: I am able to engage with young people who have with suicidal thoughts or have escalating levels of self-harm and apply a prevention model.</p>	<p>Applied Suicide Intervention Skills training (ASIST) Papyrus two day training programme, accredited, £165pp</p> <p>Other local agencies may also deliver ASIST training</p> <p>SafeTALK Suicide Awareness. Mind Hull/Mind Works: half day training</p> <p>Other local agencies may also deliver SafeTALK training.</p> <p>Suicide Let's Talk. Zero Suicide Alliance: online basic free e-learning</p> <p>Suggest <i>one</i> of the above options is undertaken.</p> <p>Also covered in Youth Mental Health First Aid training.</p>
T19	<p>I am aware of national and local suicide prevention strategies.</p>	<p>National Strategy – Preventing suicide in England HM Government</p> <p>Local Strategies & Action Plans will be available from Public Health Departments within Local Authorities</p>
T20	<p><u>Crisis</u>: I know how to support a young person in a mental health crisis.</p>	<p>A young person may be known to services and already have a 'crisis plan'. Liaison with CAMHS is suggested to understand local services. The YoungMinds crisis messenger service provides free, 24/7 crisis support across the UK. If you are experiencing a mental health crisis and need support, you can text YM to 85258.</p>

T21	<p><u>Eating Disorders</u>: I understand the different types of eating disorders and steps to support a young person with their management and care. I am aware of ways to promote positive body image and self-esteem.</p>	<p>Understanding Eating Disorders. In our Hands video</p> <p>Eating disorders in young people. RCPSYCH factsheet</p> <p>Promoting Positive Body-Images among Students: Tip Sheet for Teachers</p> <p>Body Image – What Can Schools Do? Heads Together – Mentally Healthy Schools Webpage</p> <p>7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes</p> <p>Eating Disorders Training. Young Minds 1 day workshop</p> <p>Understanding Eating Disorders for Schools. Beat</p> <p>Also covered in Youth Mental Health First Aid training.</p>
T22	<p><u>Eating Disorders</u>: I am aware of the local Community Eating Disorder Service for Children and Young People and how to contact them (provided by local CAMHS).</p>	<p>No external training is suggested for this but schools should liaise with CAMHS when achieving competency T3.</p>
T23	<p><u>Anxiety</u>: I understand what anxiety is, potential causes and can recognise signs and symptoms, including OCD. I can support a young person with strategies to manage anxiety.</p>	<p>Moodcafe Relaxation Techniques for Children – Moodcafe</p> <p>OCD Factsheet – RCPSYCH</p> <p>Understanding: Anxiety. Healthy Teen Minds workshop</p> <p>Anxiety Disorders Training. Young Minds</p> <p>Understanding Anxiety. Human Givens College online course £159.</p> <p>Sleep tips for teenagers: NHS Webpage</p> <p>Schools may also want to consider the Coping Cat approach for anxiety in 7 – 13 years olds</p> <p>Also covered in Youth Mental Health First Aid training.</p>

T24	<u>Anxiety</u> : I can use my supportive communication skills to be able to support a young person who has experienced a traumatic event/major incident/terror attack.	Traumatic stress in children . RCPSYCH factsheet
T25	I understand the negative impact of exam stress and results day stress on social emotional mental health and suggest age appropriate strategies to reduce this.	Exam Stress The Beaconsfield School webpage to read Help your child beat exam stress . NHS Choices aimed at parents but includes signs of exam stress and useful tips. Exam Stress . BBC Radio 1 webpage with lots of advice and resources. Stairways: Positive Messages to Help With Exam Results Stress : YouTube Video
T26	<u>Depression</u> : I understand the difference between low mood and depression and can recognise signs and symptoms. I can use my supportive communication skills and positive language to support young people suffering from low mood and depression.	Sad, Bored or Isolated . MindEd free e-learning Also covered in Youth Mental Health First Aid training.
T27	<u>Depression</u> : I understand the impact of relationship difficulties in adolescents.	Working With Adolescents: Keeping romantic relationships in mind . Orygen free download
T28	<u>Psychosis</u> : I understand what psychosis is, common signs and symptoms when a psychotic disorder is developing and the role of the local Early Intervention in Psychosis teams (provided by CAMHS/AMHS/CMHT).	Psychosis . Rethink website Also covered in Youth Mental Health First Aid training.
T29	This may include supporting the implementation of recommendations from when external agencies, such as CAMHS Tier 4 In-Patient Services or HMYOI are involved. I can engage in collaborative working with the team around the young person (applying many of the principles found in Safeguarding ways of working).	No external training is suggested for this; however the school may consider training on collaborative/team working as part of its general development. The principles learnt at safeguarding training would be applicable.
T30	I have a basic knowledge of the Mental Health Act 2007.	Mental Health Act: your rights : NHS

T31	<p>I am aware of factors that can contribute to a young person being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions may present in young people with different vulnerabilities and can recommend/implement strategies to support these ones.</p> <p>I can support young people to establish and maintain positive friendships.</p>	<p>Vulnerable Groups - An Overview. MindEd free e-learning</p> <p>Preparing vulnerable children for the holidays. In our Hands video</p> <p>Migrant and refugee children. Heads Together – Mentally Healthy Schools Webpage</p> <p>Young Offending Institutes may wish to consider: Young Offenders and Mental Health Training. Young Minds 1 day</p> <p>The Circle of Friends Approach: pdf to download</p>
T32	<p><u>Young carers</u>: I understand the emotional needs of young carers and what support that can be offered to them (both in school and in the community).</p>	<p>Young Carers: Action for Children: free e-learning module.</p> <p>Young Carers: Heads Together – Mentally Healthy Schools Webpage</p> <p>Young Carers in Schools. Information on a free initiative run by Carers Trust and The Children’s Society.</p> <p>Plus link to competency T7.</p>
T33	<p><u>LGBTQ+</u>: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in school and in the community).</p>	<p>Teacher Training for Secondary Schools. Stonewall 1 day course</p> <p>or</p> <p>LGBT Awareness: £30 +VAT online course</p> <p>or</p> <p>Caring for Gender Nonconforming Young People. GIRES free online course</p> <p>Plus link to competency T7 but Stonewall is strongly recommended.</p>
T34	<p>I understand the mental health needs of Looked After Children and Care Leavers and insecure attachment. I understand the basics of attachment theory and behavioural characteristics of different attachment styles.</p> <p>I am able to identify strategies to empower staff to appropriately</p>	<p>Children Adopted or In Care. MindEd: Free e-learning.</p> <p>Attachment and Human Development. MindEd: Free e-learning</p> <p>Depending upon circumstances schools may initially want to undertake the above MindEd sessions followed by additional training below, or immediately jump to one of the training</p>

	<p>support young people with attachment difficulties.</p> <p>I am aware of Adverse Childhood Experiences (ACE) and the impact upon social emotional development.</p>	<p>options below:</p> <p>Looked After Children and Young People Training. Young Minds £195 + VAT</p> <p>Understanding Attachment Place2Be 1 day workshop</p> <p>Inside I'm Hurting. Adoption Plus UK £180 pp inc VAT, one day training. Can be followed by a further day's training – What About Me? £180 pp inc VAT.</p> <p>Adverse Childhood Experience ACE - a short guide video Followed by Trauma and Adverse Childhood Experiences Training: YoungMinds 1 day £195 + VAT</p>
T35	<p>I understand the impact of separation, loss, bereavement & transition along with effective interventions to support young people who have experienced this.</p>	<p>A Whole School Approach to Supporting Loss and Bereavement: NHS Glasgow pdf to download</p>
T36	<p>I have a basic awareness of the impact of parental mental health, domestic abuse and substance misuse (toxic trio) on a young person and am able to identify when this may be present. I understand the links this has to Safeguarding and what actions to take to support a young person facing these difficulties.</p>	<p>The Toxic Trio. Kate Young. Blog to read for understanding.</p> <p>Parental mental illness: the impact on children and adolescents. RCPSYCH factsheet</p> <p>Poor parental mental health. Heads Together – Mentally Healthy Schools Webpage</p>
T37	<p>Through respectful partnership working, active listening and questioning and involvement in decision making I can build a relationship with parents/carers and effectively communicate with and engage with families.</p> <p>I recognise the impact a young person's poor emotional wellbeing or mental health can have on a family and am able to de-escalate a situation and calm a distressed person.</p>	<p>Communicating With Families. MindEd: Free e-learning.</p> <p>Working with Parents: Place2Be 1 day workshop</p> <p>Depending upon circumstances schools may wish to initially undertake the MindEd session and later the Place2Be training, or immediately undertake the Place2Be training.</p> <p>Mental Health ITT Development Programme. Leeds Beckett University. Also covers developing relationships with pupils and developing own resilience and SEN.</p> <p>Also to consider: The Solihull Approach for Schools: an online Multi User Licence course bringing together education staff and parents.</p>

T38	I am aware of how different cultures may perceive and respond to mental health problems. I understand that many families are complex and diverse. I therefore avoid stereotyping or making assumptions and instead listen to family members to elicit their individual perspectives.	Multicultural Issues and Mental Health Information sheet to download (Australian but same advice applies).
T39	I am able to undertake a mental health audit of the school, pulling together the pupil voice from various groups as well as other sources of information, such as pastoral care reports and SEND reports. I can involve young people in the design of mental health initiatives when appropriate and can support strengthening relationships with CAMHS.	<p>Emotional and Mental Health – Toolkit. Online Resource Derbyshire County Council & NHS (audit p7)</p> <p>Mental Health Champions Programme. Three half day training sessions as well as four to six personalised consultation sessions held over at least two academic terms.</p> <p>or</p> <p>School Mental Health Leadership Programme. Leeds Beckett University.</p> <p>Some areas also offer a local Mental Health Champions programme supported by CAMHS.</p>
T40	I have a solid understanding of resilience and can participate in whole school approach to building resilience. Included in this I understand that having a sense of connectedness or belonging to the school is a protective factor for mental health.	<p>Relationships and belonging. Heads Together: Mentally Healthy Schools. Webpage</p> <p>Academic Resilience: A Whole School Approach Training. Young Minds: 1 day £195+VAT pp</p> <p>or</p> <p>How to Thrive (Using Penn Resilience Programme). How to Thrive.</p>
T41	<p>I understand the school’s communication routes to disseminate information and good practice.</p> <p>I can ensure there are clear pathways within the school so pupils know how to raise mental health and emotional wellbeing needs.</p>	No external training is recommended for this but time should be taken to review and familiarise communication routes.
T42	I can take an active role in driving a whole school ethos of openness and empathy, challenge stigma and normalise talk about mental health.	<p>Tackling Stigma: A Practical Toolkit. RCPSYCH.</p> <p>Time to Change: Get Involved in Schools. Free resources and tools.</p>

		What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video
T43	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with young people and parents/carers.	No external training is suggested for this competency but personal reflection is suggested with line manager discussion if necessary.
T44	I understand what actions my role is expected to take in response to critical events, e.g. when there has been a suicide/sudden death within the school.	No external training is suggested but time should be taken to review and ensure clarity of roles.
T45	<p>I can access the Local Authority prohibited speakers list or know who can.</p> <p>I can use my knowledge of social emotional mental health to support the identification of suitable PSHE materials relating to social emotional mental health.</p> <p>Note: The assurance process can include checking websites, testimonials, preferred list of providers and using your knowledge of social emotional mental health to ensure organisations/guest speakers are fit for purpose. This can include examining the evidence base, qualifications, recent training, knowledge of their professional body and who to contact if concerns are raised.</p>	No external training is suggested but time should be taken to review this competency.
T46	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with young people and others.	<p>Looking after your own emotional wellbeing is unique to you, some suggestions however are:</p> <p>Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website.</p> <p>Audio guides to boost your mood. NHS</p> <p>How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course</p>

		<p>Headspace. App.</p> <p>5 Steps to Improve Mental Health & Wellbeing – YouTube Video</p> <p>Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more.</p> <p>Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health.</p>
T47	If I have an existing mental health condition I know how to care for this and access services if necessary.	<p>Welcome to the Moodzone. NHS Choices webpage including search function for local services.</p> <p>Getting Help. Mental Health Foundation webpage.</p>
T48	<p>I can recognise the signs of burnout and secondary trauma.</p> <p>I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.</p>	<p>How to support staff who are experiencing a mental health problem. Mind free online toolkit</p> <p>Caring For The Wellbeing Of Teachers And School Staff. Young Minds online toolkit</p>

Appendix A – Useful Resources

Topics:

- [Anti-Bullying](#)
- [Anti-Stigma & Anti-Stereotyping](#)
- [CSE](#)
- [Eating Disorders](#)
- [Self-Harm](#)
- [Self-Help](#)
- [Other](#)
- [National Guidance](#)
- [Teaching Children and Young People About Emotional Wellbeing and Mental Health](#)
- [Whole School Support](#)

Anti-Bullying

Title	Format	Details
Anti-Bullying Alliance	Online Training	6 modules to better understand bullying

Anti-Stigma & Anti-Stereotyping

Title	Format	Details
A Smile a Day	Poster	Young person designed encouraging talking about problems
Dealing With It	Video	“This short animated resource was developed and designed solely by young people with the aim of being a ‘young person friendly’ educational resource that promotes discussion around anti-social behaviour, substance use and stereotyping.”
I Am Whole	PDF Booklet	YMCA and NHS produced report investigating stigma – lots of useful messages and information.
It's Okay Not to be Okay	Video	By fixers – why it's okay not to be okay

Mental Health Song	Video/Song	Mental health awareness song produced by a school in North East Lincolnshire
Mental Health Stigma	Video	By fixers – young people talk about their experiences and challenges of talking
Time to Change	Website with lots of resources to download and use in schools	National anti-stigma campaign

CSE

Title	Format	Details
Working with children who are victims or at risk of sexual exploitation: Barnardo's model of practice	Downloadable booklet	"This paper first sets out the issue of child sexual exploitation and the models and processes used to exploit children and young people, and then explains the '4 As' from a practitioner perspective. It has been developed for a broad audience, including those who wish to learn about effective and evidence-based engagement with children at risk of, and those who have been victims of, sexual exploitation."

Eating Disorders

Title	Format	Details
Beat	Website and National Charity	

Self-Harm

Title	Format	Details
Alumina	Online learning	Alumina is an online course started by selfharm.co.uk for young people aged between 14 & 18.
Coping with self-harm A Guide for Parents and Carers	PDF booklet	Produced by university of Oxford with lots of useful messages, including understanding self-harm and why may happen

Self-Help

Title	Format	Details
10 Keys to Happier Living	Website with advice and resources	Produced by Action for Happiness
Getting Through Tough Times	8 page booklet	Lots of advice on how to cope with life's pressures. Produced by Bradford.
Making Your Mind Up	Website	"24/7 online self- help tool that provides early help to empower patients, of all ages to self-care. It does this through providing online interventions that build resilience and promote emotional wellbeing."
Silent Voices	YouTube Video	Overview of mental health, not alone and encourage to seek help

Other

Title	Format	Details
Bereavement Support – Just 'B'	Offer support to schools	
Charlie Waller Memorial Trust Fixers	Mixed Website with lots of resources developed by young people	Lots of free resources on children and young people's mental health. Homepage
In Our Hands	Mixed	Lots of free resources and regular webinars on children and young people's mental health.
NASEN Special Educational Needs	Online learning.	"Focus on SEND training for educational practitioners working across Early Years, Primary, Secondary and Post 16. Focus on SEND training is a free course aiming to help teachers and educational practitioners working across the 0 – 25 years age range to develop high quality practice in order to better meet the needs of their learners with SEND. It is based on the evidence of what constitutes good continuing professional development (CPD) and so takes a practice- led, enquiry-based and collaborative approach."
School nurse and health visitor E-learning	e-learning	"The Children's Emotional and Additional Health Needs programme provides Continuing Professional Development (CPD) content comprising six e-learning sessions, as both a resource pack for face-to-face training and as a learning resource, for Health Visitors and School Nurses."
SCIE ShortFilmsAboutMentalHealth	Charity & Website Videos	SCIE is a charity committed to helping young people, including care leavers. Series of Videos covering anxiety , psychosis and personality disorders by Oxford Health NHS Foundation Trust
Skin Deep	Video	By Fixers – young person sharing their story

National Guidance

Organisation & Title
Department for Education (2018) Mental health and behaviour in schools
Department of Health (2016) Mental Health Core Skills Education and Training Framework
National Children's Bureau (2016) A whole school framework for emotional well-being and mental health
NHS England & Department for Health (2015) Future in Mind
Public Health England & Anna Freud National Centre for Children and Families (2016) Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges
Public Health England & UCL Institute of Health Equity (2014) Building children and young people's resilience in schools

Teaching Children and Young People About Emotional Wellbeing and Mental Health

Organisation & Title	Description
ChildLine Exam Stress	Lots of resources and information for young people on how to cope with exam stress
Friends Resilience	Endorsed by the World Health Organisation training to deliver age appropriate resilience is available.
Jigsaw PSHE	“Designed as a whole school approach, Jigsaw provides a comprehensive scheme of learning for Foundation Stage to Year 6. It makes teachers’ lives easier by providing well-structured, progressive lesson plans with all the teaching resources included (except story books).”
Living Life to the Full for Primary School-aged children	Teaching primary school children to solve problems and cope with emotions.
Living Life to the Full –Young People	“In just eight, enjoyable sessions that can each be run within a typical school lesson, the Living Life to the Full Programme can help young people change their lives.”
Mindfulness in schools	“MiSP does not deliver these curricula directly in schools themselves but provides training to adults to teach its mindfulness courses to children and young people in schools.”
Ollie and His Superpowers ®	The Ollie model is founded on the belief that every individual is unique and so requires a solution that allows and encourages that uniqueness through its simplicity and flexibility - “one size does not fit all”. It doesn’t shoe-horn people into boxes and treat them by a label, it treats the individual, giving them tools to be able to continue to help themselves in the future.
Penn Resilience Programme	“18 evidenced based lessons aimed at 11-13 year olds. Students will learn about the link between thoughts, feelings and behaviour. They will develop an understanding about different habits of thinking and how some thinking is helpful and some not so much. Resilience skills will enable them to think flexibly and accurately as a route to problem solving, overcoming the difficulties they face and making the most of opportunity.”
Primary Resources	Free lesson plans, activity ideas and resources for primary teachers.
PSHE Association Curriculum and Resources	“Our curriculum guidance section brings together the advice you need to develop your PSHE curriculum, and our invaluable resource library offers high-quality resources to help you put your plans into practice - from planning frameworks to detailed lesson plans. The resources here are either developed by the Association or quality assured by us

	against best practice criteria.”
Public Health England Whole School and College Approach	Curriculum resources on p28 onwards.
Samaritan’s DEAL	DEAL (Developing Emotional Awareness and Listening) is a free teaching resource aimed at students aged approximately 14 and over. Themes covered include Emotional Health, Coping Strategies, Dealing with Feelings and Connecting with Others.

Whole School Support

Organisation & Title	Description
Academic Resilience from BoingBoing	“Our schools-based resilience research projects have led to the creation of various resources which adapt the Resilience Framework for use in schools and helps schools make resilient moves across the whole school community. Many of these schools resources make up our Academic Resilience Approach – free, downloadable, practical resources to help everyone in the school community step up and support pupils’ academic resilience.”
CORC & Anna Freud National Centre for Children and Families Schools in Mind	“Schools in Mind is a network for school staff and allied professionals. It aims to provide a trusted source of up-to-date and accessible information and resources that teachers and school leaders can utilise to support the mental health and wellbeing of their whole school community.”
Barnardo’s Our Services for Schools	“Engaging children and young people in education is a proven way to fulfil their potential and overcome disadvantage. At Barnardo’s we use our expertise to join up the key people in making this possible. Our experience of working with children and young people, as well as their schools and families, means we look at integrated solutions to meet students’ needs.”
Carnegie Centre of Excellence for Mental Health in Schools	“This initiative, being led by Carnegie School of Education and Minds Ahead CIC, is focused on evidence-based solutions which address schools’, pupils and parents/carers needs; the development of a professional community of school mental health experts; and leading innovation within the area.”
Charlie Waller Memorial Trust	“An integrated approach, raising awareness of mental health issues amongst parents, staff and pupils.”
Healthy Teen Minds Mental Health Masterclass	Whole team training for up to 30 people – covers common problems, strategies for resilience, improvement engagement, navigate CAMHS and early identification.
Humanutopia	Various workshops for schools staff and students to cope with education life
Mentally Healthy Schools	Heads Together initiative with lots of resources and advice.
Penn Resilience Programme (PRP)	“The PRP teaches specific, tangible skills and strategies that can become the skills for life – a set of personal tools that underpin the way students will engage and approach their time in school and in life.”
The Solihull Approach	“To introduce all staff in a school to the Solihull Approach model, providing a shared language and a shared understanding of children in school. This training has added value if the school is running the group for parents

	and/or the workshops for parents, so staff and parents have a shared understanding. The training links with Mindfulness.”
Worth-IT	“Support the children’s workforce through continuing professional development, coaching and targeted interventions; this includes our whole school resilience programme and specific evidenced based training programmes.”

Appendix B - Development of the Framework

During summer 2016 a call went out via Lead Commissioners in Yorkshire & the Humber for interested parties to be nominated who wished to join a Task & Finish Group to develop this competency framework. A fantastic response was received from a wide range of disciplines and organisations. These included: educational psychologists, public health specialists, head teachers, SENCOs, heads of pastoral care, commissioners, providers, inclusion leads and child protection officers to name but a few. The Task & Finish Group was chaired by a Consultant Psychologist to ensure clinically sound, evidence based competencies and training options were developed. Having schools and colleges involved throughout the process helped keep the competencies focussed on needs of the setting and be realistic.

The views and opinions of children and young people were sought via Stairways; an advisory group that works regularly with the Children and Young People's Clinical Network and come from all across Yorkshire & the Humber, plus HYPE in Leeds; a group of young people keen to work with services developing their provision. More detail on their ideas is located in the [appendix](#).

The guiding principles for creating the framework were that it should:

- Be evidence based with defined, achievable outcomes
- Address the diverse need of children and young people
- Prevent the usage of ineffective interventions
- Make the best use of the workforce
- Clearly defines roles and responsibilities where children and young people's mental health and emotional wellbeing is everybody's business
- Promote staff wellbeing

For future developments and suggestions for the framework please contact the Yorkshire & Humber Clinical Network for Children and Young People's Mental Health via the [website](#).

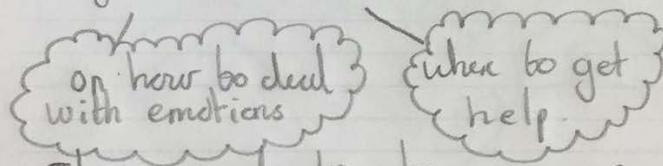
Appendix C – Young People’s Views

Stairways is group of young people from all across Yorkshire & the Humber who care about mental health and emotional wellbeing and support the Children and Young People’s Mental Health Clinical Network across all its work programme. At a workshop in April 2017 we talked to them about how they would like to see education staff support social emotional mental health. Here is what they told us:



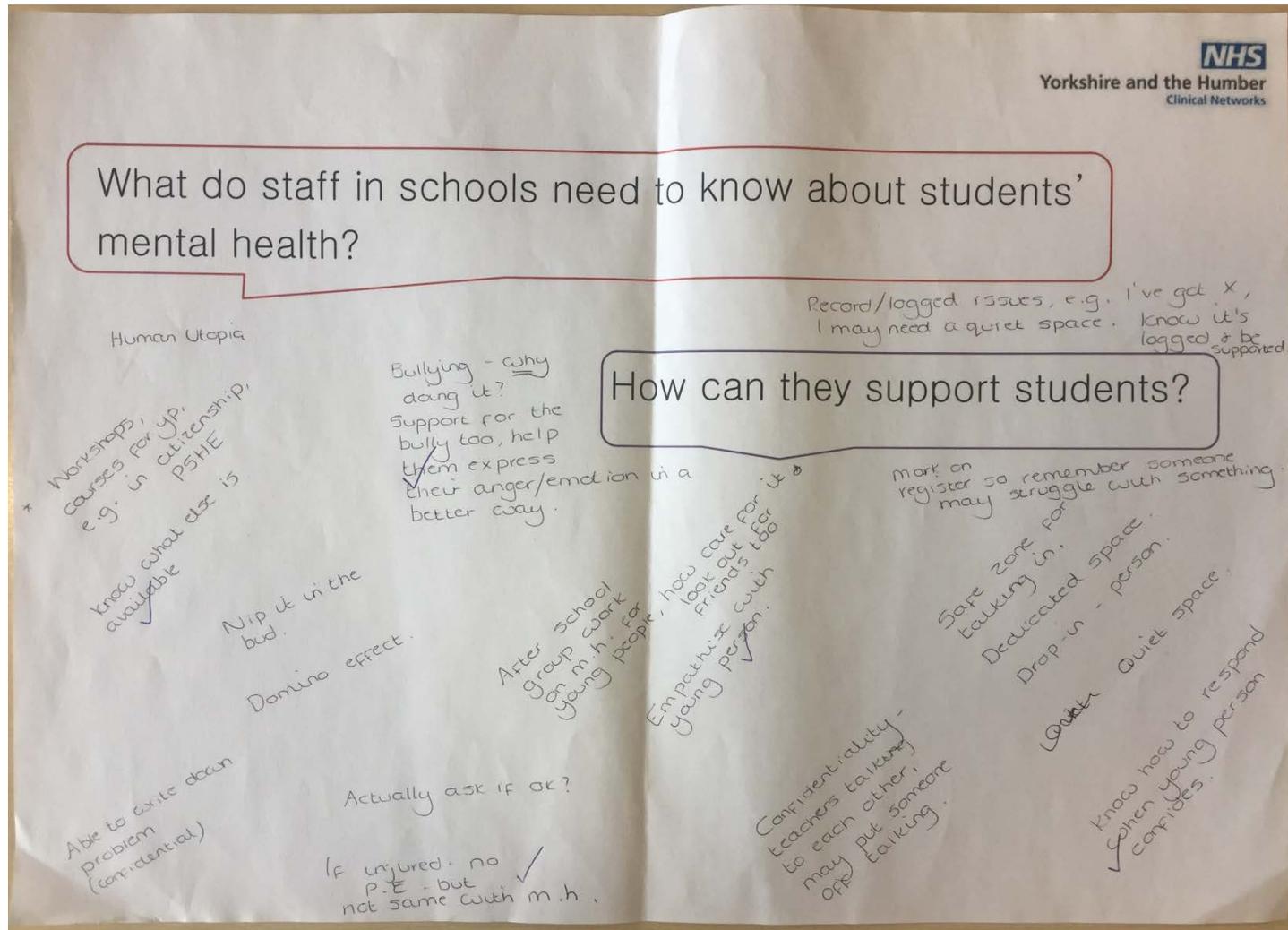
Friends Opinions :

- ~~Current~~ Understanding of current issues around pressures teenagers feel?
- Have experience around mental health and try to understand why students feel a certain way. They should also try to understand the feelings of others so that they don't feel alone. Important skills need to include ~~social~~ social skills such as communication. They would also need to be empathetic and sympathetic and finally to be a good listener so that they can make the person feel better about the situation that they are struggling with or are upset about.
- They definitely need good listening skills and need to be comforting. They also need to be able to give advice as well.



- They need to be approachable, gentle, calm & and patient mostly.
- More than anything I think even if they have no training they need to have an understanding of mental health and need to be considerate.
- All staff (teachers especially) need to have an understanding of mental health so if anyone has a breakdown or needs advice they can deal with it. It would also give people many more options to talk to about mental health.

HYPE is a group of young people supported by the Market Place in Leeds who also gave up some of their valuable time to discuss ideas on how staff in education can support social emotional mental health. Here is what they told us:



What do staff in schools need to know about students' mental health?

Know what services are available & who needs what.

Don't know where to direct someone,
Not get passed on & on & on - - - -

Someone who in school who has a bit
✓ more knowledge - can support student
& teacher. Know underlying reasons.

* Not ignoring something when you see that something isn't right ✓
* Not gossiping with other teachers
* Not making people feel like a burden or ringing parents as soon as a pupil opens up

Teachers know what interventions & signs/symptoms (e.g. self-harm 10 points)

Stop young people using m.h. terms in a bad way, e.g. you listen to X music = r/depresseed.

Share lived experiences, who really understand.

How can they support students?

Use lessons to educate about mental health

Teachers be more observant, confident to log/record issues.

Not to panic, then student feel scared to open up.

Peer support groups, ages relate to each other

Appendix D - Acknowledgements

We are extremely grateful to all members of the Task & Finish Group, young people and other agencies that helped us develop this framework. Without their wide ranging expertise and input the work would not have progressed to the point it has. In particular we would like to thank:



Stairways



Mental Health Training Delivered by Chilypep in Barnsley 2016-8 (including Q1 & Q2 of 2018-9)**Participants and attendances** (some participants attended more than one course)**Teachers and professionals:** 468 participants, 630 attendances**Young People (under 18), young adults (18-24)
and adult students (25+)** 354 participants, 370 attendances**Total participants (professionals, young people, young adults and adult students):** 822**Total attendances (professionals, young people, young adults and adult students):** 1000**Different courses delivered by Chilypep**

Types of Courses	Length of course	No of courses	Attendances by course
Bespoke (covered a range of topics including mental health awareness, stress, self-harm, suicide, eating disorders, anxiety, depression, peer mentor training)	2 days	1	12
	1 day	4	26
	1/2 day (3 hr)	2	18
	2 hour	11	98
	90 minutes	3	26
	1 hour	22	432
	20 minutes	4	57
	Bespoke totals		47
Mental Health First Aid	2 days	7	96
	1 day	2	24
	1/2 day (3 hr)	14	202
	MHFA Totals	23	322
ASIST (suicide prevention)	2 day	1	9
Overall Totals		71	1000

Breakdown of the spread over the different schools and organisations**Schools and FE**

	Number of Participants					Overall Attendances
	Professionals	Adult students	Young Adults	Young People	Total	
Barnsley Academy	6	0	0	0	6	17
Barnsley College (inc. 6th Form College)	71	1	11	253	336	352
Castle Hall Academy (Mirfield, W Yorks)	1	0	0	0	1	1
Darton College	20	0	0	0	20	26
Greenacre School	10	0	0	0	10	12
Holy Trinity School	3	0	0	0	3	3
Horizon Community College	59	0	0	12	71	102
Kirk Balk Academy	6	0	0	19	25	26
Netherwood ALC	3	0	0	0	3	3
Outwood Academy Adwick (Doncaster)	2	0	0	0	2	2
Outwood Academy Carlton	31	0	0	17	48	49
Outwood Academy Shafton	1	0	0	0	1	1
Penistone Grammar School	62	0	0	0	62	79
Shafton Alternative Academy, Springwell School	1	0	0	0	1	1
Springwell Special Academy (inc Springwell Learning Community)	16	0	0	0	16	28
The Dearne ALC	87	0	0	0	87	160
Schools & FE Totals	379	1	11	301	692	862

Breakdown of the spread over the different schools and organisations (continued)

Young People's Groups (run by Chilypep)

	Number of Participants					Overall Attendances
	Professionals	Adult students	Young Adults	Young People	Total	
Barnsley Peer Mentors	0	0	5	5	10	12
OASIS (young people)	0	0	10	3	13	15
Young people's Groups Totals	0	0	15	8	23	27

Non-school organisations and projects

	Number of Participants					Overall Attendances
	Professionals	Adult students	Young Adults	Young People	Total	
Barnardos	4	0	0	0	4	4
Barnsley Hospital NHS Foundation Trust (BHNFT)	1	0	0	0	1	1
Barnsley MBC: Education Welfare Service	1	0	0	0	1	1
Berneslai Homes	3	0	0	0	3	3
BMBC (Barnsley Metropolitan Borough Council) (department not specified)	14	0	0	0	14	14
BMBC: Barnsley Youth Offending Team	2	0	0	0	2	5
BMBC: Family Centres	1	0	0	0	1	1
BMBC: Integrated Youth Support Services (IYSS)	1	0	0	0	1	1
BMBC: MST /Barnsley YOT	1	0	0	0	1	1
BMBC: Targeted Youth Support	17	0	0	0	17	17
BMBC: Youth Service	2	0	0	0	2	2
Caretoday Children's Services	1	0	0	0	1	1
Cygnat Health Care	1	0	0	0	1	1
ITS Group	1	0	0	9	10	10
Keswick Care	8	0	0	0	8	8
Luminar	7	0	0	0	7	7
Mindspace	4	0	0	0	4	4
National Citizen Service at Barnsley Football Club	0	0	0	9	9	9
Priory Group	1	0	0	0	1	1
Sheffield City Council: Community Youth Teams	1	0	0	0	1	1
South West Yorkshire NHS: Barnsley CAMHS	4	0	0	0	4	4
South West Yorkshire NHS: Barnsley Intensive Support Team	1	0	0	0	1	1
South Yorkshire Police	1	0	0	0	1	1
YMCA Barnsley	11	0	0	0	11	12
Youth Offending, Remedi	1	0	0	0	1	1
Non-school totals	89	0	0	18	107	111

Overall Totals

	Number of Participants					Overall Attendances
	Professionals	Adult students	Young Adults	Young People	Total	
	468	1	26	327	822	1000

Outcomes of the training

Questions were asked at the beginning and end of the courses to evaluate the impact the courses had had. There were different questions asked in the different types of courses, so the outcomes have been reported on separately.

Mental Health First Aid

In all the MHFA courses (2-day, 1-day and ½-day Youth Lite) participants were asked to score on a scale of 1-10 their personal confidence and their knowledge and understanding of how best to support young people with a mental health problem before and after the course.

A few people did not answer both the before and answer questions, and therefore are not included in the numbers given here.

	2016-7	2017-8	Apr-Sep 2018	Totals 2016 - Sep 2018
Confidence				
Total number who responded	59	139	120	318
Total number whose scores increased between start and finish of course	56	133	116	305
Percentage of people whose scores increased	95%	96%	97%	96%
Knowledge & Understanding				
Total number who responded	59	139	120	318
Total number whose scores increased between start and finish of course	54	130	115	299
Percentage of people whose scores increased	92%	94%	96%	94%

ASIST

At the end of the course the 9 participants were asked to answer 4 questions on a 5-point scale (strongly disagree, disagree, neutral, agree and strongly agree) and to also to say what their answer to the question would have been before the course.

The four questions were:

- If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide
- If someone told me he or she were thinking of suicide, I would do a suicide intervention
- I feel prepared to help a person at risk of suicide
- I feel confident I could help a person at risk of suicide

All (**100%**) of the participants **increased their scores** for all four questions between their before and after answers.

Bespoke

There were variations in the questions asked in the bespoke training, depending on the topic being discussed.

There were some common questions that ran across some of the bespoke courses around

- Understanding around mental health (for the topic being discussed)
- Ability to recognise mental health difficulties in your students (or peers)
- Confidence talking to your students (or peers) or delivering activities around mental health

	2016-7	2017-8	Apr-Sep 2018	Totals 2016 - Sep 2018
Understanding around mental health				
Total number who responded	73	434	195	702
Total number whose scores increased between start and finish of course	68	321	163	502
Percentage of people whose scores increased	93%	74%	84%	79%
Ability to recognise mental health difficulties				
Total number who responded	75	236	21	332
Total number whose scores increased between start and finish of course	66	157	13	226
Percentage of people whose scores increased	88%	67%	62%	71%
Confidence in talking about / delivering activities around mental health				
Total number who responded	73	423	42	538
Total number whose scores increased between start and finish of course	66	272	36	374
Percentage of people whose scores increased	90%	64%	86%	70%

OPEN UP BARNDSLEY

A guide to emotional wellbeing and mental health services for children and young people in Barnsley





OPEN UP BARNJSLEY

Open up Barnsley is your guide to emotional wellbeing and mental health services for all children and young people in Barnsley.

If you're a young person, parent or carer or someone who works with young people, this guide will help you find the right advice and support and see what services are in Barnsley.

Where can you open up?

There are lots of different types of services for all kinds of issues and needs.

Take a look at the different categories on the contents pages opposite to find out which services best match the help and support you need.



Urgent help



Mental health and wellbeing support



Drugs and alcohol



Bullying and abuse



Health and Disability



Relationships and family





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CALL OR DROP IN USING

SPA

YOUR SINGLE POINT OF ACCESS TO THE CHILD AND ADOLESCENT MENTAL HEALTH & WELLBEING SERVICES IN BARNSELY

I think I need extra support with my mental health

I'm worried about a young person I know

I want to get my daughter help from mental health services

Add CAMHS to your contacts list!

You can now get in touch with Barnsley Child and Adolescent Mental Health Services (CAMHS) using the Single Point of Access (SPA). Call 01226644891 or drop in to our centre Mon-Fri 9am-5pm at CAMHS New Street Health Centre, Upper New Street Barnsley S70 1LP

Visit the Barnsley Mindspace website at www.wearemindspace.org.uk



URGENT HELP

SAMARITANS



WHAT?

If something's troubling you, then get in touch. Our helpline is here 24 hours a day, 365 days a year. We also have a local Barnsley Samaritans base that is open to callers at the door.

WHO?

We support anyone in distress around the clock through 201 branches in the UK and the Republic of Ireland.

HOW?

We know our service can help people before it's too late. 24 hours a day, 7 days a week, 365 days a year. We help you talk things through. We keep everything confidential. We're not a religious organisation

WHERE?

Samaritans Office – Open for Callers at the door:
77 Pitt Street West Barnsley South Yorkshire S70 1BN
e-mail address: jo@samaritans.org
Contact number: 116 123 (free to call) Free phone 0800 1111
Website: www.samaritans.org

WHEN?

Samaritans location opening hours open for callers at the door:
Monday....10:30 - 12:30 Tuesday...Closed Wednesday....12:30 - 15:00
Thursday.....Closed Friday.....12:30 - 15:00
Saturday.....Closed Sunday.....Closed



BARNSELY
Metropolitan Borough Council



BLINK

WHAT?

BLINK is a local Barnsley helpline that provides a confidential service for anyone who needs someone to listen.

WHO?

For the residents of Barnsley.

HOW?

Helpline - BLINK has trained volunteers who will help you get things off your chest and enable you to see your problems from a different angle. They can also provide information about other local or national services that may be able to help. If you are feeling anxious or stressed about any type of situation whether it be life in general to housing or benefits worries, the team are there to listen.

WHERE?

Helpline covering the residents of Barnsley
Contact: 01226 203330

WHEN?

Contact: 01226 203330
Evenings only: between 6.30pm-9.30pm

URGENT HELP



WHAT?

Childline is the UK's free helpline for children and young people.

WHO?

For children and young people aged 18 and under.

HOW?

Over the phone. It provides a confidential telephone counselling service for any child with a problem. It comforts, advises and protects.

WHERE?

Childline's helpline is available 24 hours a day and is free to call for all children and young people across the country.

Phone or go online via the website to online chat and use message boards.

Website: www.childline.org.uk Freephone: 0800 1111

WHEN?

Childline's helpline is available 24 hours a day.

Freephone 0800 1111

The logo for Young Minds, featuring the word 'YOUNG' in yellow and 'MINDS' in grey, both in a bold, sans-serif font.

Young Minds Crisis Messenger

WHAT?

If you are a young person experiencing a mental health crisis, you can text the Young Minds Crisis Messenger for free, 24/7 support.

WHO?

For all young people.

HOW?

The trained volunteer will introduce themselves, reflect on what you've said, and invite you to share how you're feeling. You'll text each other, only sharing what you feel comfortable with. By asking questions, listening to you and responding with support, they will help you think through your feelings until you both feel you are now in a calm, safe place. Our crisis messenger service could help with urgent issues such as: suicidal thoughts, abuse, bullying, self harm or breakdown.

WHERE?

The Young Minds crisis messenger service provides free, 24/7 crisis support across the UK. If you are experiencing a mental health crisis and need support, you can text us free and anonymously, text YM to 85258. For more information visit [Young Minds website](#). Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.

WHEN?

We aim to connect every texter to a trained volunteer in less than 5 minutes to provide support in a crisis. They will listen to you and help you think through how you're feeling, and will aim to help you take the next steps towards feeling better. This service is powered by our trusted partner, Crisis Text Line.

FRANK

0800 77 66 00 talktofrank.com

Friendly, confidential drugs advice



WHAT?

Frank is a national, friendly and confidential helpline for advice around drugs.

Frank also offers a live web chat.

WHO?

For anyone, we offer friendly and confidential drugs advice, you can talk to Frank.

HOW?

Contact us through our confidential helpline

WHERE?

The helpline is available 24 hours a day and is completely confidential. You can also text for quick questions that need an urgent answer and go online for a live web chat.

Website: www.talktofrank.com

WHEN?

Call: 0800 77 66 00 Text: 82111

Live web chat 2pm - 6pm

www.talktofrank.com

MENTAL HEALTH & WELLBEING SUPPORT



WHAT?

Rotherham & Barnsley Mind is an independent local provider of high quality mental health services in Rotherham, Barnsley and its surrounding areas. MIND aim to empower individuals to start on the pathway to recovery. We believe that no one should have to face a mental health problem alone.

WHO?

Young people, adults, people with a mental health problem and older people

HOW?

Rotherham & Barnsley Mind aims to be inclusive and accessible. MIND offer a variety of services including one-to-one counselling, group sessions, support for young people, training and services for employers. MIND provide group work for people with a mental health problem and counselling for people with a mental health problem and employment.

WHERE?

Arcadia House,
72 Market Street,
Barnsley,
South Yorkshire
Telephone: 01226 211188

WHEN?

Contact Barnsley MIND for more information
Telephone: 01226 211188
www.rbmind.co.uk

Therapies for Anxiety, Depression & Stress (TADS)



WHAT?

TAD is a voluntary organisation established in 2014. They have recently received long term funding from the National Lottery.

WHO?

TADS work with children who have a wide range of mental health issues including anxiety, self- esteem, self-confidence and stress.

HOW?

For young people aged 11-25, TADS offer one to one complimentary therapies such as; reflexology, hand massage and tapping techniques.

WHERE?

23 Queens Rd, Barnsley S71 1AN

WHEN?

TADS also offers an LGBT+ every 3rd Monday of the month 14 to 18s.
Website: www.tadsbarnsley.co.uk

MENTAL HEALTH & WELLBEING SUPPORT



WHAT?

Early intervention and prevention service for young people with mental health difficulties. We offer 1:1 and group sessions.

WHO?

Young people who attend a Barnsley mainstream secondary school

HOW?

You can self-refer to MindSpace by contacting hello@wearemindspace.com. Your school or GP can also refer you.

WHERE?

The 3 practitioners are based in each of the 10 secondary schools which are: Barnsley Academy, Dearne ALC, Outwood Carlton, Darton College, Holy Trinity, Horizon Community College, Kirk Balk Academy, Outwood Shafton, Netherwood Academy and Penistone ALC.

WHEN?

Monday to Friday, times vary in each school. It's generally 8:30 until 3:30 or the end of the school day. Visit our website www.wearemindspace.com



WHAT?

The service offers support in the community for individuals who have an individual budget or are self-funding. The service offers support in the community for individuals who have an individual budget or are self-funding.

WHO?

For individuals who have an individual budget or are self-funding.

HOW?

We offer a range of practical and emotional support that can help to improve wellbeing. Our aim is to support someone to lead an ordinary life and encourage them to achieve their goals.

Barnsley Mental Wellbeing Services can help individuals in the following areas: Help in the home, Practical help, Looking after themselves, Getting out and about, Making choices, Finding new hobbies and interests, Volunteering

WHERE?

Room 31 Priory Campus Pontefract Road Barnsley S71 5PN

Contact: 01226 770 895

E-mail: barnsleymws@together-uk.org

WHEN?

Contact us to arrange an appointment.

MENTAL HEALTH & WELLBEING SUPPORT



South West Yorkshire Partnership
NHS Foundation Trust

WHAT?

The mental health access team aims to improve access to psychological therapy and recovery focussed treatment for people with mild to moderate anxiety and depression.

WHO?

For people with mild to moderate anxiety and depression.

HOW?

The mental health access team provides the following:
Improving access to psychological therapies (IAPT) service. The IAPT programme is a large-scale national initiative that aims to significantly increase the availability of National Institute for Health and Clinical Excellence (NICE) recommended psychological treatments for depression and anxiety disorders. IAPT is planned and not offered in an acute crisis.

WHERE?

Mental Health Access Team
Rose Tree Avenue,
Cudworth,
Barnsley S72 8UA Contact 01336 644900

WHEN?

Contact us for more information



WHAT?

We provide a hospital based advocacy service for people with a mental health illness in Barnsley.

WHO?

For people with a mental health illness in Barnsley.

HOW?

We can support you to:

- Get information about your rights
- Find out what choices are open to you
- Look at the possible outcomes of those choices

WHERE?

Unit 12, Oakwell Business Centre, (Oakwell View Off Pontefract Road)
Barnsley,
S71 1HX

e-mail: craig.milburn@voiceability.org

Contact: 01226 776830, 07557 85151

Website: www.voiceability.org/in_your_area/south_yorkshire

WHEN?

Contact us to find out more.

MENTAL HEALTH & WELLBEING SUPPORT

The Exchange

Recovery and wellbeing College, Barnsley



WHAT?

The Exchange is a growing recovery and wellbeing college based in Barnsley.

WHO?

It is open to young people aged 16+ and all adults who would like to improve their mental wellbeing or knowledge to aid their work with others. They offer a range of courses and one off workshops which all aim to improving wellbeing through learning.

HOW?

The courses focus on being mentally and physically healthy, staying well and developing the knowledge and strength to overcome the challenges that we can all face at times in our lives.

Courses aren't therapy – their aim is to provide a positive learning approach, share knowledge and provide the space to reflect on your own health and understanding

WHERE?

The Exchange Recovery College,
33 Gawber Road,
Barnsley,
S75 2AH

WHEN?

Contact Exchange to find out more
Barnsley.Recoverycollege @swyt.nhs.uk
01226732096



WHAT?

The Children and Young People's Empowerment Project is a charity dedicated to raising the voices of young people and giving them the confidence, influence and platform to shape their world.

WHO?

For young people aged 11-25.

HOW?

Chilypep supports the OASIS young people's mental health group at Horizon College and the CHIL Peer Mentoring programme at Barnsley College/Sixth form. If you're a student at Barnsley college/sixth form and would like to be a Peer mentor or receive support from a Peer Mentor whilst being a student at College or Sixth form, get in touch to find out more. The OASIS young people's group meets weekly. The group work to reduce stigma around mental health and improve young people's mental health services in Barnsley. Click here to download a copy of the [Youth Mental Health First Aid Kit book](#)

WHERE?

The OASIS group meets weekly at a central Barnsley location. The Chil Peer mentoring programme is based in the college and sixth form. Contact Chilypep to find out more

WHEN?

Contact Chilypep to find out more
Email chantelle.parke@chilypep.org.uk
01142348846
www.chilypep.org.uk

Creative Recovery



WHAT?

Creative Recovery is a people-led charity that uses creativity to support Recovery, boost wellbeing and bring about social change in Barnsley and across Yorkshire.

WHO?

Creative Recovery support individuals and families with experience of mental health and/or drug and alcohol issues.

HOW?

The team is innovative, dynamic and collaborative, putting people at the heart of it! The leaders and projects are award-winning, receiving national recognition for innovation, public service and social impact. Creative Recovery also work to develop communities, challenging stigma and nurturing community spirit, with the aim to create a more accepting, inclusive and creative culture for all.

WHERE?

Day to day, their experienced artists use a person-centred approach to create safe spaces and unique projects where individuals can thrive. Creative Recovery runs a number of different projects and courses focusing on wellbeing and recovery for those with alcohol or substance abuse problems.

To find out more visit: www.creativerecovery.co.uk

WHEN?

Contact Creative Recovery to find out more
wearecreativerecovery@gmail.com
01226 320147

Child and Adolescent Mental Health Services (CAMHS)



South West Yorkshire Partnership
NHS Foundation Trust

WHAT?

The Barnsley child and adolescent mental health service (CAMHS) provide services to children and young people up to their 18th birthday who are experiencing a wide range of behavioural, psychological and emotional problems,

WHO?

Barnsley CAMHS is made up of four teams:
Child and adolescent unit, Young people's outreach team, Community early intervention team and the Learning disabilities and development disorders team.

HOW?

We work in a variety of settings including health centers, clinics, schools or in people's homes.
Our specialist team includes psychiatrists, specialist nurses, psychologists, specialist social workers and therapists. We help children, young people and their families, on both an individual and group basis. We also offer our mental health expertise across children's services in the area.

WHERE?

Contact Barnsley CAMHS You can contact our team by calling 01226433163 Our team are based at: Child and Adolescent Unit
Upper New Street
Barnsley
S70 1LP
Referrals,
To find out more about making a referral to the Barnsley CAMHS team, visit our [individual service directory page](#)

WHEN?

9am-5pm, Monday-Friday

MENTAL HEALTH & WELLBEING SUPPORT



WHAT?

YMCA is an independent local charity that works for and with children and young people and their families in Barnsley.

YMCA delivers a wide range of children's and youth work, extended services and members activities. YMCA Barnsley aims to empower young people by involving them in activities that stimulate, challenge and enable them to realise their potential and participate fully in their communities.

WHO?

For Children and young people aged 8-25

HOW?

We provide a safe and welcoming space and positive activities for children and young people and support them so they can belong, contribute and thrive in their communities.

WHERE?

Address:

Blucher Street

Barnsley

South Yorkshire

S70 1AP

Phone: 01226 213123 Email: info@ymcabarnsley.org.uk

www.ymcabarnsley.org.uk

WHEN?

Contact YMCA to find out more about projects, activities and youth and group work.

Substance Misuse Team



WHAT?

The service offers advice and information on drugs and alcohol to any young person under 18.
The service is free and confidential.

WHO?

Young people aged 18 and under

HOW?

We offer one to one support in convenient venues of young person's choice (ie: in School, GP's surgery).
Advice and support to professionals supporting young people who may not yet be ready to access services.
We also offer C-card registration/distribution/chlamydia screening/
Blood Borne Virus screening / access to vaccination.
We also offer advice and support to parents /carers of young people who may be using substances.

WHERE?

Young People's Substance Misuse Service, (formerly Young Addaction/
Lifeline), Mclintocks Building, 1st Floor, BMBC, Crookes Street, Barnsley,
South Yorkshire, S70 6BQ. Tel: 01226 705980.
Email: YoungPeoplesSubstanceMisuseTeam@barnsley.gov.uk

WHEN?

Office Hours Monday – Friday 9-5, however we will see young people at a venue to suit them and out of office hours. We are flexible to the young person's needs.

Recovery Steps Barnsley



WHAT?

Recovery Steps Barnsley is an integrated drug and alcohol recovery service for Barnsley. Our aim is to help as many people as possible to recover from and be free from drug and alcohol dependency, and to reduce the harm that is caused to individuals, families and communities. The Recovery Steps service is delivered by Humankind on behalf of Barnsley Metropolitan Borough Council

WHO?

For anyone aged 18 + Living with drug or alcohol problems isn't easy - it's really tough.

HOW?

As part of our support, we will offer the following:
one-to-one support, structured group therapy work
support to family members, involving them as part of your recovery plan wherever possible and with your consent,
a health and wellbeing check, health screenings, blood testing and vaccinations, help you achieve a balanced approach to life through therapeutic intervention, Support to reduce harm and prevent overdose
Substitute medication is available for some drugs that you may use
Detox from alcohol and/or drugs

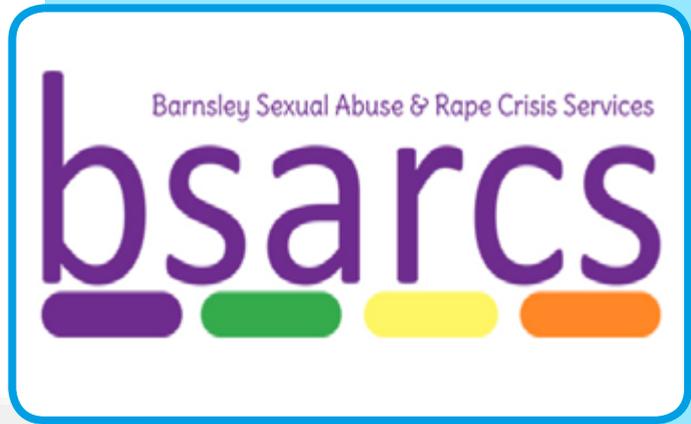
WHERE?

5-6 Burleigh Court, Burleigh Ct, Burleigh St, Barnsley S70 1XY, UK
humankindcharity.org.uk/service/barnsley-recovery-steps

WHEN?

Contact us for support or referral
You can contact us on 01226 779066, 9am to 5pm, Monday to Friday.
Anyone can make a referral to the Recovery Steps Barnsley service e.g. self-referrals, family members or professionals.

Barnsley Sexual Abuse and Rape Crisis Service



WHAT?

BSARCS (Barnsley Sexual Abuse and Rape Crisis Services) is the only group in Barnsley offering specialist services to people whose lives have been affected by rape, sexual abuse, sexual assault or any kind of sexual violence. We work with women, men, children and young people who live in the Barnsley area. We're an independent registered charity and we won't pressure you into reporting to the police or doing anything you're not comfortable with.

WHO?

We offer a range of different services to women, men, children and young people.

HOW?

We offer counselling & therapy to talk about emotional difficulties you're going through and to explore what might be causing them. Counsellors don't give advice or tell you what to do. The therapy we offer is a similar service to counselling, specifically for children and young people. If you've reported what happened to you to the police, or if you're thinking about reporting it, our Independent Sexual Violence Advocates (or ISVAs) can support you through the process, from the first step right through. We also offer wellbeing support and support groups.

WHERE?

The Core, County Way, Barnsley, S70 2JW. Our premises are accessible and we have a number of rooms where we provide different types of support. www.bsarcs.org.uk

WHEN?

BSARCS can only see visitors by appointment. To make an appointment, or for more information call us on 01226 320140 or email us info@bsarcs.org For specific information about referring someone to one of our services, please see our [How to Make a Referral](#) page.

Victim Support



WHAT?

Victim Support gives emotional and practical help to people who have been affected by crime in Humberside or South Yorkshire.

Victim Support is an independent charity and you can contact for support regardless of whether you've contacted the police, and no matter how long ago the crime took place. Victim support will help you for as long as it takes to overcome the impact of crime.

WHO?

Victim Support gives emotional and practical help to adults and young adults who have been affected by crime in Humberside and South Yorkshire.

HOW?

Crime impacts people in different ways. This is why victim supports specially trained staff contact victims and spend time speaking to them to find out what kind of support they might benefit from to help them cope with the effects of crime and move on with their lives.

WHERE?

Victim Supports office address is:

Referral Unit, 126 Occupation Lane, Sheffield, S12 4PQ

You can access support from our phone lines, website and live chat 24/7

WHEN?

Our phones lines are open Monday to Friday 9am - 8pm and Saturday 9am - 1pm 0300 303 1976

If you need support outside of our open hours, call our Support line for free on 08 08 16 89 111 or request support via our website.

www.victimsupport.org.uk Alternatively, you can contact us via [live chat](#)



WHAT?

Pathways family support provides services which enable people to rebuild self-esteem, confidence and emotional resilience by the provision of a range of interventions.

WHO?

Young people, and adults

HOW?

Contact Pathways family support to find out about a range of different services. Ongoing flexible support enables people to make informed choices about their future, reach their short and long term goals, realise their potential and actively contribute to their communities and society.

WHERE?

Contact Pathways family support Pathways Family Support Centre (BDVG) 33-35 Peel Parade, Barnsley S70 2RN

WHEN?

Contact Pathways family support Mon - Fri 9am-5pm on:

01226 731812

pathwayscentre33@yahoo.co.uk

Or visit: www.barnsleydvg.org.uk

BULLYING AND ABUSE



WHAT?

The Barnsley LGBT Forum brings the community together to look at issues and concerns that affected the local lesbian, gay, bisexual and transgender community. Barnsley college have their own SAGA group for the LGBTQ students in college. <http://www.youngstonewall.org.uk/> There is also a youth group that our younger members of the community can access.

WHO?

For Young people and Adults

HOW?

The monthly meetings alternate between formal meetings and social meetings each month. In the formal meetings we discuss any items on the agenda about what we want to achieve or discuss event planning or any representation with our partners that need to take place.

The social meetings are about people getting together and having a chat with each other, meeting new people and to see what is happening around the borough, alternatively we arrange meal clubs, bowling nights, and film nights to meet up and have fun.

WHERE?

If this is something you feel you would like to be a part of, get in contact or look on the social media sites. You will always be made to feel welcome and you can do as much or as little as what your time allows. The forum is all about the members and how everyone can make things better for the community so come along and join the fun!

WHEN?

Facebook: www.facebook.com/groups/BarnsleyLGBTForum

Twitter: twitter.com/BarnsLGBTForum

www.barnsleylgbtforum.org.uk/

Email: Secretarybarnsleylgbtforum@gmail.com

Public Health Nursing Team



WHAT?

Barnsley 0-19 Public Health Nursing Service offer advice and support in a number of areas such as:

Healthy eating and exercise, Mental health, Emotional health, Sexual health including C Card, Managing medical conditions in school, Infant feeding, Continence, Healthy relationships, Safety in the home, Online safety, bullying, smoking and substance abuse.

WHO?

The service is for any family, child or young person within the Barnsley area. The Service consists of a team of, Health Visitors, School Nurses, Public Health Nurses and other healthcare professionals.

HOW?

We can offer:

- Confidential support for children and young people either on a 1:1 basis or in group sessions.
- Advice and support for parents.
- Advice and support for professionals supporting families, children and young people.

WHERE?

You can be seen in most places by a school nurse...not just in school. We can offer home visits, attend youth clubs and schools...we can discuss where you feel most comfortable and is most convenient for you. Some schools have a school nurse drop in that you can access confidentially.

WHEN?

You can contact our service by calling our Single Point of Access administration team on 01226 774411, who can help you and pass on messages for a member of the Public Health Nursing team to contact you, Our office hours are Monday- Friday 9am-5pm.



WHAT?

Multisystemic Therapy (MST) works with families and other agencies, such as social work teams and Youth Offending Services, to safely keep young people with their families and in the community.

WHO?

Children
Young people, their parents and carers

HOW?

Placing young people out of home in custody or care is usually not effective in reducing their offending or problem behaviour and MST works to prevent this happening where possible by strengthening parents' skills in keeping their child out of trouble and working to change young people's behaviour. Increase parents or carers skills and confidence

WHERE?

Multisystem Therapy Team,
McLintocks Building, Summer Lane,
S70 2NZ

WHEN?

Contact MST for more information:
Email: MST@Barnsley.gov.uk
01226 774989
www.mstuk.org/mst-barnsley



WHAT?

The Challenging behavior Foundation is the charity for people with severe learning disabilities whose behaviour challenges. We're making a difference to the lives of children and adults across the UK through providing information about challenging behaviour, peer support groups for family carers and professionals, supporting families by phone or email and running workshops to reduce challenging behaviour.

WHO?

For people with severe learning disabilities whose behaviour challenges

HOW?

We offer information about challenging behaviour to anyone who provides unpaid support to a child, young person or adult with a severe learning disability. We can also signpost you to other specialist organisations and sources of information.

You can call us on: 0300 666 0126
Or email us at: support@theCBF.org.uk

WHERE?

Contact us for more information
www.challengingbehaviour.org.uk

WHEN?

We are open at the following times:
Monday – Thursday: 9am – 5pm
Friday: 9am – 3pm

Scope

About disability

WHAT?

Scope is the disability equality charity. We won't stop until we achieve a society where all disabled people enjoy equality and fairness. At home. At school. At work. In our communities. Scope is a strong community, of disabled people and non-disabled people, with a shared vision of equality. Scope uses a collective power to change attitudes and end injustice.

WHO?

For people who may need support and information around disability.

HOW?

We provide practical advice and emotional support whenever people need it most. We do this through our Scope helpline, our online community, a range of employment services, community engagement programmes, and more. All of our services are developed to achieve our strategy, Everyday Equality.

WHERE?

Call 0808 800 3333 for support and disability information
For independent support or disability information, contact our free helpline.
Email helpline@scope.org.uk

WHEN?

Contact Scope for more information.
Contact Scope 9am to 5pm on weekdays. Scopes are closed bank holidays.
www.scope.org.uk

SENDIASS: Special education needs, disability information advice support service



WHAT?

The Special Educational Needs and Disabilities, Information, Advice and Support Service (SENDIASS) offers free, confidential and impartial: information, guidance, advice and support.

WHO?

It's available to all children, young people and parents and carers of children and young people who: have a Special Educational Need (SEN) or disability; are between the age 0-25 years and live in the borough of Barnsley.

HOW?

Services we can offer you:

The opportunity for you to talk things through and say what your concerns are; support when writing letters to school, early years and post 16 settings and the local authority; help with Statutory Assessment and Education; Health and Care Plan process advice or issues around school/setting placement; support at meetings; advice on who you should contact if there are behavioural, emotional or social difficulties information on appeals to SEND (Special Educational Needs & Disability)

WHERE?

SENDIASS Barnsley (formerly Parent Partnership service),
Corporate Mailroom, PO Box 634,
Barnsley,
S70 9GG Phone 01226787234

WHEN?

Contact us for more information (01226) 787234

Early Help for Families



WHAT?

Early help is the support we give to children, young people and their families where they have additional needs that aren't being met by universal services (services that are available to everyone, like health and education). When a family has additional needs, we make sure they have access to the support they need at the earliest possible stage to prevent their needs becoming greater.

WHO?

Early help offer is for children and young people up to the age of 19 (25 if they have learning development needs or disabilities) and families..

HOW?

The best way to get support is to talk to a professional that knows you already, such as a GP, teacher, family support worker, school nurse, health visitor or early intervention and prevention worker. They'll be able to talk to you about what additional help you may need and how to access it. We offer early help, either through universal or targeted services, based on individual needs.

WHERE?

You can find out more details of our family centres by following the link: www.barnsley.gov.uk/services/children-families-and-education/child-care-nurseries-and-family-support/family-centres/

WHEN?

Contact for more information: 0800 0345 340
If you think the child's in immediate danger, call the police on 999 or (01142) 202020. If the child's not in immediate danger, but you're still concerned about them, call (01226) 772423 (weekdays before 5pm). Call our emergency duty team on 0844 9841800 if you're calling after 5pm.



WHAT?

We deliver the social housing service on behalf of Barnsley Metropolitan Borough Council and this includes the following services.

We manage the waiting list and let vacant homes.

We collect rent, repair, maintain and develop our homes and estates., support people facing financial difficulties and support people to manage their tenancy.

WHO?

For young people, and adults.

HOW?

We do as much as possible to support you in your home every step of the way. We know that sometimes it can be difficult to live a fully independent life without additional help or support, so we offer a range of services suited to your needs, your family and your life. We offer advice and support for all tenants including older and disabled people.

WHERE?

Contact Berneslai Homes for more information.

WHEN?

You can get in touch with us online by completing our online forms or via email. We also send out regular news and information to our tenants via email or text. If you would like to sign up for this information then please [follow this link to sign up](#). Contact Berneslai Homes on: barnsleytaras@gmail.com

The Paediatric Therapy Service



WHAT?

The paediatric therapy service aims to support children to maximise their potential in all aspects of daily life.

WHO?

Children and young people and their families.

HOW?

If you are concerned about your child, you are able to self-refer to the service. Referrals are also accepted from: allied health professionals carers/family, consultants, GPs, health visitors, hospital staff, local authority staff and schools. The service works in close partnership with families, carers, schools, nurseries, and other professionals.

Paediatric therapists see children in clinics, children's centres, nurseries, schools and in their homes.

WHERE?

Find us: Directions or location information

Telephone: 01226 644396

Hours: Monday - Friday 8.30am - 4.30pm

Visit our website at www.southwestyorkshire.nhs.uk

WHEN?

Contact us

The Lodge, Kendray Hospital, Doncaster Road

Barnsley, S70 3RD Telephone: 01226 644396

Hours: Monday - Friday 8.30am - 4.30pm

Barnsley Family Information Service



WHAT?

Barnsley Family Information Service provides free and confidential information and advice for the whole family.

WHO?

For families of children and young people aged 0-25 years with a special educational need, disability or complex health needs.

HOW?

We have a dedicated Family Involvement and Information Officer for Disabled Children and Young People. They support families of children and young people aged 0-25 years with a special educational need, disability or complex health need. They can offer support and information to families on: early help, family support and family centres a range of local and national service, including support groups, organisations and charities short breaks for children with disabilities, including help to apply for a short break.

WHERE?

You can access information via our website [Barnsley Family Services Directory](#), or contact us. The website provides a huge range of information on childcare, including: funded places, help with childcare costs, recreational activities and things to do, how to access early help and family centres Barnsley's Local Offer and much more.

WHEN?

Gateway Plaza, Sackville St, Barnsley S70 2RD Hours:
Monday 9am-5pm/ Tuesday 9am-5pm/ Wednesday 9am-5pm
Thursday 9am-5pm/ Friday 9am-4:30pm
Saturday/Sunday Closed
Phone: 0800 034 5340

MENTAL HEALTH FRIENDLY APPS AND WEBSITES

This list has been compiled by Chilypep as a guide to the apps available to support young people's wellbeing.

Please check the suitability of each App, and if there are any cost implications or compatibility issues. Please also be aware that some apps may not be free and always check the in-app purchases.

Doc Ready: For help and support expressing and describing your symptoms and medical history to a GP you can use www.docready.org to create a printable document to help get you prepared for your appointment.

Find, Get, Give: This is a mental health services signposting website for young people aged 11-25 where you can find help, get help and give feedback. For more information visit www.findgetgive.com.

Mood Bug: This is an app young people can use to share their mood with their friends and see how others are feeling. For more information download the app or visit www.moodbug.me.

Head Meds: This website, powered by Young Minds gives young people more information about medication. Visit www.headmeds.org.uk

Stay Alive App: This app is a pocket suicide prevention resource full of useful information and tools to help you stay safe in crisis. You can use it if you are having thoughts of suicide or if you are concerned about someone else who may be considering suicide. Search Stay Alive in your app store.



CAMHS Eating Disorder Key Performance Indicators

Barnsley



September - 2018

Indicator	Page
Supporting Information	3
Referrals	4
Contacts	5
Access Targets	7
Other Information	9

These packs have been compiled using referrals with a suspected eating disorder referral reason. Recording of this referral reason was implemented in April 2016.

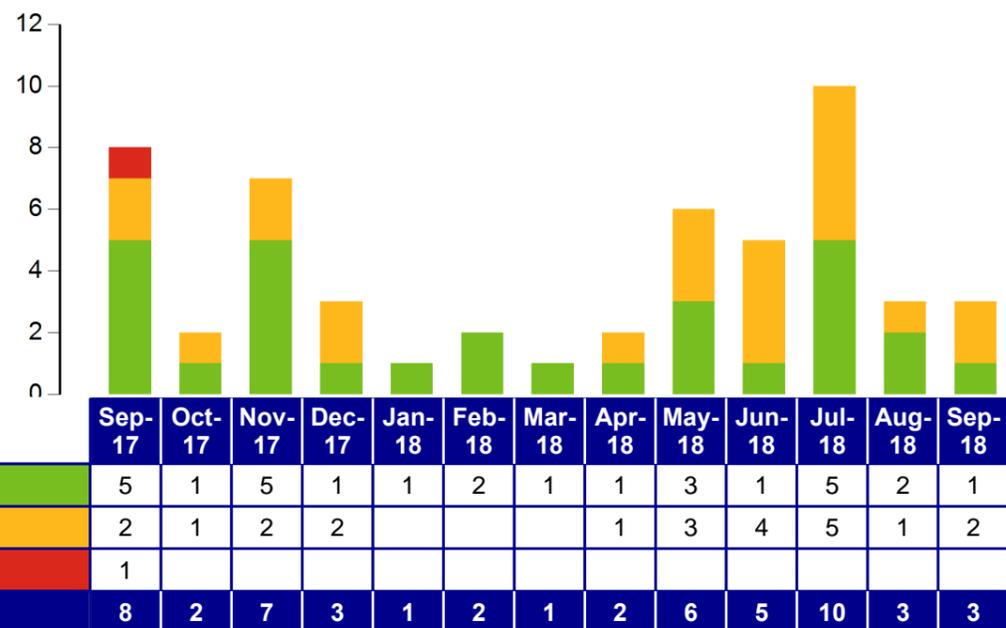
Any open referral prior to the 1st April 2016 is, therefore, not included in this data.

This has resulted in under-reporting for the following charts:

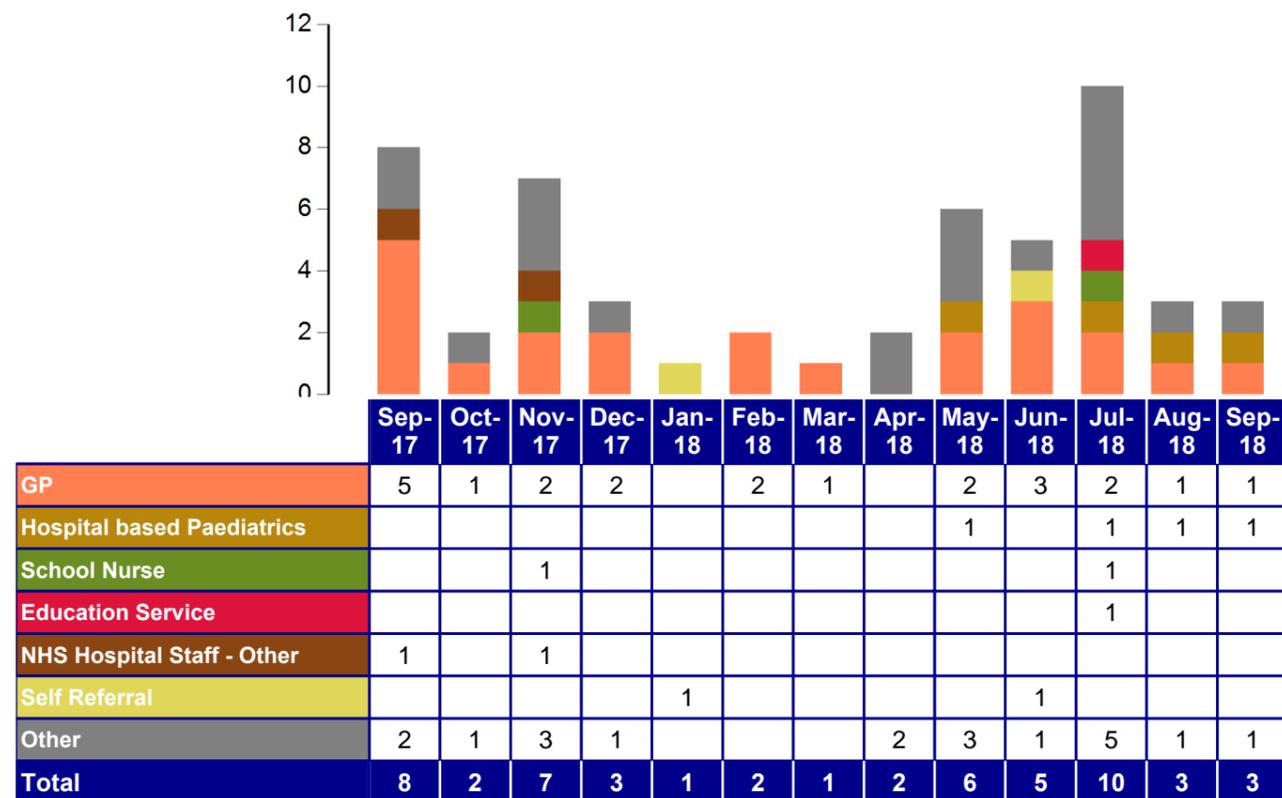
- *Referrals waiting for clock stop at month end*
- *DNA percentages and numbers*
- *Caseload at month end*
- *Discharges*
- *Average contact per referral*
- *Average length of episode*

Referrals Received

Total Referrals Received



Referrals Received by Source



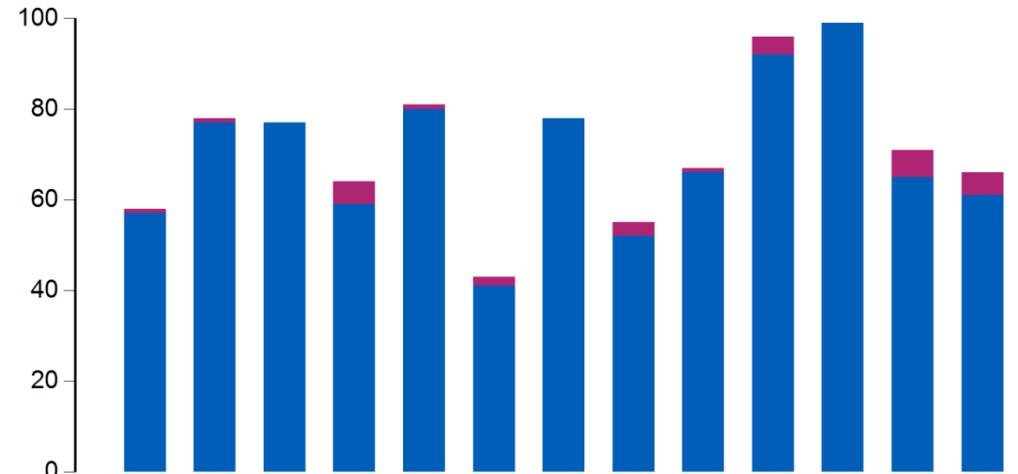
Description:

The total referrals received contain all referrals received for an assessment for CYP with a suspected Eating Disorder.

Comments:

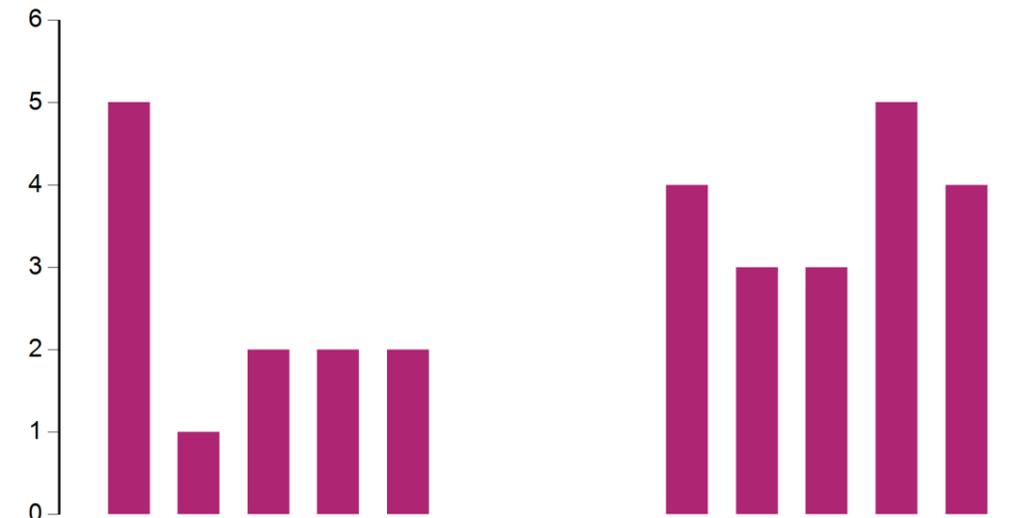
Contacts

Total Contacts



	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Direct	57	77	77	59	80	41	78	52	66	92	99	65	61
Indirect	1	1		5	1	2		3	1	4		6	5
Total	58	78	77	64	81	43	78	55	67	96	99	71	66

DNA Contacts



	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
DNA	5	1	2	2	2				4	3	3	5	4
Total	5	1	2	2	2				4	3	3	5	4

DNA Rate



	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
DNA Rate	8%	1%	2%	3%	2%	0%	0%	0%	5%	3%	3%	6%	5%
Overall Percentage	8%	1%	2%	3%	2%	0%	0%	0%	5%	3%	3%	6%	5%

Description:

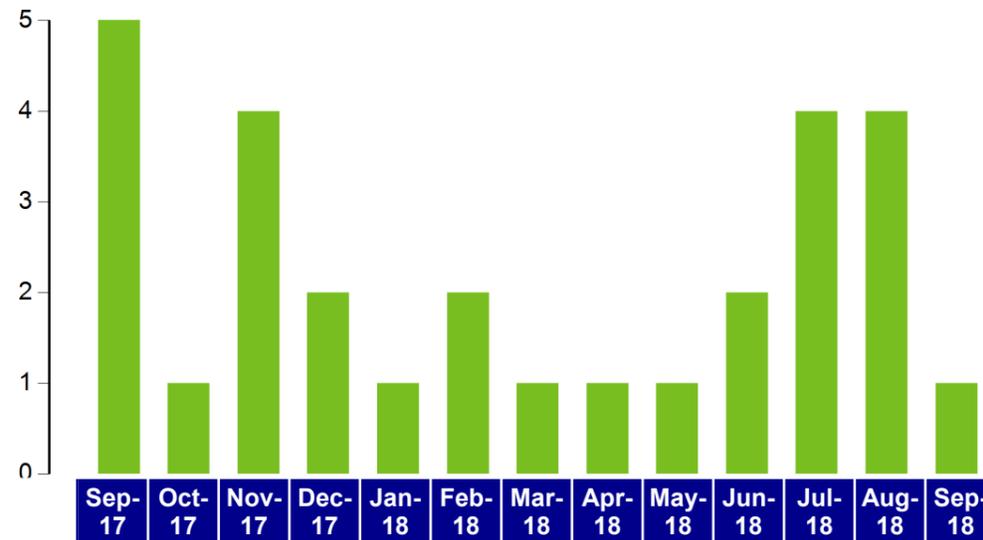
The total contacts is all attended contacts (excludes Did not attends and patient cancellations) with a referral reason as Eating Disorder; this currently does not include dietician's activity.

The DNA Contacts is client did not attend with a referral reason as Eating Disorder.

Comments:

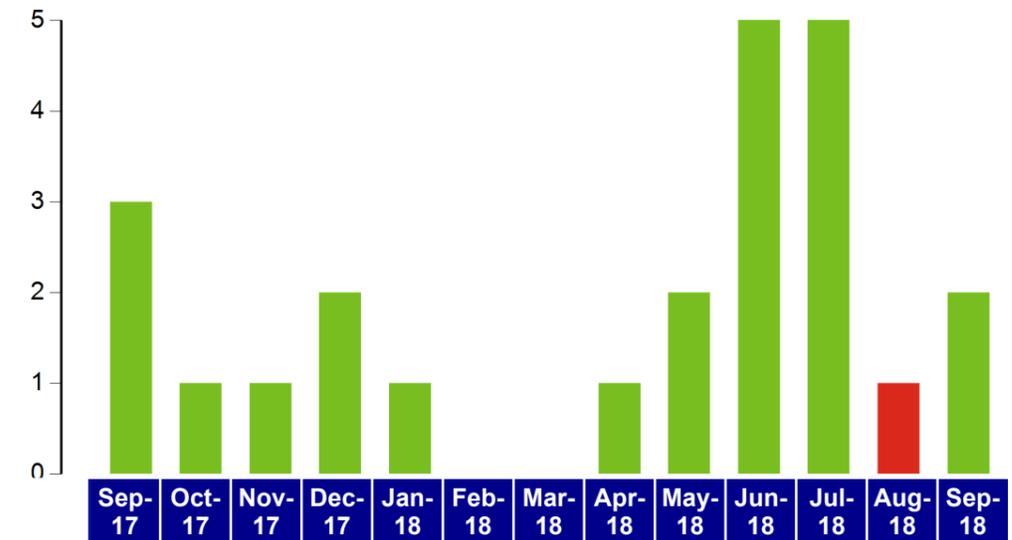
Access Targets

Routine Referrals Treatment Started in 4 Weeks of Referral



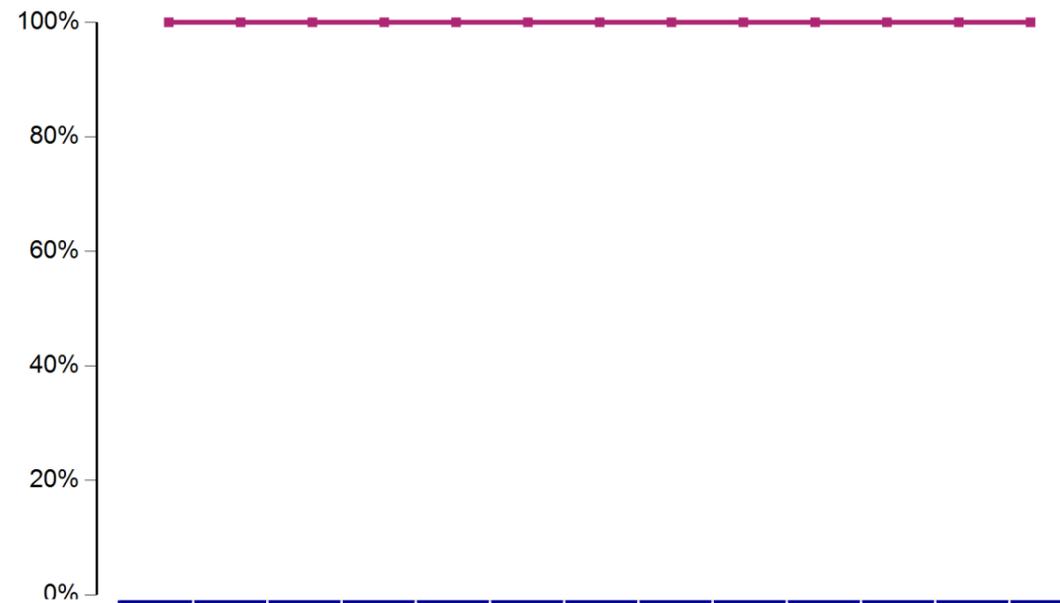
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Within 4 Weeks	5	1	4	2	1	2	1	1	1	2	4	4	1
Total	5	1	4	2	1	2	1	1	1	2	4	4	1

Urgent / Emergency Referrals Treatment Started in 1 Week of Referral



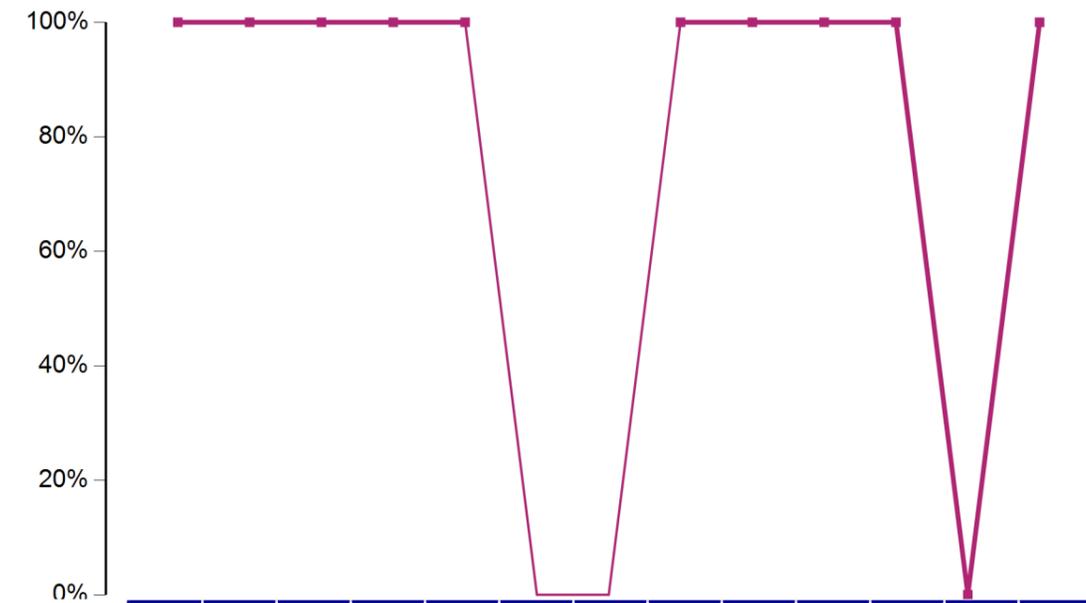
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Within 1 Week	3	1	1	2	1			1	2	5	5		2
> 1 Week												1	
Total	3	1	1	2	1	0	0	1	2	5	5	1	2

% of Routine Referrals Treatment Started in 4 Weeks of Referral



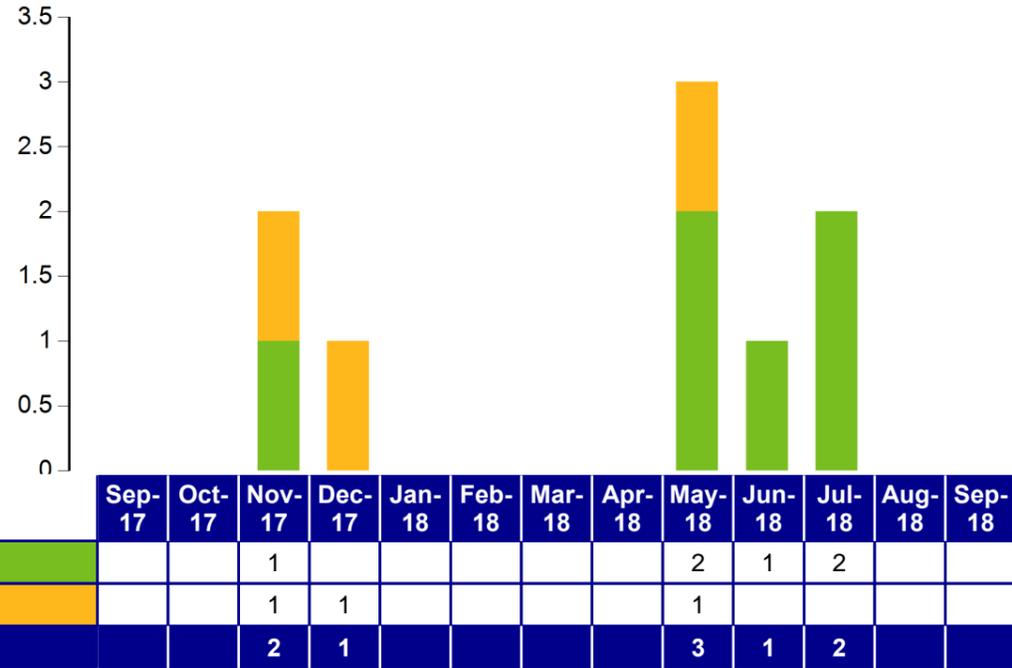
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Within 4 Weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Overall Percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

% of Urgent / Emergency Referrals Treatment Started in 1 Week of Referral



	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Within 1 Week	100%	100%	100%	100%	100%			100%	100%	100%	100%	0%	100%
Overall Percentage	100%	100%	100%	100%	100%			100%	100%	100%	100%	0%	100%

Referrals Waiting for Treatment at Month End



Description:

During 2016/17, monitoring against the new eating disorder access targets has begun. These are: Children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for routine cases.

The routine referrals treatment started in 4 weeks of referral includes all referrals clock stopped where NICE-approved treatment starts

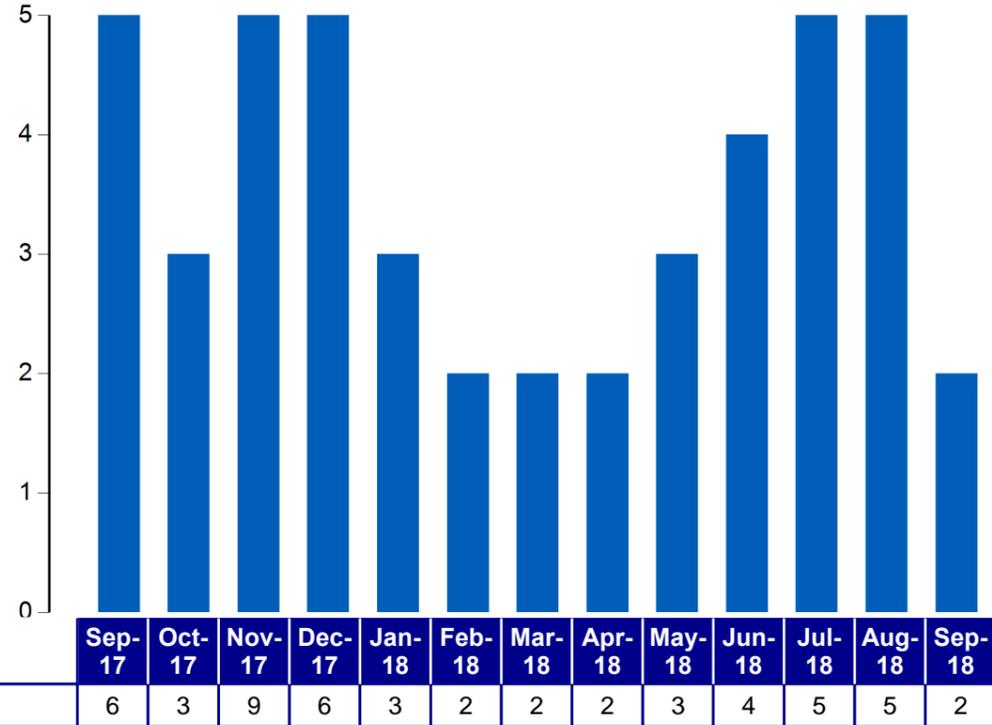
The urgent/emergency referrals treatment started in 1 week of referral includes all referrals clock stopped where NICE-approved treatment starts

The referrals waiting for treatment at month end is a snapshot of clients waiting for NICE-approved treatment (Clients may have an appointment booked but not yet attended it)

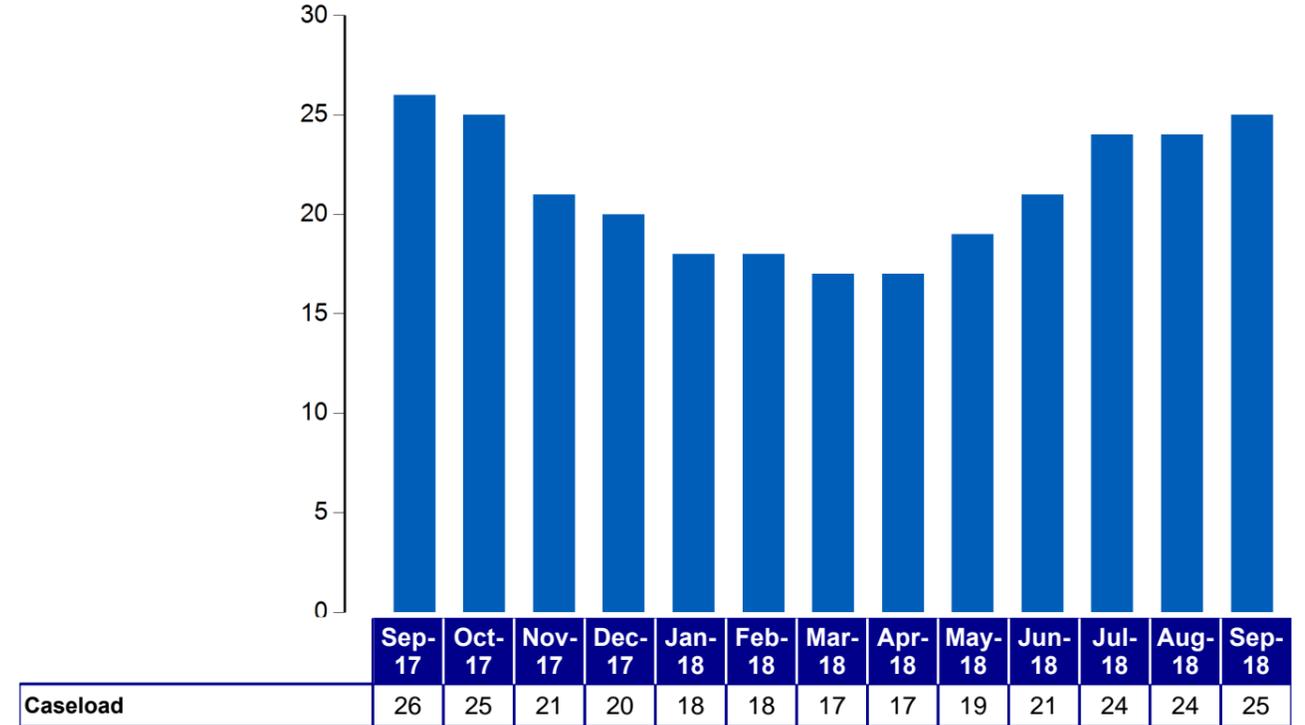
Comments:

Other Information

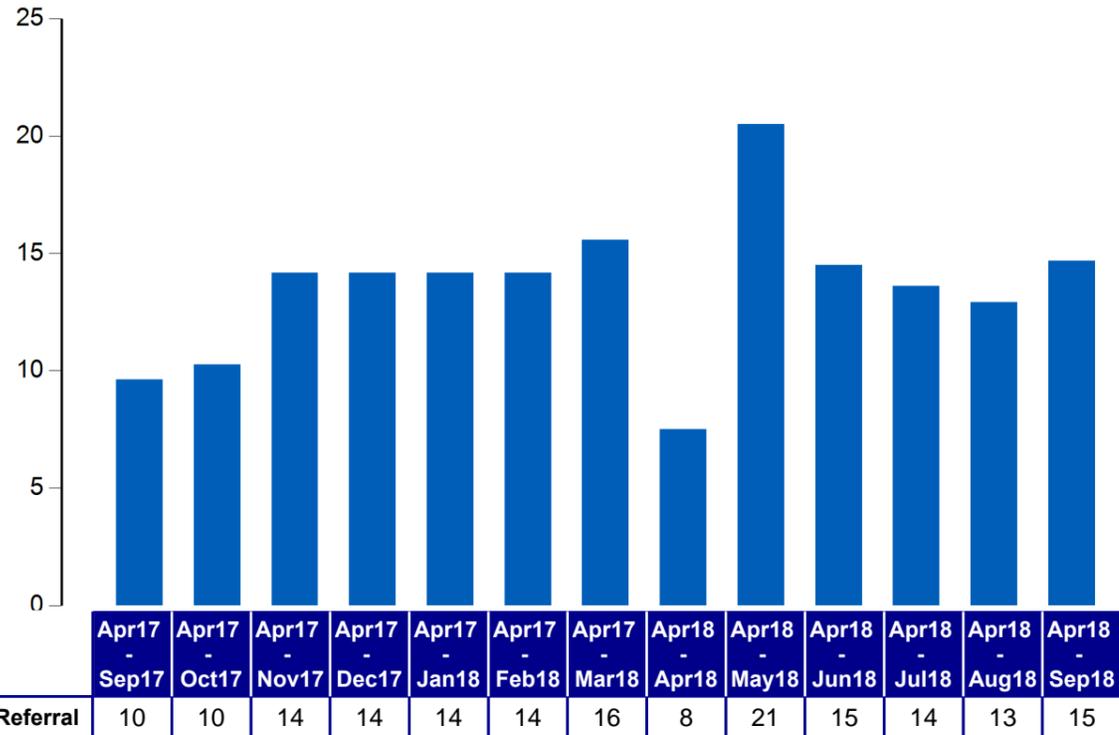
Discharges



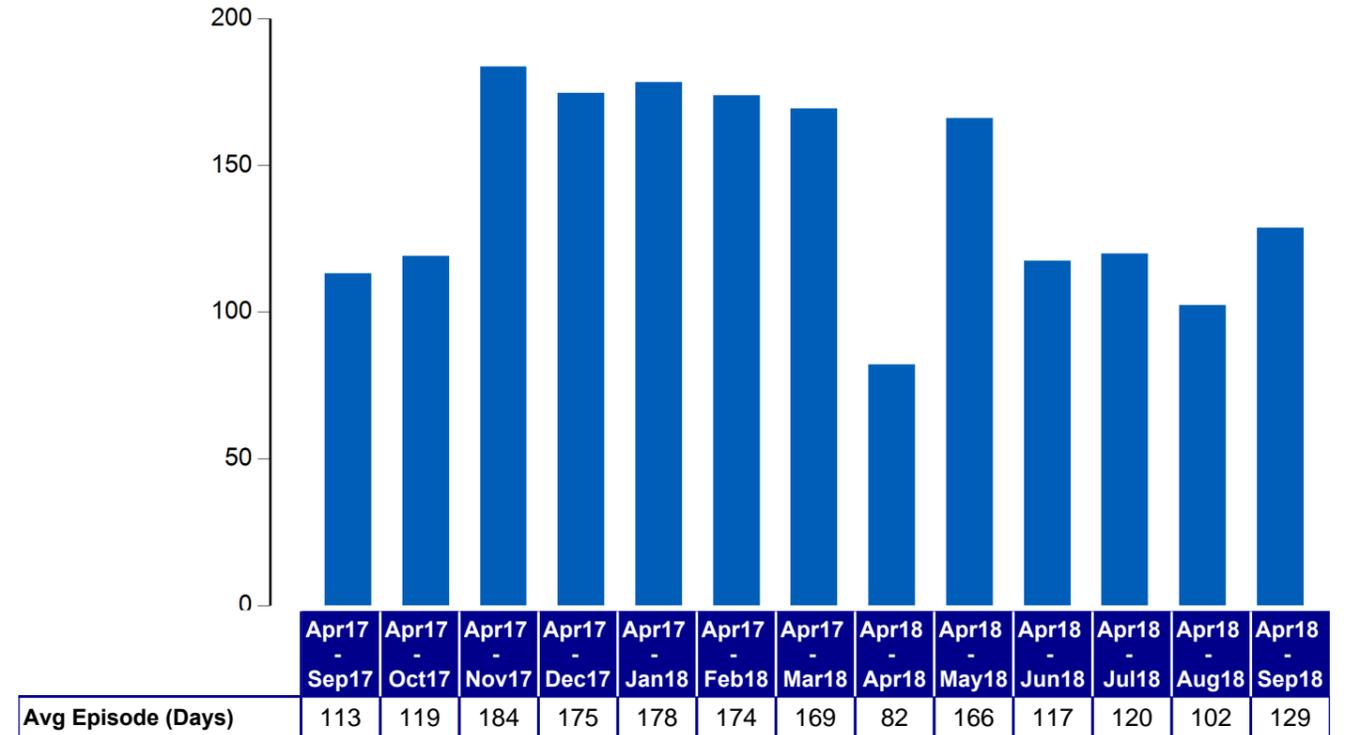
Caseload



Average Contact per Referral - YTD



Average Episode Length (Days) - YTD



Description:

Average number of contacts per referral for Eating Disorder YTD is from referral to discharge and excludes inappropriate referrals and those who had less than two contacts.

Average length of episode for Eating Disorder YTD is from initial contact to discharge based on discharges in the month.

Comments:

Draft Local CTR policy



**Calderdale, Kirklees, Wakefield and Barnsley (CKWB)
Local Area Care and Treatment Review Process**

Contents

- 1. Introduction and Purpose**
 - 1.1 Context
 - 1.2 National Policy
 - 1.3 Local Approved Mental Health Professional Policy for people with Learning Disabilities and/or Autism or both
 - 1.4 Service Model locally to Barnsley
 - 1.5 PERSONAL
 - 1.6 Standards in Practice
- 2. Proactive Monitoring and Support - Risk Registers**
 - 2.1 Learning Disability Risk Register
 - 2.2 Autism Risk Register
 - 2.3 Children's Risk Register
- 3. When to hold a Care and Treatment Review**
 - 3.1 When not to hold a Care and Treatment Review
 - 3.2 When to make a referral for a Care and Treatment Review to the TCP hub
 - 3.3 Types of Care and Treatment Reviews
 - 3.4 Complaints and Redress
- 4. Alternatives to Admission – Suggested Interventions**
- 5. Admission to Hospital:**
 - 5.1 Mental Health Act Assessment and working with the Approved Mental Health Professional (AMHP)
 - 5.2 Selecting and funding the hospital bed
 - 5.3 Post-admission follow up and working with the hospital treating team
 - 5.4 Discharge planning

Comment [LL1]: AR –

- We don't have any AMHP's in DCT and the AMHP workers available at Children's Assessment Team (CAT) may not have much experience of LD/ Autism. Their function in addition is focused upon assessments I believe rather than longer term case management
- It's one of those situation where I don't feel we have a coherent approach (from Children Services perspective) to some young people that this document would apply to namely young people with ASD with no LD.
- The section titled 5.9 commits resources that are not available as far as I'm aware and in my view is quite prescriptive about what we will do.
- I have added some comments into the document but don't feel able to comment from wider children
- I think this has resource implications for the LA that may not have been considered.
- **Tom to comment**

6. Roles and Responsibilities of all Stakeholders and working arrangements

- 6.1 Clinical Commissioning Group Commissioner
- 6.2 Experts by Experience
- 6.3 Clinical Experts
- 6.4 Approved Mental Health Professionals
- 6.5 Intensive Support Team or Intensive Home Based Treatment Team
- 6.6 Local Authority social workers and managers
- 6.7 Police Multi-Agency Hub in Central Police Station
- 6.8 Court Diversion and Liaison
- 6.9 Case Managers in Relevant Clinical Commissioning Group (CCG)
- 6.10 Specialised Commissioning Team Case Managers
- 6.11 Providers – community or hospital
- 6.12 Courts
- 6.13 Tribunals
- 6.14 Section 117 Panel
- 6.15 New General Data Protection Regulation (GDPR)

7. Care and Treatment Review Follow up of Action Plans and Reporting:

- 7.1 Lead Professional coordination of implementation of the action plan
- 7.2 Reporting to Responsible CCG commissioner
- 7.3 Tracking CTRs and planning next one

8. Appendices

- 8.1 CTR flow chart of increasing risk
- 8.2 South West Yorkshire Partnership NHS Foundation Trust Risk Register Protocol
- 8.3 Local Emergency Area Protocol
- 8.4 Working with the Ministry of Justice

1. Introduction and Purpose

1.1 Context

Care and Treatment Reviews (CTRs) were brought in to address the complex challenges of discharging people with learning disabilities and/or autism from long stays in hospital, after the national issue was highlighted by the Winterbourne View scandal in the Serious Case Review of 2012. CTRs became core business in October 2015 with the publication of [Homes Not Hospital Report](#), [Building the Right Support National Service Model](#) and the [Care and Treatment Review National Policy 2017](#). The process also links into a number of other regional and national programmes which integrate across local systems and population, for example, the [Five Year Forward View for Mental Health](#), local [NHS Sustainability and Transformation Plans](#), the emerging Early Intervention and Prevention models and Early Help offers.



Local authorities and clinical commissioning groups (CCGs) have to publish Joint Strategic Assessments and Joint Health and Wellbeing Strategies, on behalf of the Health and Wellbeing Boards which also link with Care and Treatment Policy 2017. These aim to provide a picture of the health and wellbeing of the local population people and are used to inform the commissioning strategies and plans of the council, CCGs, local voluntary and community sector organisations.

The Transforming Care Project was launched to change the way community services were designed, commissioned, and delivered to facilitate more effective appropriate support outside of hospital settings. This is linked to a significant bed closure programme across England, which is expected to be achieved by March 2019. It is expected that Care and Treatment Reviews will continue to be a tool available to professionals beyond 2019.

The CTR process should align with each area's local processes regarding Education, Health and Care Plans, Special Educational Needs processes, support in schools, and other local agency arrangements. More information relevant to each area can be found on their Local Offer web pages.

Transforming Care for Children and Young People

An area wide Transforming Care Plan partnership involving Calderdale, Kirklees, Wakefield and Barnsley has recently established a Children and Young people's workstream. This workstream will look to implement recommendations from the Lenahan review, 'Building the right support' and NHS England Guidance 'Developing support and services for children and young people with a learning disability, autism or both'.

The nine principles outlined in the NHS England guidance will be embedded across the partnership led by the Children and Young People work stream. The workstream comprises of CAMHS transformation plan commissioning leads and representation from local authorities including Special Educational Needs and Disability (SEND) leads across the region.

The children and young people Transforming Care Programme will dovetail and complement local CAMHS transformation plan priorities and reporting arrangements and augment existing joint Children and Families Act arrangements for each area.

Therefore, it has been decided not to produce a standalone Transforming Care Strategy or Plan, but to integrate required actions into existing plans. Each local area has undertaken a self-assessment against Transforming Care Plan priorities and principles. Identified gaps form the basis of local action plans and milestone reporting requirements. NHS England is overseeing implementation of the Transforming Care Plan and regular highlight reporting takes place against agreed workstream actions. See [Appendix F](#).

We have made good progress in terms of needs assessment, planning and projection for groups of children and young people affected and also in implementing the Care, Education and Treatment Review process and reviews across the footprint for children and young people.

Recent feedback from NHS England has highlighted the following positive aspects in relation to our local Transforming Care Plan for children and young people:

1. We have an identified Children and Young People's Lead for Transforming Care and a comprehensive, multi-agency work stream to focus on the Children's agenda across the footprint.
2. Partnership areas have lower numbers of under 18s in-patient admissions than the national average.
3. Discharges of children and young people are timely.

Also highlighted were areas of future focus:

- a) Continue to develop the 'Children's Dynamic Support Register' for children and young people.
- b) The views of young people, parents and carers within the local area should be incorporated within the discussions by the Transforming Care Plan Partnership Board.

These areas are incorporated into this refresh and will be monitored through the workstream and quarterly reporting to NHS England.

1.2 National Policy

This local policy needs to be read in conjunction with the new National Policy and the [CTR code and toolkit](#) – guide for commissioner’s published March 2017.

The National Policy was refreshed in March 2017 and clarified the requirements for completion of Care Education and Treatment Reviews for children in Child and Adolescent Mental Health Services hospitals or at risk of hospital admission. It clarified the inclusion of people with Autism in the Policy and a clear link to Care Programme Approach. It added best practice guidance for CTRs for other groups of people like prisoners, and outlined new standards of practice. It also brought in a new Key Lines of Enquiry approach to make the reporting similar to the Care Quality Commission. There are more resources to support experts by experience (see [Section 6.2](#)) and person specifications and recruitment guidelines for experts.

The eight principles and standards for CTRs and CETRs are the same. CTRs relate to those aged 18 and over, whereas CETRs apply to those up to 18 years of age and includes education to better reflect the essential role that education plays in the lives of children and young people.

There are some important aspects that are either the same or different between an adult CTR and a young person’s CETR.

Same for CTRs and CETRs:	CETR differences:
<ul style="list-style-type: none"> • All children and young people will have a review either in the community or hospital but these are called Care, Education and Treatment Reviews. • They, their parents or advocates can ask for a review when they have concerns. • A good Care, Education and Treatment Review can have a positive effect on their future. • Children and young people should be involved in their reviews and asked about what they think about their care and treatment. 	<ul style="list-style-type: none"> • Parents will usually make decisions about children under 16 years, and for those young people over 16 who do not have capacity. • Some children and young people may have an Education Health Care Plan, or may be supported through Special Educational Needs (SEN) support at school. These plans should help inform the Care, Education and Treatment Review. It may be that these plans need to be revised after a Care, Education and Treatment Review. • Expert Advisers will need to have the skills and experience relevant to children and young people.
<p>It is important to understand how the child or young person communicates. This will help get to know their thoughts, wishes, feelings and their goals for the future.</p>	

The words 'people' or 'person' used in this policy refers to children, young people and adults.

Whilst the standards are similar to those for adults, there are some specific additions in relation to children and young people, to assist those planning, supporting, and undertaking CTRs and will normally involve more people in the process than an adult CTR. For example local agencies such as education, CAMHS, health and social care and anyone else involved who can contribute to the CTR.

Parent and carers have a central role in the process as they will usually be making decisions for children under the age of 16. The child should also be involved if the parent is happy for them to take part. If a young person (age 16/17) is unable to consent, the best interest's process need to be followed. The CTR process will continue to be applied as young people transition into adulthood.

An easy read version of the Care and Treatment Review: Policy and Guidance can be accessed via this [link](#):

1.3 PERSONAL

The guidance identified that the CTR process should be:

Person Centred and family centred
Evidence-based
Rights led
Seeing the whole person
Open, independent and challenging
Nothing about us, without us
Action focussed
Living life in the community

These 8 key principles form the basis of this policy and guide the approach that needs to be taken by chairs, experts and participants in the CTR/CETRs locally. For a summary on what these principles mean see section 1 of the [Care and Treatment Review Code and Tool Kit 2017](#).

1.4 Standards in Practice

The new standards in practice are defined in the CTR Code and Toolkit 2017, the document published at the same time as the CTR Policy 2017. The standards set criteria and operational practice standards under the headings of the PERSONAL principles.

These give direction on a range of areas, such as:

- Preparing the CTR

- Consent and involving the person and family
- Evidence gathering and checking against clinical guidance
- Upholding Human Rights
- All types of legal advocacy
- Timing, invitees, multi-agency roles
- Administration, recording, feeding back and following up
- Link to Care Programme Approach (CPA) and care coordination
- The panel roles

The challenges requiring consideration relating to the hospital stay are required to cover:

- raising concerns and delays
- action planning
- candour
- gap analysis
- risk management
- community service design
- environments
- discharge planning.

1.5 Local Approved Mental Health Professional (AMHP) Policy for people with Learning Disabilities and/or Autism

Care and Treatment Review policy, guidance and the Transforming Care Project significantly affect the Approved Mental Health Practitioner (AMHP) role, and psychiatric practice.

Due to the emphasis on multi-agency approaches to prevent admission to hospital, the Care and Treatment Review policy needs to embed AMHP operational policy within it and give guidance to AMHPs on how to include this good practice into considerations when a Mental Health Act assessment referral has been made.

1.6 Service Models – Local Delivery

The shared service model to support the Care and Treatment Review process and Transforming Care are in place and developing.

The Care and Treatment Reviews are chaired by commissioners. This can be commissioners from learning disability services, mental health and CAMHS, whomever is the responsible commissioner. This will be chaired by a commissioner from NHS England were a young person has been admitted to a hospital setting.

These are convened at a Transforming Care Partnership level via the Programme Team in Huddersfield. This is the point of contact for referrals for CTRs.

Comment [LL2]: JP - the adult mental health policy references do not appear to fit neatly for C & YP
JP to clarify

Comment [T3]: Is this section the AMHP 'operational' Policy or is it another policy somewhere else?
JP to clarify

Comment [T4]: As comment above re operational policy?
JP to clarify

Section 117 Panel

Section 117 of the Mental Health Act, is often referred to as 'Section 117 aftercare'. The law gives those people who have been kept in hospital under the Mental Health Act the right to get free help and support after they leave hospital.

At a multi-agency senior management level, a Section 117 Panel considers the complex individuals coming out of hospital to agree NHS/Local Authority responsibilities and take accountability for ratifying the discharge community service specifications (care plan) and funding applications.

The following identifies any local differences in the four areas covered under this policy:

1.6.1 Barnsley

Recently a multi-agency hub has been set up in the police station with links to the Court Liaison and Diversion service in the custody suite. This enables closer multi-agency links to be made, on order to be able to work proactively with people presenting in police custody or courts to divert them from the Criminal Justice system and possible long-term hospital stays.

1.6.2 Wakefield

Wakefield CCG in partnership with the local authority is looking at how they develop their processes to provide Community Education Treatment Reviews in line with the national Guidance. Meetings have been set up with colleagues from NHS England to understand in detail how to ensure the risk register is robust and fit for purpose.

Comment [JH5]: Consider merging if only the 'police' it is different for Barnsley
JH to finalise and format

Wakefield continues to embed the work of Future in Mind Programme focusing on supporting children, young people and their families with accessing support and information around emotional health and wellbeing. Wakefield are currently piloting Multi-agency teams which include CAMHS, Local Authority, Independent counselling services and Third sector to support schools to develop emotional health and wellbeing support to identify young people who may be at risk of developing mental health problems later in their lives.

1.6.3 Kirklees

Add any specific local detail as required.

1.6.4 Calderdale

Add any specific local detail as required.

2 Proactive Monitoring and Support - Risk Registers

2.1 Wider Service Model

The new CTR Policy indicates that services should be working proactively with people with learning disabilities, autism or both in the community who may be at risk of inpatient admission and losing their place in the community. A stronger commissioning approach is being taken locally to understand this population in order to generate responsive commissioning of community services to create a whole system approach of preventing admissions. The National CTR Policy 2017 specifically directs that a register of those people at risk of admission will be developed locally and highlights indicators for risk of admission from the evidence base and the information that needs to be contained in referrals and on the register.

2.2 Learning Disability Risk Register

Locally the learning disability risk of admission register has been delegated by the TCP to South West Yorkshire Partnership NHS Foundation Trust Learning Disability Service. Referrals for the register are sent through the established referral processes. (Appendix 2 Risk Register Flowchart). (See Risk Register Protocol Need link to full Risk Register Policy on Intranet for each area)

Comment [JH6]: JH to Ask Fareena for hyperlink

2.3 Dynamic Children's Risk Register

This register has been developed in response to the new CTR guidance and is currently delegated to South West Yorkshire Partnership NHS Foundation Trust Learning Disability Service. Referrals for the register are sent through the established referral processes. The protocol includes information on data sharing and consent. (Appendix xxxxx Dynamic Children's Risk Register Protocol).

Comment [JH7]: JH Confirm finalised title

Comment [JH8]: JH Ask Fareena for hyperlink

Comment [JH9]: JH New protocol

3 When to hold a Care and Treatment Review, and when not to

The CTR process is relevant for people who are at increasing levels of risk of hospital admission and those who require collaborative, multi-agency support to enable a successful pathway to hospital discharge (See Appendix 1).

3.1 When to hold a Care and Treatment Review:

A CTR should take place in addition to the above processes, to add value to complex case management, where usual working practices have failed to achieve discharge, or admission to a psychiatric hospital seems likely.

CTRs are not intended to replace existing good practice and established working processes, such as Care Programme Approach meetings, multi-disciplinary meetings, multi-agency conferencing Multi-Agency Public Protection Arrangements, Multi-Agency Risk Assessment Conference, Safeguarding, Vulnerable Adult Risk Management and day to day close collaborative working and risk management. These working approaches are routed in effective multi-agency working, risk assessment and risk management.

3.2 When not to hold a Care and Treatment Review:

Specifically, a CTR is not required when a person with learning disability or autism or both is:

- Admitted to general acute hospital, unless detained there under the Mental Health Act
- Admitted to acute psychiatric hospital as part of a crisis plan
- Where discharge planning is taking place and progressing.
- When a person is stepping down to lower level of hospital security or transferring to a more appropriate hospital.
- When a person is sentenced via the criminal justice system under part 3 of the Mental Health Act an access assessment is the gateway to secure hospital beds, and should consider all options. A CTR should then take place post-admission. However, there may be individual cases in regard to children and young people where this is not the case.
- When the situation is very urgent, and a Mental Health Act assessment is required urgently to reduce immediate risk. (see Local area Emergency Protocol [Appendix 3](#))

3.3 Types of Care and Treatment Reviews:

3.3.1 Pre-admission, Readmission or Community CTRs and When to Request

Pre-admission CTRs must involve all relevant community professionals involved in the person's support, if a hospital admission is likely. The aim is to examine whether admission needs to happen or whether alternative solutions can be put in place. To be effective a full CTR needs convening with a panel, to add value to other multi-agency work already completed in the case. Therefore, professionals involved need to be making careful judgements based on risk about the timing of referring for a CTR so that it is possible to convene before the person deteriorates to a stage where they require a Mental Health Act assessment.

If it is not possible to convene a full CTR due to time limits, an emergency meeting following the Emergency Protocol ([Appendix 3](#)) must be held in person or by telephone to ensure all possible alternatives to admission are considered. This needs to be conducted in collaboration with the Approved Mental Health Professional (AMHP), and if the risk assessment indicates that it is safe to delay a Mental Health Act assessment in order to be able meet or speak. [An identified challenge is the pressure this puts on the current resources. This needs further conversations with the adult and children's teams as to how they can develop opportunities to support each other with this work.](#)

Comment [JH10]: Tom to comment

The AMHPs are available for Mental Health Act assessments and any consultation and advice with reference to Mental Health Act assessments that

maybe necessary. Where Mental Health Act assessments are necessary (with young people) the AMHP on duty as part of the process of considering the assessment will always contact the CAMHS Consultant to be part of the process and make any other necessary checks as required. If this route is followed, a post-admission CTR must be convened within 4 weeks for adults, and 2 weeks for a child in order to give clarity over the treatment plan and anticipated discharge at the outset.

A referral for a CTR should be made by the lead professional in the person's care and support, for example the Social Worker that understands the increasing risks or unmet need, which are likely to lead to hospital admission. It is critical following a referral that the responsible commissioner, either from the CCG or Local Authority, considers whether the situation can be resolved using existing resources. If not a community CTR is arranged to facilitate a more effective and inclusive discussion of the issues and potentially identify a range of possible alternatives to meet the needs of the person.

3.3.2 Post-admission CTRs

This is required to review the circumstances of admission and establish if admission was the most appropriate course of action, looking at alternatives to hospital treatment or to establish expected outcomes, timescales, and ensure planning for discharge is underway.

Post-admission CTRs should be convened 4 or 2 weeks post-admission via the Criminal Justice system by the Responsible Commissioner if the bed has been funded by the relevant Clinical Commissioning Group. Alternatively the Responsible CCG commissioner should attend post-admission CTRs for people admitted to secure hospitals via the court or prison to ensure they are treated at the most appropriate and least restrictive level of hospital security.

3.3.3 In-patient CTRs

In-patient CTR will take place every 6 months for adults in local CCG funded beds, every 3 months for children in Child and Adolescent Mental Health Services beds and every 12 months for adults in secure accommodation beds, until discharge to a community setting.

The CTR should focus on the reasons for an extended stay, identifying barriers to progressing to discharge, and whether the most appropriate treatment is being provided. A collaborative, and solution focussed approach needs to be taken to overcoming barriers, action planning, agreeing responsibilities, timelines and monitoring.

It is essential the appropriate responsible commissioner and local authority representative attend CAMHS and secure hospital CTRs convened by Yorkshire and Humber Specialist Commissioning in order to inform proactive pathway and discharge planning, and present alternatives to extending the hospital stay.

Comment [LL11]: JL - How would you link with any successful strategies in place for CYP via ASD team? For consistency and continuity? JL Please explain and provide narrative

For working with patients who are subject to Ministry of Justice restriction orders, see [Appendix 4](#) 'Working with the Ministry of Justice'.

If a CTR is required before the regular planned 6 or 3 monthly CTR, lead professionals in the case from the hospital team or community team involved can make a referral through the above route. The responsible commissioner needs to take a decision whether the situation is urgent and if it requires an unplanned CTR to be convened, or whether the situation can be managed via other processes and wait until the date of the next planned CTR.

3.4 When to make a referral for a Care and Treatment Review to the Transforming Care Partnership Team

The person or anyone involved in their care can make a request for a CTR, at any time.

The Calderdale, Kirklees, Wakefield and Barnsley Transforming Care Partnership have a programme team in Greater Huddersfield CCG. All referrals for community based or in-patient CTRs need to be made to the TCP Programme Coordinator within this team who will be able to efficiently organise the CTR. The secure email for referrals is judith.hall6@nhs.net

3.5 Complaints or Redress process

CTRs are required to ensure that the person (and their parent carers) remain at the heart of any review.

Hopefully this will usually result in mutual agreement about the most appropriate course of action.

However this may not be the outcome where:

- The person is detained under the Mental Health Act
- Disagreement exists about the efficacy and robustness of the CTR process
- And/or where the agreed actions arising are not implemented fully and /or appropriately

Any complaint needs to be either directed through the Responsible Commissioner, or in the case of the Mental Health Act through that tribunal process.

4 Alternatives to Admission – Suggested Interventions:

Below is a list of interventions that have been used singularly or in multiple combinations successfully by the partnership with people to reduce the risk of hospital admission:

- Increasing the intensity of support in the current accommodation
- Increasing the intensity and type of multi-disciplinary support

- Increasing the intensity of support and interventions for the family / carer
- Increasing the intensity of multi-agency working and collaboration
- Increasing the skills of the provider through training and supervision
- Identifying and assessing sensory needs
- Reviewing the appropriateness of services, including housing.
- Reviewing medication and accuracy of diagnosis
- Reviewing the support style
- Adding restrictions in the community through legal frameworks
- Remove interventions or medication that may be causing harm
- Identify new needs and gaps in need or provision previously missed
- Research case history to improve assessment of risks and needs
- Listening and acting upon the wishes and feelings of the person and family
- Undertaking an ecological assessment to identify any environmental impacts upon current presentation

5 Roles and Responsibilities of all Stakeholders and working arrangements

All roles and responsibilities are outlined in more detail the '[Care and Treatment Review Code and Toolkit 2017](#) – a guide for commissioners, panel members and providers'.

All stakeholders engaging with the CTR process should make themselves aware of the guidance on their role in toolkit. There are full role descriptors for panel experts, commissioner checklist for setting up and running CTRs, plus a list of key evidence required at a CTR, sample agenda and provider checklist.

All professionals should demonstrate candour when discussing the person's care and treatment.

5.1 Clinical Commissioning Group Responsible Commissioner

The role of the Responsible Commissioner is to decide if a CTR should be held following a request/referral, by establishing if the situation can be resolved using existing resource. If a CTR is to go ahead, the commissioner convenes the CTR with an expert panel via the Transforming Care Partnership team as soon as possible, including all lead professionals from agencies involved now and, if known, to be in the future.

At the beginning of the review the responsible commissioner, the Chair, ensures any necessary Consent or Capacity Assessment and Best Interests Decision for the CTR is undertaken. Before commencing the CTR the Chair checks that the panel and all people involved, including the person the CTR has been set up to discuss, are suitably prepared for the CTR.

The responsible commissioner must ensure the person is safe and all safeguarding requirements to protect vulnerable and at risk people are in place, taking necessary action if there are any concerns. They must ensure that the CTR findings are based on evidence gathered and assurance provided. Recording of the CTR must be in accordance with the national policy guidance 2017, and must include the views of all panel members, with clearly named individuals linked to the action plan. The plan must be uploaded onto the relevant health and social care databases and distributed to all stakeholders, with systems in place to follow up the identified actions, with the relevant detail contained to be able to appropriately report outcomes to NHS England via the relevant trackers.

5.2 Experts by Experience

The Expert by Experience provides independent support and views and will have lived experience of being either directly involved in the care and support of an individual with Learning Disability, Autism or both Or they will be a person with a Learning Disability, Autism or both.

Their role is to ensure that the CTR process:

- Keeps the needs of the person at the centre.
- Is co-produced with the family and person at every stage.
- The family are aware and understand what is being said and what is happening.

The partnership have a service level agreement with Inclusion North to supply CTR trained Experts by Experience, who are allocated in response to a referral form completed by the [Responsible Commissioner](#).

Comment [TS12]: Again generic statement or list the different arrangements?
Jo to comment

5.3 Clinical Experts

A Clinical Expert is someone qualified to work in health care. This might be a nurse, psychologist or psychiatrist. The Clinical Expert should be able to bring a strong critique of the current care, treatment and pathway plans, identify gaps, inappropriate interventions and promote use of best practice from NICE guidelines for people with learning disabilities and autism. When care is not in line with the evidence base, recommendation actions should be recommended to change this. Where the person's care and treatment has been detrimental and discharge has been delayed as a result, a Safeguarding referral should be considered and/or raising concerns to the Care Quality Commission

The current arrangements for Clinical Experts are to use reciprocal arrangements from other nearby CCGs or NHS England staff that is at no cost. Under current funding arrangements there is no allocated budget for this work. Therefore sometimes this means that no expert can be found.

In exceptional circumstances, funding for a Clinical Expert may be found if a case can be made. The recommended fee is £300 per day, equivalent to Care Quality Commission inspection rates.

5.4 The Panel

Members must:

- a. Be Disclosure and Barring Service (DBS) checked, and the chair must be assured that all members have received the appropriate level of training and support to participate. Confirmation must also be sought of any potential conflict of interest for any members.
- b. Meet the person separately.
- c. Ensure the family and person has verbal feedback on the day.
- d. Ensure rights are being upheld in accordance with the relevant legislation.
- e. Check if the person has an advocate – Independent Mental Capacity Advocate, Independent Mental Health Advocate, or legal representative if needed.
- f. Ensure that a complete and thorough review of physical health care has been undertaken.
- g. Ensure all diagnoses have a strong evidence base.
- h. Agree rationale for continued admission and treatment.
- i. The panel to review the person's living environment in person if appropriate.
- j. Access incident and safeguarding reports, risk assessments.
- k. Seek evidence to support risk assessment for now and in the future, with positive risk taking taken into account and demonstrated.
- l. Agree an expected length of stay.
- m. Examine progress against expected outcomes and length of stay.
- n. Agree actions to expedite the process where the panel believe there is a lack of progress.
- o. Recommend discharge or transfer if there is little prospect of the person achieving expected outcomes within the existing service.
- p. Bring challenge, scrutiny and second opinion to the provider's care and treatment by questioning aspects of care and treatment, and ensure they are satisfied that care and treatment continues to need to be provided in a hospital setting.
- q. Use their expertise to understand whether the person could be supported in a community setting, review the person's community service specification and/or make recommendations as to the most appropriate community service design.
- r. Ensure the person has been as involved as much as possible with the completion of the community service specification and seek evidence to support that the person is being involved in the community.
- s. Must have the previous CTR to follow up on previous actions.

5.5 Relevant Clinical Commissioning Group Case Mangers and Specialised Commissioning Team Case Managers

Case managers monitor, review, and reassess, hospital placements on behalf of the relevant CCG to ensure value for money principles are maintained in terms of the delivery of timely, effective and most appropriate treatment delivery to minimise the length of stay in hospital.

The relevant CCG and Specialist Commissioning Case manager must work collaboratively to agree action plans in CTRs that ensure progress to discharge is being made in accordance with the CTR panel and experts involved the case, and to ensure the most appropriate use of NHS funds.

5.6 Care co-ordinators and Providers – Community or Hospital

The preparation for the CTR is delegated from the relevant CCG commissioning to the community or hospital provider or care coordinator. There are a range of tasks that must be completed before a CTR can take place, in order for it to be as effective as possible.

This includes preparing the person for the CTR using the 'My Care and Treatment Review' and 'My CTR planner' [documents](#) from the NHS England website.

This includes:

- a. Supporting the person to review the last CTR report and Care Programme Approach. .
- b. The provider must ensure consent is provided by the person to the CTR or assess capacity.
- c. Ensure that a best interest discussion is undertaken and documented if the individual is unable to consent to the CTR taking place.
- d. Ensure the person has invited all the people who are important to them.
- e. Identifying reasonable adjustments that need to be made to ensure the person's participation.
- f. Give family and the person updates on progress against the action plan after the CTR.

They must prepare for the panel to review the care and treatment by:

- i. Ensure essential documents are collated and ready for the CTR panel and that they are accessible to the person using checklist in National CTR policy 2017.
- ii. Ensure the CTR panel has access to all data e.g. electronic log-ins.
- iii. Ensure NICE guidelines can be accessed if necessary.
- iv. Ensure action plan from CTR is embedded in to Care Programme Approach plan.
- v. Ensure all members of the team are supported to share updates with candour.

5.7 Approved Mental Health Professionals

The role of the Approved Mental Health Professionals (AMHP) is to coordinate a Mental Health Act assessment, ensure that a correct legal process has been followed, and balance risk with the person's right to the least restrictive treatment setting, ensuring that all other community alternatives have been exhausted before detention is considered. The consideration of alternatives to detention will usually be via a community CTR or emergency meeting, if time is limited.

It is important that the AMHP is fully aware of Chapter 20 of Mental Health Act Code of Practice that covers the threshold for admission for people with a learning disability or autism. The code advises the AMHP and professionals involved in a Mental Health Act assessment of the factors to consider.

The CTR process does not prevent a Mental Health Act assessment being completed, but offers a best practice process for application to people with learning disabilities or autism who are at high risk of admission to psychiatric care.

There is an expectation locally, that AMHPs dealing with a Mental Health Act assessment referral for a person with a learning disability and/or autism seek to include CTRs, or emergency meetings into the process of their assessment where ever possible. This may include delaying the decision to detain for several days so that any identified actions can take place in the short term. This may include the AMHP making a referral for a CTR if this has not happened in the case.

5.8 Intensive Support Team or Intensive Home-Based Treatment Team

The role of both team is to provide high intensity support during a time of crisis for people with learning disabilities or people with mental health problems. This may link into other relevant community services. A referral to either team should be made if the lead professional believes intensive support may stabilise the person in the community and ensure their ongoing wellbeing.

These teams have a key role in CTRs to provide evidence of success or failure of their support to inform decisions to admit to hospital or remain in community.

Involvement of intensive support should be considered before a CTR is called and may advise on alternative ongoing multi-disciplinary support that may stabilise the person further.

5.9 Local Authority social workers and managers

Social Workers from the Local Authority have a pivotal role in community CTRs to review existing services for the person, looking at other sources of community support.

Social Workers also have a critical role in developing thorough assessments of need and risk, based on the multi-disciplinary and multi-agency information available from the hospital providers to inform discharge plans as part of the in-patient CTR process.

They have a key role in community service specification design with the hospital and multi-agencies involved, including drawing together plans regarding how this may be commissioned and funded, including identification of and liaison with suitable providers.

In addition, Social Workers can provide key long-term case management to stabilise highly complex people in the community who have been discharged from hospital, or support prevention of admission, in collaboration with others.

5.10 Police Multi-Agency Hub in Central Police Station (Barnsley Locality)

The new multi-agency hub in Barnsley Police station provides a new link between the Criminal Justice System and learning disability professionals. It will increase to the speed to which multi-agency crisis and contingency plans for repeat offenders with a learning disability (LD) and autism can be implemented across the police, courts, NHS and local authority, by identifying and intervening when people present in custody.

Comment [LL13]: JP - Page 17 5.10 and 5.11 very Barnsley focused – needs a balance from other areas. Needs input for other areas

The multi-agency hub police officers have a key role to play in community CTRs to support alternatives to long term hospital detentions via the court.

5.11 Court Diversion and Liaison (Barnsley Locality)

The newly developed NHS Mental Health team based in the custody suite of Barnsley police station provide an important link between the police and courts and wider NHS, local authority and community services. Their central function is to be able to effectively refer and sign post people with learning disabilities and autism to more appropriate services, who have begun to be caught up in the Criminal Justice System, as a result of their behaviour.

The team members will provide key information to community CTRs where professionals are seeking to avoid a person becoming detained in a long-term section of the Mental Health Act via the court. It is important that this team are given a direct referrals route to key local authority and NHS teams in order for a speedy response to be agreed during the custody episode.

Other areas to provide details of alternatives for 5.11 and 5.12

Comment [T14]: Tom B comment

5.12 Courts

In order to ensure the best possible solution for the person achieved, and to promote effective treatment or prevention of unnecessary hospital admission, professionals involved with a person should liaise proactively with the courts and collaborate with all legal professionals. Lead professionals should inform

the CTR of possible alternatives to admission at all stages of the court processes pre-admission.

5.13 Tribunals and Hospital Manager's Reviews

If the person's circumstances are being given additional scrutiny by the Tribunal or Hospital Manager's, the hospital provider or community care co-ordinator/social worker should ensure that the Tribunal is provided with a copy of the CTR report, in order that they can consider the outcome.

The person's Mental Health Act solicitor should have a copy of the CTR report.

5.14 Section 117 Panel

The multi-agency section 117 aftercare panel considers and ratifies funding sources for all community discharges from long stay hospital settings.

This is an important forum for CTR action plans and community service specifications to be sent to gain agreements in principle of discharge plans.

5.16 The new General Data Protection Regulation (GDPR) (from 25/05/18)

The principles are similar to those in the DPA, with added detail at certain points and new accountability requirements for those who have day-to-day responsibility for data protection and maintaining personal data and processing activities.

The new regulations have significantly more legal liability where a breach occurs.

6 Admission to Hospital

6.1 Mental Health Act Assessment and working with the Approved Mental Health Professional (AMHP)

If a community CTR has been held, or an emergency meeting or teleconference, and all parties have agreed that hospital admission is appropriate, the CTR chair will ensure referral for a Mental Health Act assessment if detention is thought to be necessary is undertaken. The discussions and findings of the CTR will be an important source of information to support the AMHP in the decision-making processes in order to make a clear rationale for hospital treatment and indicate outcomes of the admission.

If the AMHP does not consider that detention is appropriate or warranted, then this must be communicated back to the Chair urgently, for discussions to take place regarding the potential alternative options to meet the need and risk, and, if necessary re-convene the CTR to agree options.

6.2 Selecting and funding the hospital bed

The Responsible Commissioner for the CTR will work closely with the AMHP leading the Mental Health Act assessment to identify the most appropriate bed to support effective and timely treatment, in line with the findings of the CTR, if the AMHP supports admission.

This may be via the block purchased beds (with the exception of Calderdale CCG) with the Horizon Centre, assessment and treatment service, in Wakefield, or it may be within local Mental Health Acute wards under the Green Light Protocol, or it may be spot purchased autism specific hospital service, or locked rehabilitation hospital. For a child or young person, this must be referred to Specialised Commissioning, Yorkshire and the Humber to identify a CAMHS bed.

All these hospital providers will ideally assess the person before admission if the situation is not urgent.

Preferred hospital provider procurement for locked rehabilitation hospital provision is taking place regionally and will inform this process in the future.

6.3 Post-admission follow-up and working with the hospital treating team

If a community CTR did not take place, following admission a full CTR must be take place within 4 weeks. This is to agree the treatment plan and path to discharge.

In order to facilitate discharge in a timely manner, community professionals must stay involved or be allocated as soon as possible from the Local Authority social worker team, Intensive Support Team and community psychiatric service.

6.4 Discharge planning

The Responsible Commissioner continues to have a role in overseeing discharge and facilitating discharge planning meetings.

If the outcomes for treatment cannot be achieved in the hospital settings, discharge should be considered. A Ministry of Justice Restriction Order should not be thought of as a barrier to discharge, but discussions with the Ministry of Justice should begin as soon as it is identified that the person is ready.

Before involving providers, all parties involved need to agree a detailed community service specification design.

Providers with the skills to deliver the community service specification should be involved at the earliest opportunity.

7 Care and Treatment Review Follow up of Action Plans and Reporting

7.1 Lead Professional co-ordination of implementation of the action plan

The lead professional in the case – social work case manager, care coordinator, or relevant CCG case manager, are delegated the responsibility to ensuring implementation of the action and embedding into Care Programme Approach meetings. This lead professional is responsible for reporting to the Responsible Commissioner any barriers to delivering the action plan or delays in progress.

7.2 Reporting to Responsible CCG commissioner

Upon receiving updates regarding progress, the Responsible Commissioner has several duties.

The person must have an estimated date of discharge for reporting to NHS England. This date may not be shared with the person if they lack capacity to engage in the discussion or if to do so will cause unnecessary distress.

If progress towards discharge is slow, delayed, or the professionals involved face challenges agreeing or designing the community service specification, the responsible commissioner can bring in a community service specification expert to help draw up plans.

Where progress is not being made, this needs escalating to the contract manager in the relevant CCG if this is believed to be a performance issues relating to the provider.

The responsible commissioner can also request additional CTRs or other meeting such as Multi-Disciplinary Team (MDT) or Care Programme Approach (CPA) to review the action plan before the next scheduled CTR.

7.3 Tracking CTRs and planning future meetings

The Responsible Commissioner must set the next 6 monthly in-patient CTR for adults and 3 monthly for young people, when the CTR report for the CTR is generated.

All Community CTRs and in-patient CTRs must be recorded on the NHS England regional trackers in a timely fashion. Emergency meetings and other multi-agencies meetings do not need tracking.

CTRs for Young People

An important consideration relates to CTRs which need to take place where special educational residential placements are sought at 38 and/or 52 weeks.

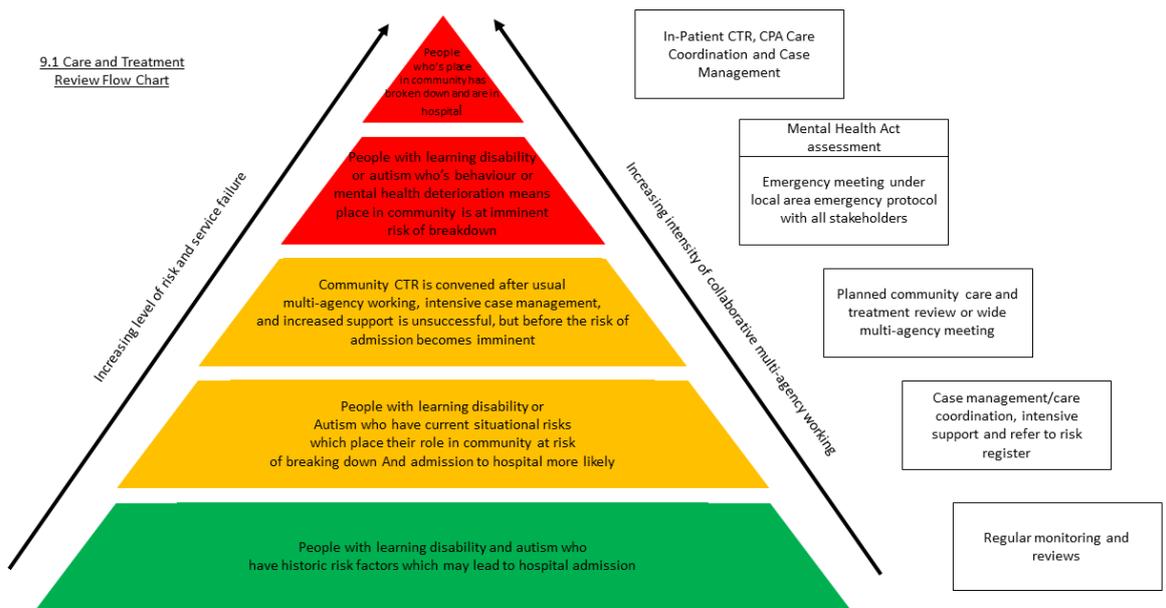
The Responsible Commissioner will investigate the request and make a decision as to whether a CTR is appropriate.

CTRs should be undertaken before an access assessment to a Tier 4 placement – hospital/secure. Community CTRs need to be undertaken before the child and family go into crisis, when the outcome is most likely to be hospitalisation

Early intervention and person-centred intensive community support should be agreed at community CTR to keep the young person living within their own family and community. This can ensure closer working between health, education and social care services.

8 Appendix 1 CTR Flowchart

9.1 Care and Treatment
Review Flow Chart



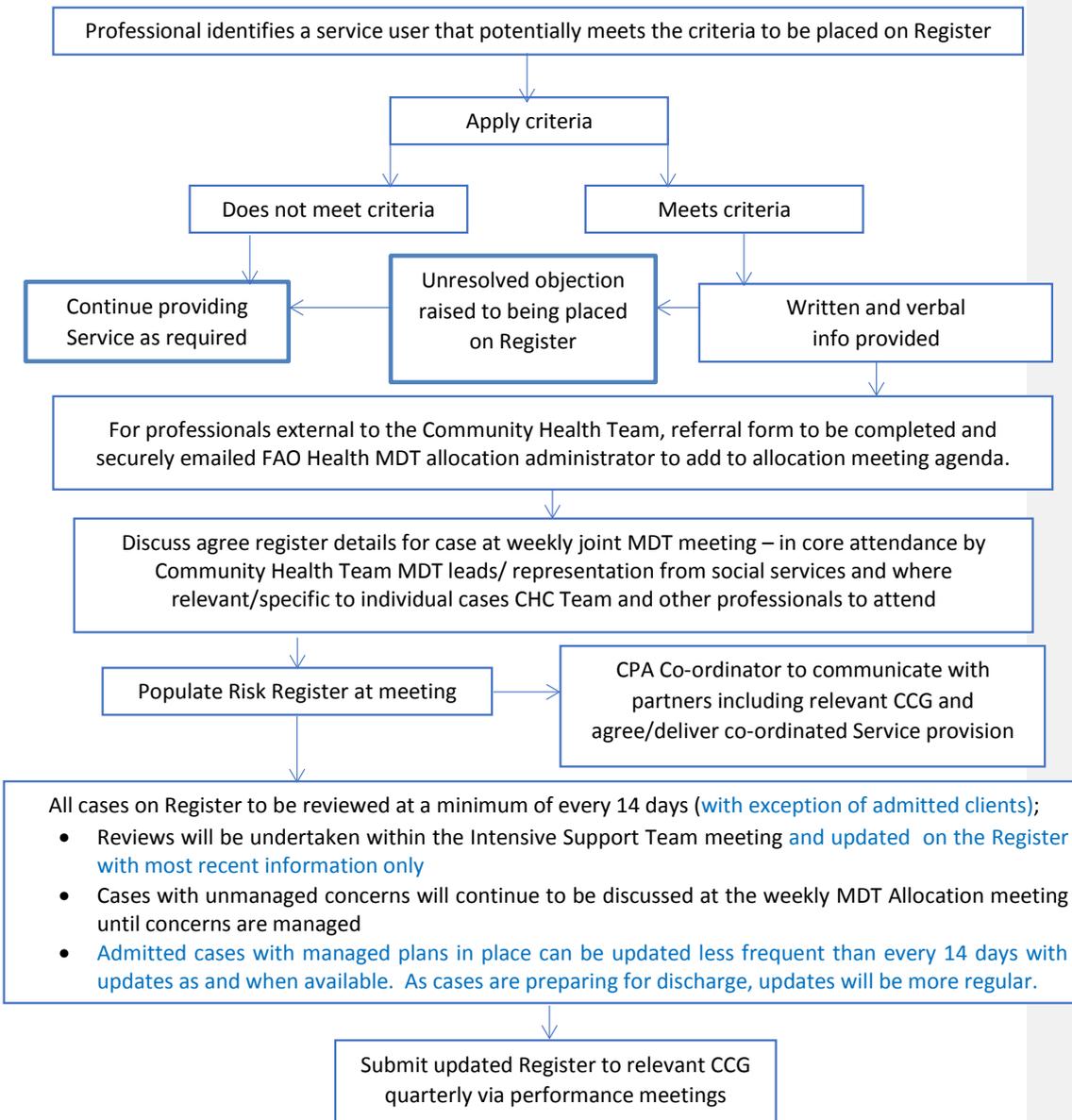
8.2 Appendix 2 South West Yorkshire Partnership NHS Foundation Trust Risk Register

3.8 Placing process

The process for placing people on the At Risk of Admission Register is shown below:

NB. This process runs alongside existing clinical/integrated/care pathways in place.

Comment [LL15]: JP - Appendix 2 risk register looks adult focused – as a CETR risk register process it needs linking to children’s. **Currently in production phase**



8.3 Appendix 3 Local Area Emergency Protocol

Introduction

In circumstances where an admission is unplanned, urgent or someone is in 'crisis' it is recognised that a CTR may be, on a practical level, very difficult to set up due to short time scales, level of risk and the need for urgent action. The aim of the Local Area Emergency Protocol is to provide the responsible commissioner with a set of prompts and questions both to prevent people with learning disabilities being admitted unnecessarily into inpatient learning disability and mental health hospital beds and, where there is a clearly supported clinical indication for admission to ensure that there is clarity about the intended outcomes and timescales.

It is also intended to help identify barriers to supporting the individual to remain in the community and to make clear and constructive recommendations as to how these could be overcome by working together and using resources creatively. The format of the 'Local Area Emergency Protocol' is most likely to be a secure teleconference to allow people to participate at short notice, although it can be a face to face meeting and must make every effort to involve the person with learning disabilities or their representative/advocate and family to gain their views on their preferred options for treatment and support and what could help to avoid admission into hospital.

This protocol describes when this response is needed, and suggests who should attend and what discussions should take place. Locally it is expected that agencies will follow this protocol to support prioritising of their time and resource to respond both flexibly and at short notice to a request for a meeting.

For NHS England specialist commissioned services, a referral for an ACCESS assessment may happen alongside this protocol if it is felt that the individual may need admission to secure services or CAMHS.

Anyone involved in the care of a person with learning disabilities, autism or both can raise concerns about an individual who is at risk of being admitted to hospital unnecessarily. This ordinarily should lead to a community CTR being arranged. This protocol is to be used where there is neither prior knowledge of the escalating risk of admission, nor the time to set up or hold a CTR. The lead responsible commissioner will be responsible for ensuring that a Local Area Emergency Protocol meeting is organised and chaired.

Roles of people involved in emergency meeting:

- The person being considered for admission - give a first-hand account of issues and what would help. Listening to the individual is essential and should be prioritised and facilitated. Family member/s to give additional information. As above, listening to the family views, ideas and wishes should also be prioritised and facilitated.
- Psychiatrist to provide feedback on assessed clinical needs and risks. Role in Mental Health Act processes.
- Community Learning Disability Nurse Coordinating role, provider of clinical information (May be Care Programme Approach Care Coordinator)

- Social worker Care manager, involvement in assessment and care planning. (May be Care Programme Approach Care Coordinator)
- IMHA/IMCA/Independent advocate as appropriate- to advocate for the individual concerned.
- Responsible Commissioner to provide support to fund alternatives to institutional care.
- GP to ensure effective support around health needs as required.

It is important for all involved to sign up to a 'no blame' principle, in order to give individuals or services the confidence to speak up should they face difficulties fulfilling their contracted role/s. The chair should bring people together for a conversation using the following steps:

1. The chair is made known to people and the current situation is shared.
2. Understanding the person. The needs and wishes of the person are identified including hearing from the individual and if appropriate the family, relevant carers, or clinicians.
3. The current risks are identified.
4. Care and treatment needs and options considered
5. Current resources and potential resources available are identified.
6. Decision made and support plan agreed, responsible people follow up identified.

The following questions will help to focus the discussions:

1. Gather a pen picture. 'Understanding me?'
2. What are my and my family's / carers' views of the current situation?
3. What are my symptoms? How is my physical health? Does any of this mean I need to be in hospital? Have I had an annual health check and do I have a health action plan?
4. What are the current issues and risks and how can I stay safe and keep others around me safe?
5. What's working well / what doesn't work? (Everyone's views, including what has helped me before).
6. What support has been/can be put in place so I that can stay in the community?
7. What treatment am I currently receiving including medication, therapy, diet and care? Does this need reviewing? Is it helping?
8. Can the care and treatment I need be given in a community setting?
9. What additional support is needed to keep me/others safe in the community?
10. What resources are available/can be created or used in a different way to support me?
11. What additional support is needed for my family/ carers? Has there been a carers assessment?
12. Do I have advocacy to support me to understand my care and treatment?
13. What is the reason for considering inpatient admission?
14. What would the outcomes be for me from an admission?
15. What would the impact of admission be on me and others around me? (For example, moving away from home and the people I know, to a new environment).

July 2017

Draft Local CTR policy

The outcomes of this conference call should be recorded and uploaded on to health and social care databases and lead to an updated Care Programme Approach care plan and risk assessment or an updated Education Health and Care Plan for a child or young person. If one is not in place this should be explored.

|

8.4 Appendix 4 - Working with the Ministry of Justice

Guidance on conditional discharge provided by Ministry of Justice (NOMS), Mental Health Casework Section (MHCS)

The Secretary of State has the power to conditionally discharge a restricted patient under section 42(2) of the Mental Health Act 1983 (The Act). (The independent First Tier Tribunal (Mental Health) may also discharge under section 73 of the Act.) The MHCS section of the Ministry of Justice also consider discharge (section 19 transfers and section 17 leave) on behalf of the Secretary of State.

The Secretary of State may discharge a restricted patient by means of a warrant if s/he considers that the mental disorder is no longer of a nature or degree to warrant continued detention in hospital. It is usual for discharge to be subject to carefully considered conditions. These normally relate to where the discharged patient should live; compliance with supervision by a clinician and social supervisor; and to any other reasonable conditions considered appropriate for each case. For example, it might be thought necessary for an individual to not being able to live near a school due to previous offences against children, or having to comply with regular therapeutic interventions such as medication, or psychosocial interventions. Sometimes it might be thought appropriate to apply more stringent conditions, such as a 'no contact' condition with a victim, or an exclusion zone. Such conditions will only be applied after very careful consideration of individual circumstances, case law, Victim Liaison Officer (VLO) consultation and of the patient's human rights.

Discharge is via 2 routes: directly via the Mental Health Case Work section or via Tribunal. The former is less resource intensive and stressful for the patient if the Ministry of Justice are happy to support this route.

Mental Health Casework Section may take any of the following into account when considering discharge

The below issues should be addressed by the responsible clinician in any request for discharge, or when MHCS and the clinician are working together to consider Section 19 transfers or Section 17 leave requests, with a view to future discharge. The Responsible Clinician can delegate this liaison to any member of the team supporting the person but remains accountable.

- The diagnosis/es
- Circumstances of the index offence and other offending
- The patient's mental state at the time of the index offence
- The background, family history and development of the patient
- The symptoms of the mental disorder and whether/how these were linked to the index offence
- Historic risk factors
- Progress in hospital, including the completion of any interventions designed to reduce risk
- Future possible triggers or relapse indicators
- How the risks have been removed/reduced over time

- What risks remain
- How these residual risks will be mitigated and managed safely in the community
- Progress on leave
- Appropriateness of the proposed care plan – the responsible clinician should propose conditions
- Victim issues – the Responsible Clinician and Social Worker should liaise with the Victim Contact Service where appropriate in the first instance
 - If the patient has been discharged before then recalled to hospital, the Mental Health Casework section would look for how this might be avoided in the future
- Appropriate conditions to ensure, as far possible, that the patient presents no undue risk to others (or himself)
- Adequate and suitable accommodation, taking into account the potential level of risk presented by the patient.

This information is often drafted in the form of a report, but can be collated by all members of the professionals working with the person.

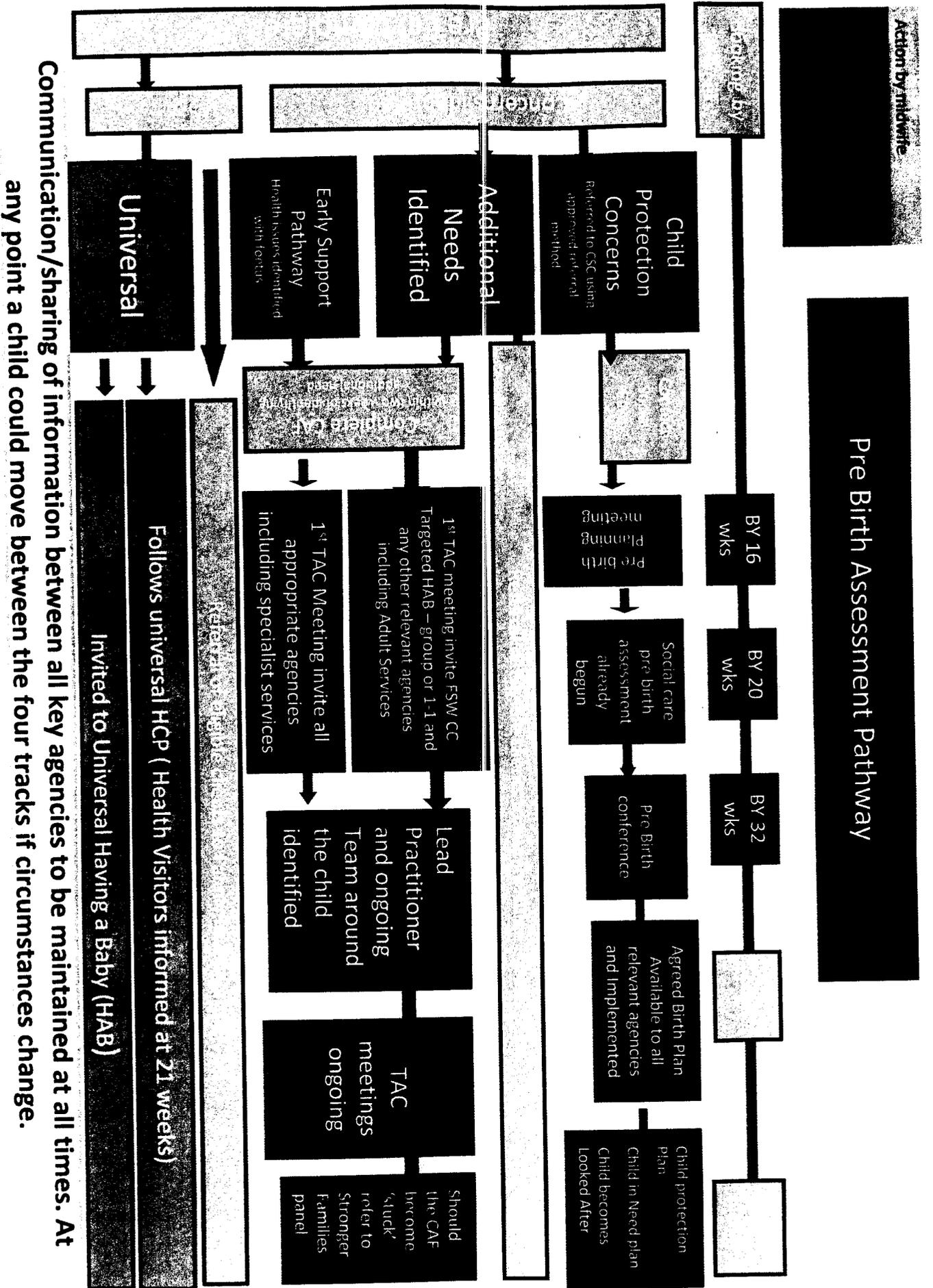
Supporting documentation

All relevant documentation, such as Care Programme Approach minutes, Annual Statutory Reports, reports on the use of community leave and psychological reports, where relevant, can be helpful in supporting the decision-making process and should be submitted early on as supporting documentation including any relevant strategies currently in place. This can be done through continuous liaison with the allocated case worker in the Ministry of Justice, sharing information and documents regularly with verbal updates by telephone to allow the case work team to understand the person in detail.

Doing this can prevent unnecessary delays in the process if this information is sought by the relevant case worker. It should be noted that:

- The above list is not exhaustive and any information and other factors may be taken into account depending on the circumstances of the particular patient.
 - The Mental Health Casework section is not prescriptive with regard to specific interventions being undertaken but how the patient has engaged with treatment available to reduce/manage his/her risks.
 - When making risk assessments in general, and deciding upon conditional discharge specifically, the Mental Health Casework section takes many factors into account. does not make clinical judgements, but reasonable and objective decisions based on the evidence presented. The Mental Health Casework section will rarely get involved in the preparation of a care plan; but for complex and/or high profile cases, may attend care plan (or Multi-Agency Public Protection Arrangements) meeting if deemed appropriate.

The onus is on the professionals involved to share as much information as possible and enable the Mental Health Casework section to make reasonable and objective decisions.



.10 Children At Risk Where A Parent Has A Mental Health Problem



Contents

Introduction

Implications of Parent/Carer Mental Health Difficulty

Guidelines for Joint Working

Contingency Planning

Introduction

1. The mental health of a parent or carer does not necessarily have an adverse impact on a child but it is essential to assess the implications for the child. If any agency has concerns that a child is at risk of harm because of the impact of the parent/carer's mental health they should check to see if the child is subject to a Child Protection Plan – see Recording that a Child is the subject of a Child Protection Plan Procedure.
2. Children are at greatest risk when:
 - the child features within parental delusions
 - the child becomes the focus of the parent's aggression.

In these circumstances the child should be considered at immediate risk of harm and a referral made to Children's Social Care Services in accordance with the Referrals Procedure.

3. Where it is believed that a child of a parent with mental health problems may be at risk of significant harm, a Strategy Discussion/Meeting should be held and consideration should be given to undertaking a Section 47 Enquiry
4. In circumstances whereby a parent/carer has mental health problems it is likely there are a number of professionals involved from different services. It is important that these professionals work together within enquiries and assessments to identify any links between the parent's mental health, their parenting, and the impact on the child. Any assessment should include an understanding of the needs of the family and children and an identification of the services required to meet these needs.

Guidelines for Joint Working

6. It is essential that staff working in adult mental health and child care work together within the application of child protection procedures to ensure the safety of the child and management of the adult's mental health.
7. Joint work will include mental health workers providing all information with regard to:
 - treatment plans
 - likely duration of any mental health problem
 - effects of any mental health problem and medication on the carer's general functioning and parenting ability.
8. Child protection workers must assess the individual needs of each child and within this incorporate information provided by mental health workers.
9. Mental health professionals must attend and provide information to any meeting concerning the implications of the parent/carer's mental health difficulty on the child. These will include:
 - **Strategy Meetings**
 - **Initial and Review Child Protection Conferences**
 - **Core Groups.**
10. Child care professionals must attend Care Programme Approach (CPA) and other meetings related to the management of the parent's mental health.
11. All plans for a child including **Child Protection Plans** will identify the roles and responsibilities of mental health and other professionals. The plan will also identify the process of communication and liaison between professionals. All professionals should work in accordance with their own agency procedures/ guidelines and seek advice and guidance from line management when necessary.

Contingency Planning

12. Child care and mental health professionals should always consider the future management of a change in circumstances for a parent/carer and the child and how concerns will be identified and communicated. This may include:

Mentally ill parents and children's welfare

By Richard Green (February 2002)

Key points

The extent to which parental mental illness affects the standard of parenting and children's safety or welfare hinges on a number of factors. A small number of children die or are seriously harmed by a mentally ill parent. Many more children suffer less dramatic effects as their own development or mental health becomes compromised. There is a *'hidden problem'* around children who care for a mentally ill parent ('young carers') who may miss out on many opportunities. The *'scale of the problem'* is not known but it has been estimated that psychiatric morbidity amongst parents is about 16%. There are many barriers - legal, structural, professional, financial - to the creation of services which tackle both parental mental illness and children's welfare but some interesting initiatives have been set up.

The impact upon children

Parental mental illness takes many different forms. Its impact upon children varies according to a host of factors. One is the severity and duration of the illness. For instance, a temporary and minor illness handled by primary care services is likely to be much less disruptive to family life than a severe and chronic psychotic illness requiring lengthy hospitalisation. Other variables include the child's age and resilience, the presence or absence of a 'well' parent/carer and the extent to which the illness pervades all aspects of family life (Rutter, 1989). It is tempting, but inadvisable, to give undue weight to the psychiatric diagnosis. As Reder et al (1993) point out, the telling factor is not the diagnosis as such but the parental *behaviour*.

So, how does parental mental illness affect children? The research can be distilled into three sub-headings the impact upon parenting, direct effects on children and children who care for a mentally ill parent.

Effects on parenting

There is a body of literature and research (Murray, 1996; Ethier et al, 1995; Dore, 1993; Sheppard, 1993) which points to those suffering mental illness having impaired social performance and disproportionately conflictual relationships. Parenting may be adversely affected. Ethier et al (1995), for instance, found that clinically depressed mothers were more likely to speak less often to children, enforce obedience unilaterally and react in more hostile and irritable fashion. Murray (1996) produced similar findings of social disadvantage, relationship problems with children and the latter having increased levels of behaviour difficulties.

A small study of parents who use mental health services (Hugman and Phillips, 1993) showed that all thought their relationships with their children had suffered at some point. It is generally held that parental mental illness is a risk factor in respect of child abuse (Sheppard 1993). Forthcoming research into serious injuries sustained by children under 24 months suggests many parents had poor mental health (Dale, Green and Fellows, forthcoming) though a formal diagnosis of mental illness was relatively rare. Research (cited in Dore, 1993) which has inquired into causal relationships between parental mental illness and abuse has produced mixed findings

Direct effects on children

There is a second body of literature/ research which has covered much of the same territory but from the perspective of child welfare. A pioneering paper by Kempe et al (1962) posited that psychiatric factors were probably *'of prime importance'* (Kempe et al, 1962, p.17) in the aetiology of child abuse. Subsequent research has suggested that the causes of child abuse are generally more complex and multi-factorial. Nonetheless, Bell et al (1995) found parental mental illness recorded as a factor in 13% of cases referred for child protection concerns. A number of children suffer permanent injury or die at the hands of mentally ill parents (Falkov, 1995), typically during an acute

phase of an illness. Also a small number are seriously harmed or die as a

consequence of a carer, generally the mother, suffering from Munchausen's Syndrome by Proxy (see e.g. Bools et al, 1994).

Nonetheless, the greatest risk to the majority of children is not one of life and limb. It is rather the threat to their own attachments, development and mental health (Rutter, 1989). Rutter and Quinton (1984) concluded that one-third of the children of new psychiatric cases exhibited a persistent disorder, this being twice the rate found in the control group. A recent study (Singer et al, 2000) found high rates of psychiatric disturbance within a small sample of children of psychiatric in-patients, many of these children being unknown to services. Reid and Morrison (1983) suggested that young children are particularly vulnerable, as are the children of psychotic parents. The issue of whether psychosis poses more risk than, say, depression is a typically complex one within this field and, as with many issues, best treated with caution. For instance, Cassell and Coleman (1995) posit that children are at increased risk if incorporated into parental psychotic ideation conversely, other research (see Dore, 1993) showed no differences in outcomes between children of psychotic and depressed parents.

Children who care for a mentally ill parent

Finally, there is a third germane body of literature/research which focuses on children who care for a mentally ill parent. These are commonly referred to as young carers though this is mostly employed as a generic term encompassing children who care for parents for a number of different reasons, including parental physical disability or physical illness. Estimates of the numbers of young carers nationwide vary between 10,000 and 40,000, of which about one-third care for a mentally ill parent (Dearden and Becker, 1995). Care is more likely to be provided by girls than boys and may well have a physical and emotional component. It is also likely to be provided to younger siblings as well as ill parents. A number of personal accounts (Marlowe, 1996) and reports (SSI, 1996) point to the difficulties experienced by a proportion of young carers. The problem is not the caring per se - indeed, many young carers report a wish to undertake this role. It is the missing out on educational, social and leisure activities that is sometimes concomitant with this role. Young Carers are something of a *'hidden problem'*, being either unknown to services or being left to cope.

Our own study (NSPCC, 1997) contained some poignant accounts of children acting as carers and of the costs thus incurred. It also showed that many of these children had significant experiences of loss, self-blame and stigma.

The scale of the problem

Accurate data as to the percentage of mentally ill parents who have dependent children is not systematically recorded (Falkov, 1997). Indeed, at the point of first contact with mental health professionals many recipients of mental health services are not identified as parents (Blanch et al, 1994). Thus, information as to the scale of the problem is largely based on estimates. Within this context, Gopfert estimates that one half of all mentally ill adults are parents living with dependent children (Gopfert et al, 1996). Meltzer et al (1995) estimate the psychiatric morbidity among parents nationally to be 16%.

There are a number of studies which examine the prevalence of mental illness amongst adults (not necessarily parents) which suggest that prevalence is governed to some extent by gender, ethnicity and class. It is known, for example, that twice as many women as men suffer from depression (Sheppard, 1993) and that depression is a particularly common disorder amongst women of child-bearing age (Downey and Coyne, 1990). A seminal work established that working class women were four times more likely to suffer from a psychiatric disorder than their middle class counterparts (Brown and Harris, 1978). There are differential rates of prevalence within different cultures. This may reflect a link between social stress (racism, unemployment, poverty etc) and mental illness (see e.g. Littlewood and Lipsedge, 1989). However, the picture is complex as there is not a clear one-to-one relationship between social disadvantage and mental illness. One difficulty is that the term *'mental illness'* is itself culturally-bound; mental health may manifest itself differently in different cultures. Community based studies suggest that prevalence rates are about 1% for schizophrenia, 5% for depression, 10% for personality disorders and 10-30% for anxiety disorders (quoted in Cleaver et al, 1999).

Research into the field of mental illness is mired in definitional/methodological difficulties. For instance, a number of studies might all examine *'mental illness'* but be looking at very different phenomena. Some studies are drawn from samples of psychiatric in-patients whilst others are drawn from the community at large, depending mostly on respondents' self-report. It does not necessarily follow that the findings drawn from a psychiatric sample examining psychosis can be compared or integrated with those examining those suffering depression in the community. Equally, some studies include alcohol and substance abuse whilst others exclude these.

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Other organisations to contact

- Association for Child and Adolescent Mental Health

www.acamh.org.uk

- **Mental Health Foundation**
www.mentalhealth.org.uk
- **MIND**
www.mind.org.uk
- **YoungMinds**
www.youngminds.org.uk

This research briefing is based on a review of research and literature. It reports the findings and views of a range of authors. These views are not necessarily the views of the NSPCC.

Although the websites listed here are checked regularly the constantly changing nature of the internet means that some sites may alter after we have viewed them. The NSPCC is not responsible for, nor does it necessarily endorse, the content of these external websites.

Help for children & young people

0800 1111

Help for adults

0808 800 5000

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the Prevention of Cruelty to Children, Weston House, 42 Curtain Road, London EC2A 3NH. Incorporated by Royal Charter. Registered charity number 216401. NSPCC, charity registered in Scotland, charity number SC037717.

Appendix 12

Barnsley Hospital NHS Foundation Trust

The role of the Maternal Mental Health Midwife

Report June 2018

Anne Smith, Public Health Specialist Midwife

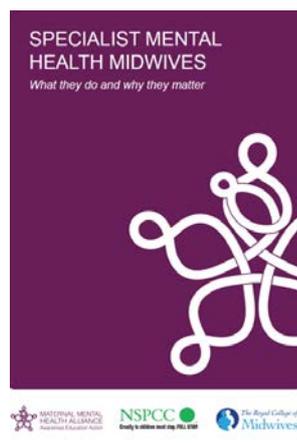
Women's, Children's and GUM Services

Mental health during pregnancy and post birth is a major individual, family and public health issue. Treatable, and often preventable, mental illnesses are causing substantial suffering, disability and death of mothers, and jeopardising the future wellbeing and life chances of their children.

A Mandate from the Government to NHS England includes an objective for NHS England to work with partner organisations to reduce the incidence and impact of postnatal depression through earlier diagnosis, better intervention and support.

A variety of documents have been published highlighting the need for specialist services and the need for specialist mental health midwives available for every birthing unit by 2017.

Specialist Mental Health Midwives are expert midwives and local champions who lead work with maternity service commissioners and providers to ensure that women with perinatal mental illnesses and their families receive the specialist care and support they need during pregnancy and in the postnatal period. They support their maternity team colleagues to ensure that services deliver the best possible personalised care to these women and their families to optimise their mental health.



<https://www.rcm.org.uk/sites/default/files/MMHA%20SMHMs%20Nov%2013.pdf>

At Barnsley we have had a Specialist Mental Health Midwife on secondment since June 2015 and in a substantive post since October 2017 following successful funding via the Perinatal Mental Health Community Services Development Fund and after agreement with South West Yorkshire Partnership Trust.

The midwives job description is based on the above guidance. Her role has many parts including:

Clinical Care

The Specialist Mental Health Midwife role includes:

- Supporting, assisting and advising women with, or at risk of perinatal mental illness and their families. The role supplements the care provided by the community midwives where necessary. i.e. Working with women in partnership with their midwives developing individual care plans, and referring for additional specialist support where required.
- Acting as an advocate for women ensuring they get the specialist mental health care they need. Some examples of this include: attending GP appointments with the women to discuss the use of or discontinuation of psychiatric medication; attending consultations with obstetric leads about choice of birth and writing a birth plan.
- Liaising with mental health services, other services and partner agencies ensuring women with severe mental illness are receiving active and effective care. Communication pathways have been strengthened to ensure that care is streamlined and communication between all agencies is effective.
- Working in partnership with the Obstetric Consultant Lead for perinatal mental health running a weekly antenatal clinic for women with poor mental health.

Advice and Training

The Specialist Mental Health Midwife is a contact for all agencies including all staff within the maternity unit who is involved with the care of women who are pregnant or who have recently given birth and who are struggling with mental illness.

Training sessions have included:

- Training for midwives and support staff as part of the yearly mandatory sessions.
- 1:1 training with medical staff, midwives, support staff, student midwives and student doctors and including other staff disciplines.
- Presenting at a Symposium on Perinatal Mental Health as part of the junior doctors training programme.
- Presenting at the Grand round teaching session for Consultants within the hospital.
- Facilitating multi agency training 'A basic awareness of Perinatal Mental Health' co-delivered with other professionals as part of the 'Multi Agency Safeguarding Children Training programme for 2018-19'.
- Facilitating year two student midwives training at Sheffield Hallam University.

- Presented at the trust executive board, raising awareness and understanding of the service.

Service Development/Quality Assurance

- Working with colleagues ensuring there is routine screening for early and on-going identification of women with, or at risk of a mental illness. This involves ensuring women are placed on the correct pathway and that they are seen in a timely manner by the mental health services.
- Working with colleagues ensuring that women and their families receive appropriate information about mental health and illness in a sensitive way, reducing the stigma.
- Working closely with the Public Health Midwife ensuring that all policies and guidelines relating to women with perinatal mental illness are evidence based and appropriate, and that they are adhered to.
- Patient stories are collected and used to ensure that the quality of the service provided to women with mental illness is patient focused and holistic.

Partnership working and development of pathways

- To provide a link between midwives, GPs, health visitors, obstetricians, specialist mental health services and other agencies who care for pregnant women and new mothers with mental health problems.
- Working with the Public Health Midwife to ensure comprehensive care pathways for women and families affected by mild, moderate and severe maternal mental health problems are developed and updated in collaboration with specialist perinatal mental health services and other providers of mental health services (e.g. GPs, Health Visitors, IAPT services, 3rd sector organisations).
- Attending the bi monthly mental health meeting hosted and chaired by the Barnsley Maternity Unit. The Specialist Mental Health Midwife presents a clinical case as part of a standard agenda item that is discussed by the multi agency group, ensuring best practice is at the forefront.
- The midwife is actively involved with hospital and community mental health teams. This includes attending team meetings and planning meetings where appropriate.
- Facilitation of an antenatal mums group called 'Mums in MIND' working in partnership with the charity MIND who currently facilitates the post natal sessions. This group over the last couple of years has developed from 1-2 attendees to over 6-10 attendees. Due to the group's popularity an agreement was made, working in partnership with the mums, that when the babies had reached one year of age the

group would meet independently from the professionals. These mums now meet weekly and are putting together plans to run a social enterprise called Mindful mummies. A bespoke session for dads/partners has been successfully facilitated. The effectiveness of this group is evaluated.

Knowledge and development

Work is on-going working with the perinatal mental health team and the hospital pharmacist to ensure consistent messages are given re the use of medication in pregnancy. Medication and its side effects on the new-born following the birth is also an on-going work stream

The Specialist Mental Health Midwife is undertaking a diploma in counselling

Data

	April 2016-March 2017	April 2017- March 2018
Number of referrals received	421	415
Visits at home	260	81
Visits at hospital	141	164
Referrals made to other professionals	243	127
Listening visits	262	247
Antenatal Care/advice	61	68
Support for women	308	280
Support for staff	54	39
Number of staff trained	139	67
Mums in MIND – attendance numbers at antenatal group	78	126

Evaluation

The service provided is constantly evaluated to ensure that it meets the needs of women and is adapted and changed to meet those needs. The evaluation has been on-going for the last six months and has been done via survey monkey. The results overall are excellent.

Please follow this link for the results

<https://www.surveymonkey.com/results/SM-RJKP8V3CL/>

I would like to publically acknowledge the outstanding work of the mental health midwife for her dedication and passion to support women who are suffering with mental illness.

Thank you for taking the time to read this report and if I can be of any further assistance please don't hesitate to contact me.

Report collated by

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SECTOR LED IMPROVEMENT IN YORKSHIRE AND THE HUMBER PEER CHALLENGE PROCESS. REVISED JUNE 2017 (see updates in purple)

BACKGROUND

All LAs in the region will provide and receive a peer challenge. The process below provides a framework for this process. It should be read in conjunction with the Regional Standards for peer challenge.

NOTES

Abbreviations used in the following table are:

- **PGer** means Peer Challenger – the person or team providing a peer challenge. The assumption is that there will be a lead peer Challenger in each team (possibly the DCS) and this is denoted in the table below as LPGer
- **PGee** means peer Reviewee – the person responsible for overseeing the Peer Challenge in the receiving organisation(usually aDCS)
- **PMgr** means Peer Challenge Manager – the person who provides the organisation and coordination of the peer challenge process across the region and will be actively involved in supporting each local peer challenge.
- **Local Coordinator** means a person appointed in the receiving local authority who will ensure the setup of meetings and availability of workspace

THE PROCESS

WHAT	DETAIL	WHO	WHEN
Initial peer challenge meeting	<ul style="list-style-type: none"> - Initial meeting (could be by telephone) to identify challenge theme (examples in 2013/14/15 include: ‘Front Door’, ‘LSCB’, Voice of the child’, ‘school improvement arrangements’ (commissioning/partnerships/readiness for LASI); ‘early intervention’; ‘outcomes for LAC’) - This should be a negotiated process underpinned with a commitment from the PGee to focus on area of high risk in relation to continuous improvement (as identified through regional self assessment processes). If the PGee wishes a different focus then there needs to be a clear rationale for this. If the rationale is unclear then SLI Coordinator should provide challenge after raising issue with ADCS Chairs/SLI link DCS. If further challenge is required, this will be escalated to PGee’s CX. - The theme of the peer challenge should also have been discussed and agreed between the PGee and her/his Chief Executive - The theme should be identified with precision, e.g. ‘a challenge to identify the effectiveness of our front door arrangements’ ... ‘a challenge to look at the way we commission support for schools with least need’ ... ‘our effectiveness in relation to Care leavers’. Experience tells us that precision in this area enables a more focussed and meaningful challenge - This meeting would also identify areas of focus (e.g. partnership/leadership/performance management) 	LPGer/ PGee/PMgr	No less than 8 weeks before challenge

	<ul style="list-style-type: none"> - As a result of identifying areas of focus, the PGer would identify further data/documentation to support a desk top analysis - Dates should be agreed for the Challenge process - Initial consideration should be given to who might be on the peer challenge team, taking needs and availability into account - The Pgee should identify a local peer challenge coordinator who will be the day to day contact for the PMgr as the programme is being organised 		
Identify PGer team	<ul style="list-style-type: none"> - If possible match with match with Pgee requirements. So, for instance, if focus is 'front door' identify a PGer from a LA with regional self-assessment (or Ofsted) identified strengths in front door activity - See Peer Challenge regional standards - DCS plus 2 x tier 2 managers (or specialist support as per Pgee needs – which could include external partners) 	LPGer	7 weeks before challenge
Further data/documentation supplied	<ul style="list-style-type: none"> - Provide documentation/data as agreed at initial meeting 	PGee	6 weeks before challenge
Prepare Pger team	<p>See Peer Challenge regional standards – ALL Pger staff to take part in Regional training unless LGA Peer review or Ofsted trained. <i>By exception, and in order to ensure appropriate expertise on teams, Pgers can receive a half day briefing from the regional SLI lead manager to prepare them for being part of a peer challenge team</i></p> <p>Assumption is teams of 3, with a combined contribution of 9 person days.(plus preparation time of approximately 1 day per person)</p> <p>There will usually be at least two team meetings prior to the Challenge. The first of these will be to outline the challenge and expectations of team members; reflect on the initial information requested and identify further information needed to prepare for the challenge and to consider the sort of programme that will best enable the team to address the Challenge</p>	P Mgr	No less than 5 weeks before peer challenge
Programme development	<p>PmGr and local coordinator to liaise in between Pger team meetings re:</p> <ul style="list-style-type: none"> - Further information requirements - Construction of peer challenge programme and agreement of the framework against which conclusions will be organised – this has variously been: Areas of scope,LGA peer challenge framework; Ofsted LASI framework; elements of the LASI framework. This should be a negotiated agreement and supported by the Lead Pgee 		

	<ul style="list-style-type: none"> - Organisation of base room and accommodation(costs for any accommodation covered from peer challenge budget and usually on eve of day 3 only) 		
Data/documentation analysed	<p>Documentation and data analysed.</p> <p>The lead DCS will identify a performance manager colleague from within her/his LA (member of PIMG) who will help in the analysis of data relative to the theme of the challenge</p> <p>Data should be drawn, wherever possible, from that which is already held by the LA and used in relation to the area of focus Where possible it should be analysed against regional/national trend data.</p> <p>Examples of data/documentation might be: Annex A, LA SEF, regional self-assessment. Documents which describe processes/governance in relation to the area of focus; evidence of the voice of the child influencing practice/processes</p> <p>This further analysis of documentation and data ought to help identify broad areas of focus within the theme (for instance, the theme might be Effectiveness of the Safeguarding Board' and one of the broad areas of focus might be 'Use of performance management information')</p>	LPGer/ Performance Mgr	4 weeks before challenge
Provide on-site peer challenge	<ul style="list-style-type: none"> - Up to 9 person days across 3 x team members (plus approximately one day of preparation) - Day 1 to include a presentation from receiving LAs leadership team and activities usually will focus on the strategic and partnership elements of the Challenge - There will usually be short feedback meetings to the PGee at the end of day 1 and possibly Day 2 - Day 2 will usually be more operationally focussed. - The evening before day 3 will usually be a chance for the team to begin to draw together evidence from the challenge and construct some headline messages - Day 3 will be taken up with preparation in the morning for a final presentation, and the presentation itself in the afternoon (usually at 1.30). - There will also be a meeting between the Lead PGER and Lead PGee (DCS/DCS) in the morning to enable key messages to be shared in advance of the presentation 	PGER team	Peer challenge
Feedback meeting	<ul style="list-style-type: none"> - This will be an oral feedback, using power point, led by the PGER DCS. Also in attendance will be the PGER team and PMgr - Attendees from the receiving LA at the feedback session should include as a minimum: PGee DCS, 	DCS PGER, LPGer,Pger team	Final day of peer challenge

	<p>PGee AD responsible for area of challenge. The PGee DCS will decide whether Lead Member/CX and any key partners might also benefit from being present.</p> <ul style="list-style-type: none"> - Feedback should always cover: <ul style="list-style-type: none"> - Strengths - Areas for development - Recommendations with timeline - Expectation is that feedback meeting will allow for a conversation on points of clarification, but any more substantive issues would be addressed following receipt of written report 	<p>Pgee,PGeeDCS, PGee and others</p> <p>PMgr</p>	
<p>Compile and share draft peer challenge report</p>	<ul style="list-style-type: none"> - Draft report to be provided within 10 working days of feedback meeting. This will initially be drafted by the PMgr and developed by the PGER team - ON receipt of the report, there is an opportunity for the receiving DCS to respond - Final report produced within 30 days of feedback meeting. Receiving DCS to share letter with their CX - Regional standards for feedback report include: <ul style="list-style-type: none"> - A narrative executive summary of the main findings - Detail of good practice identified - Summary strengths and areas for consideration 	<p>PGER team</p>	<p>No more than 2 weeks after feedback session</p> <p>No more than 6 weeks after feedback session</p>
<p>Right to Reply</p>	<p>If there are circumstances where the PGee wishes to challenge conclusions from the report because it is felt that the evidence base does not support conclusions, or the process was in any way inappropriate, then a procedure has been established which enables this, involving a written submission to the Chair of the SLI Executive. This is described in the peer challenge letter sent to the DCS:</p> <p><i>'It is important that this letter describes accurately what we have observed and analysed and that it provides you with an appropriate summary. If this letter contains any factual inaccuracies, please do not hesitate to contact me and amendments will be made as appropriate. If you have any concerns or comments about the analysis or recommendations, do not hesitate to contact me in the first instance. If we are unable to resolve any issues, there is a mechanism for escalating concerns, which is to the Chair of the SLI Executive group, John Wilson. A sub group of the SLI Executive will consider any concerns you may have'.</i></p>	<p>PMgr</p>	<p>No more than 6 weeks after challenge</p>
<p>Dissemination</p>	<p>The final, agreed Peer Challenge report will be shared by the PGee with her/his Chief Executive</p> <p>All Peer Challenge reports will be circulated in full to DCSs, for use within ADCS</p>	<p>PMgr</p>	<p>Within one month of report sign off</p>

	Strengths identified through peer challenge reports will be compiled in a cumulative 'peer challenge strengths' report and circulated to all designated regional groups (Those with a DCS link)		
Action Plan	<p>Following receipt of the peer challenge report, PGee should compile an action plan with timescales, or make explicit where actions are going to be undertaken as part of other continuous improvement plans. The action plan should be shared with the PGees CX.</p> <p>This action plan should be shared with the PGer who will negotiate an appropriate point at which to follow up the plan with a monitoring visit/call</p> <p>Peer challenge action plans available to other DCSs on request.</p>	<p>PGee/PGer</p> <p>DCS/DCS</p>	No more than 4 weeks after receipt of Challenge Report
Monitoring	The PGer will negotiate an appropriate point in time (but no longer than 12 months after the Challenge) to meet the PGee and review progress against the action plan (see above)	PGer/PGee	Within 12 months of completion of challenge

Appendix 14

Children's Mental Health

Local Area **Barnsley**

Key Focus: **Compliance with core components of Future in Mind**

Main area of focus	Descriptor	Self Assessment Position - Description and Strengths	Evidence Identified	Areas of Development / Challenge	Planned Actions	RAG	Peer comments (to be completed at stage 2)
Preparedness for the Mental Health Green Paper							
Current mental health activity in schools	Describe the progress made towards supporting children and young people in schools to develop resilience and receive support when it is needed	<ul style="list-style-type: none"> Peer mentoring project within Barnsley College sites has raised awareness with the whole college and young people are accessing EWB activities and peer support around a range of issues. MindSpace support the secondary schools in Barnsley offering 1:1 and group interventions. MindSpace focus on self-help strategies supporting the young people towards positive mental health. No young person waits for intervention; we offer a consultation and provide them with self-help apps, websites and resources. We provide up to 8 1:1 sessions and the group sessions run for 6 weeks. <ul style="list-style-type: none"> BRV Boys emotional literacy Chillypep deliver Youth Mental programme delivered in some schools. MindSpace has a website; the website was designed with the young people for young people and their parents. Each school has the MindSpace logo on the pupil log in page, they click on the logo it takes them directly to the website. <ul style="list-style-type: none"> Part of FIM the LA have trained staff as Thrive trainers in 32 primary schools (50% of primary). The Thrive training is a resilience approach based on neuroscience and attachment theory. The ELSA [Emotional Literacy Support Assistant] training was delivered to 20 school staff from Primary and Secondary Schools. It was delivered by the LA Educational Psychology team in partnership with MindSpace, this was a huge success, and we hope to deliver a second ELSA training session. The staff attending the 6 day training and 3 day supervision sessions will be qualified to deliver to their school staff only. <ul style="list-style-type: none"> BSARCS is a specialist Barnsley Sexual Advice and Rape Crisis Service, jointly commissioned by BMBC/CCG as a recommendation from the Barnsley Safeguarding Board. MindSpace refer a number of young people to BSARCS, the service is excellent and offer counselling for young people and families who are victims of sexual abuse and rape. IDAS Independent Domestic Abuse Service is also a specialist service we refer young people and their families. SYEDA [South Yorkshire Eating Disorders Association] is a Sheffield based charity who MindSpace work closely, SYEDA are based in 4 of the 10 secondary schools in Barnsley offering specialist drop in sessions for young people affected by an eating disorder. <ul style="list-style-type: none"> Yorkshire and Humber Pilot site for NHS England Schools Competency Framework 'In It Together', and part of task and finish group. 	<ul style="list-style-type: none"> Feedback and outcome star scores indicate young people are developing greater resilience and self-esteem. SPA protocol FIM stakeholder PowerPoint. Case notes. Reports to CCG, outcome measures, impact and experience data www.wearmindspace.com https://www.bsarcs.org.uk/ https://www.idas.org.uk/say-hello-new-barnsley-team/ https://www.syeda.org.uk/ https://www.thriveapproach.com/ 	<ul style="list-style-type: none"> Meeting need across the whole borough. Developing a group based offer for early intervention What contribution to the ADHD assessment process can begin in the school setting by the Springwell CAMHS clinician for this cohort of children to assist in reducing waiting times. The challenge is ensuring we don't have young people waiting for interventions. Staff work with 4 to 5 young people a day. Up to 8 young people in each group depending on topic and age range. Very few organisations in Barnsley to sign post for other interventions – Being explored by ASD strategy group as part of Nice Guidance Review/action plan. Thrive barriers to school engagement Thrive and MindSpace to be offered across primary and secondary 	<ul style="list-style-type: none"> Mindspace, TADS, Specialist CAMHS, and Creative Minds have met to discuss how the interface and the offer for group based interventions can be developed further. Springwell CAMHS clinician post funded for a further 6 months ADHD review has had an inaugural partnership meeting 10th September. We constantly monitor staff case load ensuring we don't have young people waiting to access interventions. We offer a consultation within a week and assess the risk. Review currently being undertaken of the Vulnerable Adolescent Service Pathway via BMBC Children's Commissioning. <ul style="list-style-type: none"> A young people's directory is being developed to inform young people of local services and support. This will be launched in November 2018 	Green	There is clearly lots of excellent practice happening and developments. The marketing and branding of MindSpace is very positive and something that we liked, including use of apps and website. Really liked the idea of Chillypep completing first aid training and could see how this provides an opportunity for peer support. Interested to understand how effective SYEDA are they used to provide services in Doncaster. Captured well the wider services, i.e. SARC and DV etc. Would be good to understand how effective synergies are across the system. Panel very interested in use of outcomes star and how effective this and what is evidence base. Would like some clarity on what is meant by meeting need across the whole Borough. Slightly confusing around statement ensuring we don't have YP waiting for intervention, states in column D that there are now wait, would be helpful to get clarity. One thought from the panel was how embedded is good mental health practice and how engaged are staff in school? Do they were pro-actively get the agenda. If the services stepped away tomorrow, would schools still be able to meet need? On the whole though lots of encouraging developments and areas of work. The panel would have liked a little more evidence on how prepared the area are to become a trailblazer site. Lots of links to education through MindSpace, is there buy-in strategically.
Mental health Lead in every school and college	Describe any progress made towards securing a mental health lead in every school - describe your state of readiness	<ul style="list-style-type: none"> All secondary schools have a range of staff with mental health training, not necessarily allocated the role of designated senior mental health lead however Barnsley secondary schools are in a strong position when the DfE announce the training requirements. MindSpace lead is working closely with DfE in relation to planning the training, hosting meetings. The DfE and HEE have visited the MindSpace team, the schools, met with parents and young people and external agencies. Resources have been shared with the DfE and HEE Lead in each school to facilitate discussion with services prior to entering school, and the service can feedback any concerns at the end of the intervention. One of the key successes to the effectiveness of the work the practitioners carry out is the communication with a key person within the school setting this enables the MindSpace staff to meet initially when arriving at school also at the end of the day to pass on any concerns or just a brief update of the sessions. <ul style="list-style-type: none"> All except 2 secondary schools have at least 1 member of staff who is YMHFA trained 	List of school contacts, levels of training already achieved.	<ul style="list-style-type: none"> Continuity of school staff as the contact for the MindSpace practitioners. Key leads in primary schools have to be developed to mirror the model in secondary schools, current work in primary schools is with Head teachers and SENCOs. 	<ul style="list-style-type: none"> Continue to train school staff and support staff wellbeing to enable them to identify young people who present with mental health difficulties. Target those 2 schools who have not yet engaged 	Amber	Really positive that you have a link in every school and the panel felt that in essence this is a mental health champion, without the title. It would be good to learn how this has been established and maintained. Excellent that all but 2 secondary schools have first aid training, do school staff think first aid training is sufficient to effectively fill out their role? Acknowledgement of need to develop links in Primary school. What are thoughts and plans regarding future education inclusion charter mark? Really good links with DfE and HEE which is undoubtedly helpful.
Mental Health support teams working with schools and colleges	Describe current arrangements for mental health support teams working with schools and colleges	<ul style="list-style-type: none"> Traillblazer EOI progressed. MindSpace support the secondary schools in Barnsley offering 1:1 and group interventions. MindSpace focus on self-help strategies supporting the young people towards positive mental health. The secondary model is already in place with MindSpace we are hoping to move towards primary and post 16 with the Traillblazer. <ul style="list-style-type: none"> Chillypep offer a whole college approach including peer mentor training to students, awareness raising and promotion of positive Mental health across college, training for staff and students and peer support within Barnsley College. They have delivered Mental Health First Aid training and ASIST training to college staff Barnsley College are in the process of becoming an Attachment Awareness Centre, MindSpace in partnership with Barnsley LA are planning to run a 2 day Attachment training session for all schools across Barnsley with a view to some schools signing up to become an attachment aware school. The bulk of difficulties at primary can be captured as attachment difficulties. 	www.wearmindspace.com	Supporting the primary schools and 16-18s with the same level of service the secondary schools receive.	Submit a Traillblazer EOI	Amber	Really like that there has been a focus with engaging and supporting the college and post 16, this is a strength. Clear that MindSpace are already fulfilling MHST functions and this allows a focus on post 16. What is an attachment awareness centre? The panel felt confident that you are well placed with good foundations for MHST traillblazers.
Shorter waiting times	Describe your state of readiness for 4 week waiting times	EOI completed with a clear plan of pilot proposal across the partners to meet 4 week waiting time for a specified cohort by March 2020	EOI submission	Limited to a specific cohort	Await outcome of EOI	Amber	The panel would like more information to be able to make a judgement on readiness. What is baseline data? Be helpful to understand scope of 4 week wait aim, is this for all pathways?

<p>Any other reflections on preparedness for Green Paper aspirations</p>		<ul style="list-style-type: none"> Young people's participation is central to Barnsley FIM LTP and young people took part in consultations about the Green Paper. Young people have been consulted from across the borough and their priorities have been developed into a Manifesto, which was used to inform the consultation on the Green paper, as well as focus groups with young people. Young people have been trained as young commissioners and are involved in service development and design, delivery and evaluation, including recruiting CAMHS staff, and assessing CAMHS and Maternity services at Barnsley Hospital against the Your Welcome Standards Barnsley are in an excellent position in relation to the Green Paper initiatives, we have strong collaborative relationships with the schools, also with a wide range of multi disciplinary agencies including Specialist CAMHS. The MindSpace lead has been part of the task and finish group to write the curriculum for the new MHST students, the job description for the role, ensuring a voice is heard from an education perspective. The group will continue when the recruitment of the students commences and throughout the first year of the Trailblazer. Developing a more robust workforce will be challenging. Schools are asking for support with mental health. Chilypep offer peer mentor training to students at Barnsley College. They have delivered Mental Health First Aid training to college staff 	<p>Power Point and minutes FIM Leads and stakeholder meetings</p>	<p>Accuracy of identified population size FIM Leads and stakeholder meetings</p>		<p>Green</p>	<p>Again lots of positives within this and the panel feel that you are in a very good position to become a trailblazer site. One query is there seems to be a contradiction in terms of FIM leads and stakeholder meetings. In column E it says they are a strength and then in column F it says an area for development.</p>
<p>Trailblazer</p>	<p>Did you submit a bid to become a trailblazer site? If so, describe your state of readiness</p>	<p>Yes a bid will be submitted on the 17th September, Barnsley are ready to start the Trailblazer if we are successful. We have had good engagement from partners in our application, and our model includes youth workers. Engaging partners within this process has also highlighted areas where we can work together as a team to develop joint service offer and sustainability for delivering our planned approach. We will be informed of the outcome week beginning 22nd October. This could potentially change our assessment rating from amber to green.</p>	<p>EOI submission</p>	<p>Dependent on a course based intervention. Potential recruitment of students within the Barnsley area</p>	<p>To promote the role as soon as its released</p>	<p>Amber</p>	<p>See above.</p>
<p>Progress towards developing a sustainable workforce</p>							
<p>A multi agency workforce plan</p>	<p>Describe your progress towards a multi agency workforce plan</p>	<p>Although workforce development is a key issue and there is much activity there is no overarching workforce plan in place</p>	<p>MindSpace have contributed to Wellspring Academy Trust to develop a strategic Recruitment & retention plan, this can be adapted and shared as a contribution to a multi agency workforce development plan for Barnsley</p>	<p>Development of a Barnsley Workforce Development Plan, with links to corporate plans and South Yorkshire and Bassetlaw Mental Health and Learning Disabilities Workforce Plan as appropriate. Sharing best practice from other areas, particularly around transitions.</p>	<p>To develop a plan in partnership with key organisations, taking into consideration existing plans.</p>	<p>Red</p>	<p>The panel acknowledge local red rating (which is the same for Doncaster), could there be shared learning on this and certainly something to discuss when we meet.</p>
	<p>Describe how the plan links with STP/ICS plans and HEE workforce strategy</p>	<p>Identified for development, as above</p>				<p>Red</p>	<p>See above.</p>
	<p>How integrated is the plan?(i.e. how does it link to other workforce planning for children's workforce)</p>	<p>Identified for development, as above</p>				<p>Red</p>	<p>See above.</p>
	<p>How inclusive is the plan? (different agencies and schools and colleges)</p>	<p>Identified for development, as above</p>				<p>Red</p>	<p>See above.</p>
	<p>How far ahead does the plan look?(beyond 2020?)</p>	<p>Identified for development, as above</p>				<p>Red</p>	<p>See above.</p>
	<p>Does the plan identify additional workforce implications?</p>	<p>Identified for development, as above</p>				<p>Red</p>	<p>See above.</p>
	<p>Does the plan identify training for staff working with children with specific needs(SEN/Autism)how</p>	<p>This years CYP-IAPT request includes 1 x place on the LD/ASD curriculum</p>				<p>Red</p>	<p>See above.</p>
<p>Workforce activity</p>	<p>Describe the range of workforce development activity</p>	<ul style="list-style-type: none"> Bespoke mental health training has been delivered across the secondary schools, this has included anxiety, depression, low mood, self harm to name a few, across the secondary schools most schools have their own local mental health difficulties, a one size doesn't fit all. Although from September to late October MindSpace have concentrated on offering transition work for year 6 pupil moving into year 7, this is hugely successful to enable the children to settle within their new school environment, to allay any fears or anxieties, forming friendships they wouldn't necessarily make otherwise. Also training has been provided to colleges and the wider workforce including voluntary sector staff and youth offending team. Training includes YMHFA, YMHA for schools and YMHA Late. An initial offer of 16 trainee and 5 supervisor places has been received for Phase 8 CYP-IAPT recruitment. This is across the curriculum and includes the 0-19 programme this year and also 1 place on the LD /ASD programme. The ELSA [Emotional Literacy Support Assistant] training was delivered to 20 school staff from Primary and Secondary Schools, it was delivered by the LA Educational Psychology team in partnership with MindSpace, this was a huge success, and we hope to deliver a second ELSA training session. The staff attending the 6 day training and 3 day supervision sessions will be qualified to deliver to their school staff only. The Thrive Licensed Practitioner training has been offered to all primary schools in Barnsley, and four licensed practitioners have been trained as Trainers. The Specialist CAMH service continues to actively engage in the CYP-IAPT training programmes. The service was successful in recruiting 2 CYP well-being practitioner trainees who are located within SPA on the first national cohort training programme in July 2017 who completed training in June 2018. The CCG has invested in 2 CYP well-being practitioners for 1 year July 2018 – June 2019. A further 2 trainees commenced the programme in June 2018 and this will enhance the offer for Barnsley. A current EOI for the 3rd cohort is pending Barnsley has 4 Recruit to Train posts of which 3 have remained on the programme. These are within the Family Centres who have 3 Post Graduate Diploma in Parenting Trainees. This will further develop the local offer and the interface with CAMHS for parenting interventions. The CAMHS Parenting Specialist is on the Parenting Supervisor programme is supervising the trainees and is exploring options for pathway development with the family centre manager. The first parenting programme has been delivered and a review of parent feedback is pending. CAMHS also has 1 IPT-A trainee who started the course in January 2018. Barnsley allocated 2 Enhanced Evidenced Based Practice programme (EEBP) places. One trainee is located on the YOT and 1 in the 0-19 service. Both trainees are supervised by a CBT Practitioner from Specialist CAMHS. DBT training has been funded by the service for 9 staff (the majority of which are within the YPOS team). 	<p>Mental Health Training Delivered by Chilypep in Barnsley 2016-18</p> <ul style="list-style-type: none"> Teachers and professionals 2016-17: 105 participants, 131 attendances (some attended more than once) 2017-18: 270 participants, 369 attendances (ditto) Total participants 375 Total attendances 500 Young People 2016-7 –672 students from Barnsley College attended 26 Mental Health Awareness Tutorials 9 young people from the Barnsley Peer Mentors and OASIS groups attended a YMHA Youth Late ½ day session 2017-18: 244 participants, 246 attendances Total participants: 925 Total attendances: 927 Total participants: (professionals and young people) 1300 Total attendances: (professionals and young people) 1427 All but 8 participants recorded an increase of understanding and an increase of confidence. Those who didn't record an increase started with high/ very high scores and stayed there. As a result of the training therefore participants are more confident and able to respond to the mental health needs of young people they are working with and their knowledge of mental health has increased. CYP-IAPT phase 8 recruitment offer Examples of group work focus Actions and Consequences, Self-esteem, Anxiety, Bereavement, Exam Stress, Social Anxiety, Relationships, Safe Social Media, Stress, Transition, Social Skills, Friendships, Self-harm, Anger Thrive License Practitioners in Primary schools 140 across 33 schools, and 4 Trainers. EOI Wave 3 for CWYP's 	<ul style="list-style-type: none"> A few schools haven't taken up the training offer and we will be encouraging this this year. Delivery of training to the wider workforce is also a priority Ongoing funding to retain trainees / turnover of staff once trained. Commitment to funding beyond 2020 is required to enable a more sustainable workforce plan. 	<p>Training programme for wider workforce and primary schools being developed</p>	<p>Green</p>	<p>The panel acknowledge that lots of work has been completed and that there is a clear value placed on this. It would be helpful to understand the outcomes better as there is lots of data on outputs. Like the idea that two CYP-IAPT trainees are not just in CAMHS. Like PwP implementation and group work specifically around group areas. It feels that there is lots of group based activities being completed, it would be helpful to understand the model(s) and how successful these are. The panel ask more from a learning point of view.</p>

Main area of focus	Descriptor	Self Assessment Position - Description and Strengths	Evidence Identified	Areas of Development / Challenge	Planned Actions	RAG	Peer comments (to be completed at stage 2)
<i>Any other reflections on workforce activity</i>		<ul style="list-style-type: none"> Further skill mixing is underway within Specialist CAMHS as investment and vacancies arise to provide career progression and development in the service to maximise retention of well-trained experienced staff. The introduction of CYP-Well-being Practitioners has brought an additional layer of opportunity. The team is now undertaking Skills and Knowledge assessment within the pathways to inform what training and development is required and how we can develop a wider offer for evidence based individual and group based interventions. 		<ul style="list-style-type: none"> SWYT CAMHS has developed Job descriptions for RTT staff with no professional qualification to be supported by a developing competency framework to increase recruitment and retention potential 	EOI for trailblazer and 4 week waiting pilot will increase opportunities for flexible workforce development	Amber	See above. Were any schools involved in the Yorkshire and Humber schools competency framework pilot?
Effectiveness of arrangements for children in crisis or with acute needs							
24/7 aspirations	Describe your progress towards 24/7 urgent and emergency mental health services for CYP and their families	<ul style="list-style-type: none"> SWYPFT CAMHS provides out of hours cover via an on call service for mental health emergencies outside core hours. This is supported by the adult mental health liaison team for 16 / 17 year olds. An operational interface meeting takes place and there are current discussions around proposal to the CCG for an all age 24/7 liaison offer. Barnsley LA Public Health, MindSpace, CCG and Chilpep were successful with a bid for the Beyond Places of Safety funding. This bid is to develop an app to complement the MindSpace website, enhance the website for a wider audience and offer a digital form of counselling. 	Oasis are a young people's empowerment group working with the CCG as young commissioners negotiating ways of improving children & young people's mental health services. The Oasis group in consultation with other young people requested the app and digital platform.	Ensuring we meet the age range of 11-25 when developing the new initiatives.	Working with two organisations from Manchester, one who built the MindSpace website & another who have created apps for the NHS, consultations throughout with the young people.	Amber	Is the out of hours service working well? Are the apps and website being developed to support in crisis or at a lower level. The panel had some concerns around if technology was being used at crisis point. Is the funding solely for the app?
Crisis	Describe how well you meet the needs of CYP in crisis?	<p>Crisis Assessment:</p> <ul style="list-style-type: none"> Provided by the Young Person Outreach Service (YPOS) SWYPFT: Operational, 9.00am to 5.00pm M-F (beyond that the crisis assessment will be completed by the on-call CAMHS clinician for SWYPFT) Response time when a crisis referral is received is within 4 hours for initial emergency assessment; this can be completed if the CYP stays in A/E or ward until assessment is completed if the CYP has presented to an acute A/E. The YPOS will f/u with a CYP after a crisis event in 7 days. On call OOH for age 16 and 17 years is typically provided by Adult Liaison unless the case is complex and would then require CAMHS support 		Adult 136 suite (may be used for a CYP who is 16,17 if no adult is using the suite). Though technically these suites are not commissioned for CYP.		Amber	It would be good to understand numbers and how many YP meet the access emergency and urgent timescales. It would be helpful to understand whole pathway, in particular post assessment. Where do workers see YP in crisis, do they go into schools, home visits are they mainly at A&E. How many YP use adults section 136 suite?
	Describe how well CAMHS and Social Care services work together to meet the needs of CYP in crisis	Good working relationships with CCG and BMBC to improve the pathway. Meetings around individual young people to look at enhancement care packages and shared care support plans/commissioning implications.				Amber	It is positive that there is a good working relationship and a will to progress this. It would be good to discuss where you see areas for development and how this can be achieved.
CWO	Describe how you are responding to the needs of those CYP	<ul style="list-style-type: none"> The CAMHS services have a Learning Disability Nurse who spends time co located within the Specialist Educational Provision for Learning Disability (Greenacre School). MindSpace have recently started to work with a pupil from Greenacre Special School, this work can be carried out due to Greenacre having a satellite centre at Outwood Academy Carlton, the young person accessing mainstream lessons. (MindSpace doesn't have the capacity to work with all Greenacre pupils) The waits for treatment of ADHD post diagnosis are long and identified as a high risk. Shared care protocols are challenging to agree and maintain. The cohort of enduring cases of ADHD px medication is high. The Autism pathway 0 to 18 is hosted by BNHFT, CAMHS psychiatry provides 1 session to support the assessment of 11- 17 years. The post is now vacant and this is presenting a concern re waits increasing. Waits have been addressed on the pathway during the last and into this financial year via additional clinics provided by BNHFT with good results. BNHFT also now assess children from 0 to 11 rather than 0-5. The Education Psychology Service support the ASDAT alongside the YOT and Specialist Educational Support Team based within the LA SEND Service. MCVA panel There is a Children with Disabilities and Complex Health Needs Sub-Committee of the BSCB and governance around ASD and SEND is provided via commissioners/officers reporting to the Children and Young People's Trust Executive Commissioning Group and Trust Executive Group ensuring senior leadership oversight. There are 2 Children's Community Learning Disability Nurse posts in the Disabled Children's Team. The Disabled Children's Team is part of Children's Social Care and Safeguarding in the People Directorate in Barnsley children's services. This is an integrated team made up of the nursing posts, social workers and family support workers under one team manager. BMBC fund these two posts and they are supervised by CAMHS. Learning Disability Nurses provides behaviour management support and autism awareness work in the home to children with a diagnosis of learning disability and or autism. 	<ul style="list-style-type: none"> KPI's for ASDAT LTP update papers Job plan for LD nurse Data - referral rates, discharge rates, re referrals, escalation to CIN and/or CP. Also removal from CIN/CP Rating scale on Cygnet evaluation forms. Customer feedback Case recording- care plans, case notes and closure summary. Peer reviews and feedback. 	<ul style="list-style-type: none"> ADHD review has had an inaugural partnership meeting 10th September ASD strategy meeting Coexisting needs are leading to high numbers of referrals to Specialist CAMHS. The attendance at the autism strategy meeting which will support the development of post diagnostic services to reduce the waiting times for Cygnet. Customer feedback Work to be completed to improve engagement of the cygnet when offered to a family. Further develop a mutual understanding of each other's roles and link in with other elements of CAMHS and Paediatrics to further develop a co-ordinated seamless service. A mutual understanding will promote a more effective and efficient service from all providers. Continued work to ensure disabled children who require early help have access to this and benefit from the intervention prior to receiving specialist provision. Work around audit and service evaluation to enable the service to self-evaluate and set objectives and goals. 	Amber	The panel liked that there are two nurses based within a wider disability team, with links into CAMHS. Acknowledge long ADHD waits and challenges in autism pathway. It would be interesting to understand quality of documentation as part of referral. The panel raised the question for clarity, we think you are saying that YP need either an early help plan and/ or a EHCP, is this correct? Does this potentially exclude YP and work against SEN code? How does this link into education psychology service? Fully appreciate the high number of autism referrals as we have the same issue. Acknowledge identified areas for development as the right ones.	

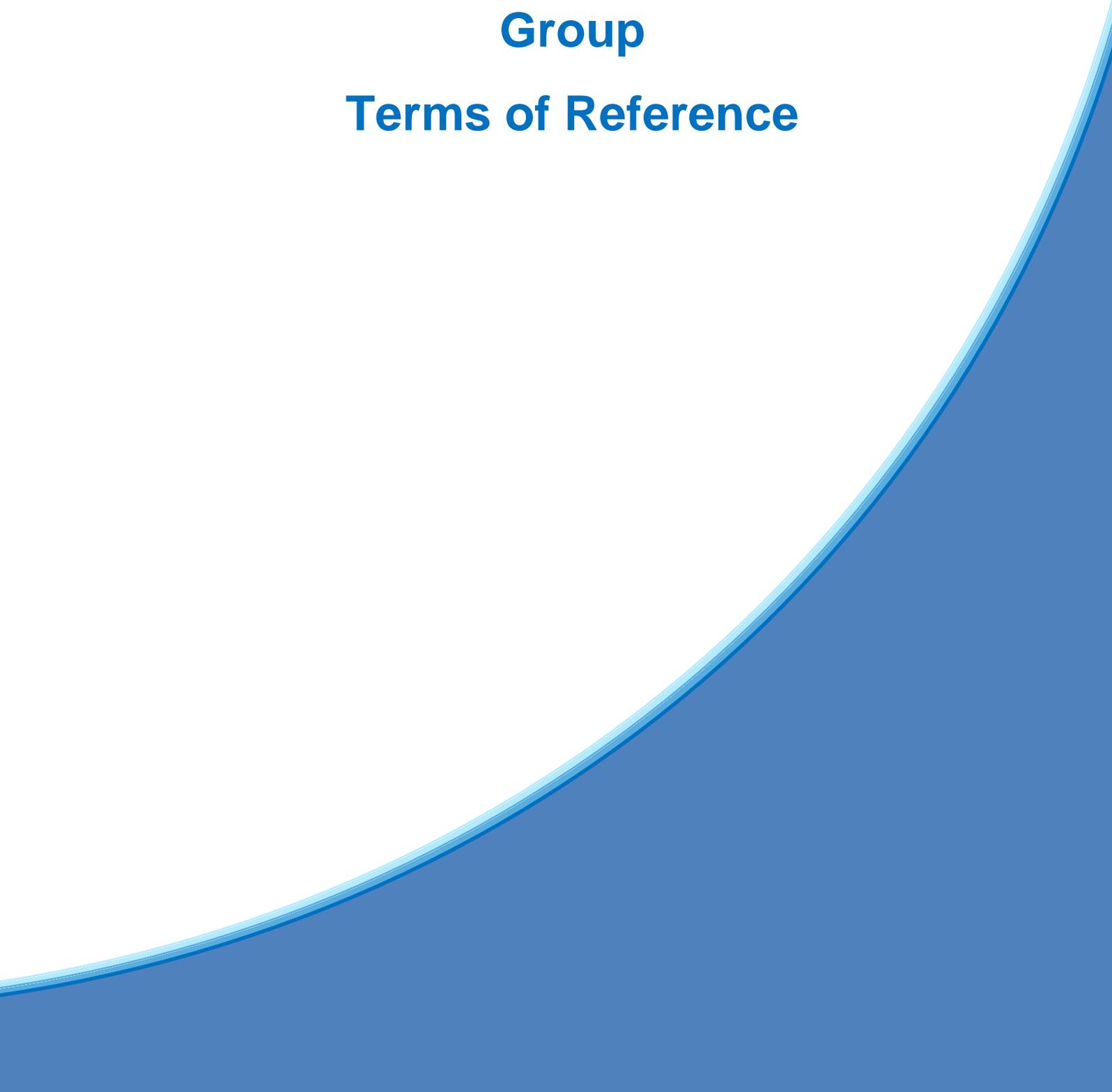
	with disabilities, particularly learning disabilities and autism	<ul style="list-style-type: none"> Referrals are received on a request for service form with an active Early Help Assessment (EHA) or Education Health Care Plan (EHCP). There needs to be active early help support and regular meeting to evidence that the specialist nursing support is required. If children are known to social care through CIN, CP or LAC we will work alongside the social worker. Cases are screened at point of contact and allocated accordingly. Learning Disability nurses observe children in both their home and school settings and will signpost to other services if appropriate to meet outstanding need. This may include support for the child, parents and siblings. The nurses attend a monthly meeting between CAMHS and Paediatrics to contribute to multi agency working. They also attend meeting linked to health, social care and education. Early help and support is promoted. We contribute to EHA and Annual Education Reviews (AER). We contribute to CETR's. Learning Disability nurses run the Cygnet Parenting Support Programme, a course for parents with a child with autism and young people. The waiting list currently sits at 64 families. Most referrals are now from paediatrics within a couple of weeks post diagnosis although some referrals we have are now 6 months plus and waiting times will increase due to demand and lack of other appropriate services post diagnostic. The ASD strategy group is currently auditing its post diagnostic support pathway for CYP with ASD and an action plan will be produced/implemented. Effective support via Early Help is also being explored along the service/need continuum. CETR's are being held where appropriate to ensure appropriate plans/provision is being implemented. The Children's Resource Allocations Group provides opportunities for multi-agency support re. appropriate service commissioning this includes packages which are transitioning to adult services. Short Breaks are offered with a range of target youth support services for children and young people with ASD. The offer also includes residential care support and DPs. CCC Panel to progress health assessment and joint CSC and health funded packages. SEND sufficiency strategy graduated support/provision. SEND strategy and SEND Programme Board are in place. 					
Impact	Describe how you are measuring impact including performance managing your activities and taking into account the experiences of children young people and their families	<ul style="list-style-type: none"> The service continues to offer families assessment appointments within 5 weeks of referral. The service has developed and introduced a process for the review and management of risk for children and young people whilst waiting. The waiting times to treatment are longer than is acceptable for children and families and the service continues to explore and implement solutions. A targeted piece of work is currently underway on the Complex Behaviour Pathway to implement a more robust screening of the existing waits for ADHD assessment. This has included a dedicated member of staff reviewing children waiting. <ul style="list-style-type: none"> Working to evaluate Your Welcome standards with Chilypop Young Commissioners Healthwatch Review commissioned to provide independent scrutiny. 			Experiences of young people are being gathered through Healthwatch Enter and View audit and Your Welcome Assessment being undertaken by Chilypop and Young Commissioners which will be feedback to CAMHS for response. This is currently underway	Amber	The panel queried, <i>is the family assessment social care led</i> ? If so how effective is the link to mental health as it feels a little more like a social care response. Can we clarify the role of mental health services within this area. Acknowledge that multi-agency response is the right approach and just want to check on if there is a joint approach?
New Care Models	Describe how you are learning from or intend to learn from NCM activity	<ul style="list-style-type: none"> The Autism pathway is hosted by BNHFT and CAMHS psychiatry provides 1 session to support the assessment of 11- 17 years. The post is now vacant and this is presenting a concern re waits increasing and active involvement of Traded Services. SWYT is engaged in the CYPMH New Care Models TF Group for South Yorkshire and provided information on current position to the group and attended the inaugural meeting. Linking in with West Yorkshire work in relation to Tier 4 beds and re-investment of monies into community services. 		<ul style="list-style-type: none"> Understanding and defining options within the CYPMH New Care Models TF Group to inform future development The vacant post is presenting a concern re waits increasing and active involvement of Traded Services, but we are exploring other models for assessment. 		Amber	This work is embryonic and SWFT are fully engaged in the process. CAMHS commissioning lead is supporting of the work and linked into other commissioners on the group including the chairman.
Any other reflections on arrangements for children in crisis or with acute needs		<ul style="list-style-type: none"> A Dialectical Behavioural Therapy DBT evidenced based group intervention is now part of the offer for those young people with complex presentations and intense difficulties with emotions which often leads to self-harm. <ul style="list-style-type: none"> The service has invested in training 9 staff to deliver DBT and will review how this can be further embedded. There appears to be evidence suggesting that incidences of self-harm are increasing among children and young people in Barnsley (A&E attendance) - this is being picked up with the Crisis Care Concordat and partners are focussing on these issues. <ul style="list-style-type: none"> OASIS Young People's Group have been consulted on the Barnsley Suicide Prevention Action Plan and have made suggestions for improvement which have been incorporated. 		Lead clinician for the YPOS team and a CAMHS psychologist are developing an options paper for the delivery of DBT light and DBT intensive interventions. Capacity and demand / vacancies impact on the balance of crisis v intervention due to the increasing prevalence of acute and high risk presentations		Amber	It would be interesting to know the DBT offer and how effective this is, is this something they would recommend? Appreciate that this may be too new to feedback.

Effectiveness of Transforming Care arrangements							
CETR	Describe current arrangements for ensuring community CETR's are completed in a timely manner	<ul style="list-style-type: none"> Children with Disabilities and Complex Health Needs Sub Committee are sighted on this issue. CCG lead and CAMHS work in partnership in the CETR process: staff report this has been helpful in aligning processes. CKWB TCP - CYP workstream have drafted a CETR protocol based on the latest guidance - once signed off by the TCP-CYP Workstream Board the protocol is to go through each CCG's governance processes to be adopted as a CETR Policy. Barnsley's DCO (who is also the Lead Nurse for Children with complex health needs) leads on all CETR's - 7.5. hours per week have been funded in addition to the DCO workload to enable the DCO to incorporate into the workload. The Lead Commissioner for the LA liaises with the DCO in relation to each of the cases to ensure connectivity and appropriate representation. 		The service has a nominated CTR lead - additional funding has been made available by the CCG to enable capacity for CETR lead function. Continue to develop collaboratively between local authority and CCG to ensure pathways are consistently embedded.		Green	Explained the resources in place well, but it would be helpful to understand the findings from the latest RAG rating and recent quality assurance matrix (March) that led to a deep dive audit (June). This would add depth to response.
Dynamic/ At Risk Register	Describe how you are managing the dynamic/at risk register	<ul style="list-style-type: none"> This is hosted by Specialist CAMHS and reviewed in service with the Outreach Team and lead nurse then submitted monthly to the CCG. Recurrent funding has been agreed to enable ongoing management of dynamic / risk register by SWYPFT. The DCO liaises closely with SWYPFT colleagues and Local Authority Head of Children's Services to ensure that she is aware of those children for whom a CETR may be a possibility. 				Green	Provider led. It would be good to understand how well this works and the wider membership and partner engagement.
Alignment	Describe the interface between health, social care and education	<ul style="list-style-type: none"> This is hosted by Specialist CAMHS and reviewed in service with the Outreach Team and lead nurse then submitted monthly to the CCG. Recurrent funding has been agreed to enable ongoing management of dynamic / risk register by SWYPFT. The DCO liaises closely with SWYPFT colleagues and Local Authority Head of Children's Services to ensure that she is aware of those children for whom a CETR may be a possibility. The DCO role is pivotal and is the link between health, social care and education - the DCO works within the Local Authority and works closely with colleagues from Children's Services, including Children's Disability Team, Early Help services and Educational Psychologists and commissioners. Multi-agency meetings re complex cases are being held to unpick difficult provision/support issues. 				Green	As above. It feels like DCO plays a crucial role, does this impact on ability to ensure effective EHCP health info? What is DCO capacity and banding? What is JD for DCO? Keen to learn from this as it seems a good approach.
Specialised Commissioning	Describe the links with specialised commissioning	<ul style="list-style-type: none"> Multi-agency meetings re complex cases are being held to unpick difficult provision/support issues. Specialised Commissioning Case Managers liaise frequently with DCO - DCO attends CETR's undertaken by Spec Comm where appropriate. CCG's Children's commissioner meets with Spec Comm representatives on a quarterly basis. Joint work between LA and Spec Comm re complex CYP who are LAC & transitioning to adult services. Development of communication pathway between LA & spec comm is being developed - essential for joint commissioning/resource allocation via the CVPT. 		Develop consistent processes across education social care and health in partnership between local authority, CCG, commissioned providers, SPECOM, and regional development partners.		Green	There is evidence of clear links and it seems to be working well.
Wider Agenda	Describe the links to the wider TCP agenda	The CCG's Head of Commissioning for Mental Health, Children's and Maternity represents Barnsley on the TCP - CYP Workstream and is part of the Joint Commissioning Unit, in which the TCP leads for Barnsley are also based. Regular discussions / email traffic take place to ensure robust links between both parts of the TCP programme.		Some process work still to complete. Head of Children's Commissioner from Local Authority to become part of regional TCP Group		Amber	Again feels positive. All the above feels good, how does this translate to performance and outcomes. How many CETR's have been completed, what are number of acute admissions. Lacks data.
Any other reflections on the effectiveness of Transforming Care arrangements		Work within the local authority and joint commissioning to plan collaborative working					

Effectiveness of early help arrangements							
EIP	Describe the service in place for all CYP and their compliance with NICE guidelines	<ul style="list-style-type: none"> There is a full EI pathway in place and medical responsibility for EIT CYP sits within CAMHS until they are 18 and / or whilst Transition is completed. All referrals from CAMHS made to EIT are assessed for suitability (within 2 weeks if routine) and fall into 2 categories. If the assessment concludes they are experiencing a first episode psychosis they will be offered a full 3 year package of care from the specialist team, with medical responsibility remaining with CAMHS. The CYP is care co-ordinated by us under the CPA framework. A second pathway is now in operation. This is the 'ARMS pathway' (At Risk Mental State). This is where the CYP presents with a range of difficulties and experiences that don't fully meet the diagnostic criteria for psychosis, but following the completion of the CARRMS assessment (Comprehensive assessment at risk mental state) do indicate an 'at risk' mental state. This is assessed around frequency and intensity of unusual experiences, plus significant and recent decline in social function and first degree family history of psychosis. These CYP will be offer 6-12 months of intervention which focused on a CBT approach. If they transition into a psychotic episode in this time they will be taken onto the full caseload (for up to 3 years). The aim of this additional role for EIT nationally is to in some case prevent this transition, and also to tighten up the care package for first episodes. The Trust wide EI service has reviewed the operational policy. 	Trust wide EIP operational policy is still in draft.	<ul style="list-style-type: none"> There is no central referral point for EIP in Barnsley therefore the wait starts when CAMHS refer. If the child is waiting for an intervention on the CAMHS waiting lists and any early evidence of emerging psychosis has not been noted this could lead to delay in access - predominantly ARMS pathway. The px of medication for young people where CAMHS is the prescriber would benefit from more robust communication / interface with the team as this is currently dependent on the individual clinician from EIP sharing an update / documenting on shared case record... there is not attendance at team meetings and CAMHS capacity is limited. Consistency in feedback from the outcome of the assessment and consistency re decision making re acceptance of referrals - would benefit from the EIP team presenting the revised Operational Policy to the CAMHS team. The medical interface would benefit from further development however the feedback across services is described as positive in Barnsley. 	EIP manager and CAMHS agree team event to update on implementation of final Operational Policy	Amber	The panel acknowledge the provision in place. Positive time between referral and assessment and agree with areas for development. Are there plans in place to work through these areas and how confident are you of achieving?
Main area of focus	Descriptor	Self Assessment Position - Description and Strengths	Evidence Identified	Areas of Development / Challenge	Planned Actions	RAG	Peer comments (to be completed at stage 2)
Early intervention	Describe the inter relationship of early help mental health services with broader early help arrangements in place at local level	<ul style="list-style-type: none"> Referrals are received on a request for service form with an active Early Help Assessment (EHA) or Education Health Care Plan (EHCP). There needs to be active early help support and regular meeting to evidence that the specialist nursing support is required. If children are known to social care through CIN, CP or LAC we will work alongside the social worker. Cases are screened at point of contact and allocated accordingly. We do not have a waiting list for intervention. We are not a crisis intervention service. The development of the Peer Mentoring programme as part of a whole college approach at Barnsley College has increased awareness and support available to young people. We have worked closely with college to align this with the counselling offer within college. The BRV programme for Boys and Young Men has been successful in supporting young men to develop emotional literacy and improved EWB. We have worked closely with schools, alternative education providers, and more recently youth services, to support vulnerable boys. The introduction of CYP-Well-being Practitioners has brought an additional layer of opportunity alongside investment in the SPA. MindSpace had provided the foundation to continue to build a robust early intervention offer. MindSpace work closely with schools and multi-disciplinary teams supporting the young person and their family. MindSpace has a parent counsellor and a family liaison officer. Where possible the mental health practitioner, the parent counsellor & family liaison officer will attend any Early Help meetings or provide a progress report for the young person and family. The LA chairs of the CP meetings now direct social care and families to our service which is quite an achievement for MindSpace. The parent liaison officer is working jointly with agencies such as the children's disability team and drug and alcohol support team. The approach is holistic to support the parent and the young person. Broader early help services encourage a holistic assessment of needs through the early help assessment process and there is a clear route in through SPA. EH practitioners are supported to access consultation with CAMHS to identify a clear plan as part of the broad EHA. A range of services on a targeted and universal basis which provide early intervention support in relation to emotional wellbeing and positive mental health are offered. 	<ul style="list-style-type: none"> Feedback and outcome scores from young people and staff in college. BRV - feedback and outcome star scores show a marked improvement for boys and young men in terms of relationships, EWB, confidence and self-esteem. CYWP job descriptions SPA SOP Results of Multi Agency audits held by Local Authority include for example live Early Help audit, case notes, copies of Early Help plans, diaries of families working with social care. External agency case notes. EHA paperwork family support case files and Family Star assessments (my star teen star) attendance data. Data- referral rates, discharge rates, re referrals, escalation to CIN and/or CP. Also removal from CIN/CP Rating scale on Cygnet evaluation forms. Customer feedback Case recording- care plans, case notes and closure summary. Peer reviews and feedback. 	<ul style="list-style-type: none"> Increase numbers of peer mentors and develop model in secondary schools. When a parent decides not to engage with the early help process, when families are in denial and school refusers - when parents keep their children at home. Families not engaging in formal early help processes. The attendance at the autism strategy meeting which will support the development of post diagnostic services to reduce the waiting times for Cygnet. Work to be completed to improve engagement of the cygnet when offered to a family. Further develop a mutual understanding of each other's roles and link in with other elements of CAMHS and Paediatrics to further develop a co-ordinated seamless service. A mutual understanding will promote a more effective and efficient service from all providers. Continued work to ensure disabled children who require early help have access to this and benefit from the intervention prior to receiving specialist provision. Work around audit and service evaluation to enable the service to self-evaluate and set objectives and goals. 	<ul style="list-style-type: none"> Working with mind space to develop Peer Mentoring into secondary schools. Ongoing strengthening of SPA functions (telephone, group, brief interventions) and interface working with Mindspace etc. To try other avenues of support if the Early Help route isn't accessed. Continuing to develop EH pathway to ensure there is a range of targeted groups and activities available to engage the most hard to reach families. 	Green	Are all referrals having to come with an early help assessment, can referrals come direct to CAMHS? If so how well does this work? Lots of discussion in Doncaster about relative positives and negatives to requirement for early help assessment, and we would welcome discussion. We do not have a waiting list for intervention. We are not a crisis intervention service - which service does this relate to? The Peer Mentoring service sounds really positive. The panel acknowledge areas for development and improvement which we felt were correct.

<p>Awareness</p>	<p>Describe the effectiveness of arrangements to make children and young people aware of emotional health and well being support, within and out with school and both local and national</p>	<ul style="list-style-type: none"> A wide range of awareness raising activity through workshops, assemblies and tutorials in colleges and some schools. Development of YMHA Kit promoted across all schools. Event for 200 young people on World Mental Health day involving schools and youth groups. Development of directory of services for children and young people to go alongside MindSpace website materials. These activities have been effective in raising awareness with children and young people through schools and other settings, with schools regularly using the YMHA kits alongside implementing learning from the YMHA training and other training that has been delivered across secondary schools and colleges including ASIST training. The MindSpace lead has attended head teachers meetings, LA meetings spoke at school assemblies. The MindSpace team have attended parent evenings in some schools, mental health awareness events, Twitter, the Mind Space website. MindSpace have received local and national press coverage, we have a video explaining the service offer. MindSpace offer group sessions at the schools with topics ranging from self-harm, low mood, transition, anxiety and many more. The groups are a positive way of informing young people how to manage their difficulties to stop them escalating. The MindSpace website offers a range of self-help strategies, useful websites, apps and resources for young people and parents. MindSpace, Chilypep and LA Public Health were successful in receiving a mentor. The LGA facilitated by the Children's Society to support our question for Barnsley, which was how do we ensure all mental health services are aware of each other and the young people who require these services are aware of them, we are in the process of bringing this together along with the BPOS funding. One to one support is available via Family Centre Family Support workers where they are supporting individual children and families on a one to one basis. Other agencies would be referring into specialist provision e.g. TADS, MindSpace, CAMHS etc. 	<p>Feedback and scores from workshops and tutorials have shown that young people have a better understanding of mental health and EWB and are more aware of how to ask for help and where from. www.wearmindspace.com</p>	<ul style="list-style-type: none"> Continue to develop and promote service directory. Ensuring agencies supporting children with mental health difficulties are fully aware of each other and the services they offer for young people, ensuring the message the young people receive is consistent and coherent. Developing the age specific targeted provision within family centres to enhance the existing offer and ensure that positive mental health and emotional wellbeing are supported and promoted at the earliest opportunity. 	<ul style="list-style-type: none"> The service offers Self-referral and co-produced the poster with Chilypep. There were 18 Self-referrals (not including Eating Disorder / Emergency referrals) in Q1. This figure however does not represent the number of families that contact the SPA for advice /support. CAMHS has produced an anti stigma video. CAMHS work with Chilypep to publish and promote the #not just me campaign and the development of Mental Health First Aid kits are examples of their work http://www.chilypep.org.uk/uploads/pdfs/Mental-Health-Poster.pdf Continue to communicate and promote self referral and the role of chilypep in co production. The new app, digital counselling service and the addition to the website will raise awareness. Thrive awareness raising video just produced with Barnsley schools. The video now needs to be shared wider to raise awareness of impact. 	<p>Green</p>	<p>Interested to understand the directory of services (linked to MindSpace) and how this looks and if it works. Clearly lots of work done around raising awareness, is there any evidence of lasting impact of raising awareness? How could this be measured? We experience the same challenges. Like the MindSpace self-help strategies. Are there drop-in facilities?</p>
<p>Triage and assessment</p>	<p>describe the inter-agency working arrangements (if any) at the front door/ SPOA</p>	<ul style="list-style-type: none"> In September 2017 the SPA was re-launched with a new referral form, new direct telephone number, and re communicated the offer of telephone and self-referral. This was with the aim of being more available and responsive to children, young people, families and professionals wanting to contact Barnsley CAMHS. Chilypep (Children and Young People's Empowerment Project) and the Barnsley Young Commissioners worked with the service to design the re launch poster. The MindSpace lead and/or the team leader attend a weekly SPA meeting to triage referrals that are more suited to early intervention, on occasion MindSpace will step up young people if we feel Specialist CAMHS are the agency they require. The SPA is available to the entire EH workforce and parents and is promoted widely 	<ul style="list-style-type: none"> Evaluation of the Single Point of Access (SPA) and referral data . Number of Referrals to MindSpace including from MindSpace to Specialist CAMHS. Number of contacts through the SPOA 	<p>When the number of referrals from Specialist CAMHS create a waiting list for MindSpace</p>	<ul style="list-style-type: none"> Discuss and agree implementation of revised data capture and reporting based on access standards to include telephone / consultation with proxy to demonstrate real activity levels as part of move to new EPR system. Continuous monitoring & planning to ensure this doesn't happen. 	<p>Amber</p>	<p>Clear evidence of developments SPA, the panel felt it may be beneficial to co-locate a mental health worker within the SPA rather than attending meetings to really embed a joint approach. It would be helpful to understand outcomes of this.</p>
<p>Any other reflections on the effectiveness of early help activity</p>		<ul style="list-style-type: none"> The service continues to offer families assessment appointments within 5 weeks of referral. CAMHS has been working with Creative Minds and has secured NSPCC funding for a CAMHS Choir which will be launching soon. Barnsley LA have a strong Early Help team with a number of different ways of referring families and young people. Barnsley are fortunate to have over 10 Family Centres across Barnsley and 13 other Outreach Centres. Barnsley LA have a number of different ways of referring families and young people and are fortunate to have a strong network of Family Centres across the borough. There is a strong EH pathway to ensure that children and young people's mental health and wellbeing is supported at the earliest opportunity and appropriate support packages can be identified and implementing whilst assessment by specialist services is being triggered. 	<p>EHA's, case files and Family Star documentation</p>			<p>Green</p>	<p>Very interesting to note the number of family centres and outreach centres, which clearly provides a strong foundation for early help. This is a real positive. It would be really helpful to understand synergy between CAMHS and early help and is there learning to be shared.</p>

**Future in Mind – Local
Transformation Plan Implementation
Group
Terms of Reference**

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NHS Barnsley Clinical Commissioning Group
Future in Mind – Local Transformation Plan Implementation Group

1. Introduction

1.1 Barnsley CCG and partners have established a Future in Mind Implementation Group to ensure delivery of the assured Barnsley Local Transformation Plan. Oversight of the performance of the higher level support CAMHS services (previously referred to as Tier 3 services), within the Barnsley system of care and support for children, young people and their families will be undertaken via the normal contractual mechanisms and the appropriate Clinical Quality Board.

2. Purpose

2.1 The primary purpose of the 'Future in Mind' Group is to work collaboratively with all parties to ensure effective implementation of and continuous monitoring of the Barnsley Local Transformation Plan to enable delivery of sustained improvement in the emotional Health and Wellbeing of the Children and Young People in Barnsley. The 'Future in Mind' Group will also further develop plans for continued delivery of these improved outcomes over the next five years.

3. Responsibilities

3.1 The responsibilities of the Group will be as follows:-

- To provide a forum for open, honest and transparent dialogue to ensure implementation of the actions outlined within the Local Transformation Plan.

3.2 To agree who/which organisation will lead the delivery of each of the Local Priority Streams outlined in the LTP and to work collaboratively to ensure organisational barriers do not impede effective delivery of the desired outcomes of the Plan;

- To develop metrics/KPIs against which effective delivery of the LTPs objectives can be measured;
- To provide quarterly assurance to NHS England of the appropriate investment of FiM monies and the impact this investment has on the emotional health and wellbeing of children and young people in Barnsley.

4. Stakeholders

- (a) Barnsley CCG Chief Nurse (Chair)
- (b) Barnsley CCG Head of Commissioning Mental Health, Children's and Specialised Services
- (c) Barnsley CCG Clinical Lead

- (e) BMBC Family Centres & Early Years
- (g) BMBC Education Psychology
- (h) BMBC Youth Offending Team
- (i) Public Health
- (j) Secondary Schools Representative
- (k) Primary Schools Representative
- (l) SWYPFT District Director – Forensics & CAMHS and/or SWYPFT Deputy Director CAMHS
- (n) SWYPFT Clinical Lead/Senior Clinician

- (q) School Nursing Service

The Group will be serviced by the administrative support to the Chief Nurse.

5. Meetings

- 5.1 There will be 2 Stakeholder Engagement Events held each year (March and September).

- 5.2 Local Priority workstream leads will meet on a monthly basis and these meetings will be facilitated by the CCG

6. Governance

- 6.1 The Group will be a Sub-Group of the Children & Young People Executive Commissioning Group.

7. Reporting Arrangements

- 7.1 Agendas and papers will be distributed to Stakeholders / workstream leads by email, one week prior to the relevant meeting.

- 7.2 The minutes/action log will be distributed to stakeholders / workstream leads, by the administrative support to the Chief Nurse, no later than two weeks after the relevant meeting.

- 7.3 A highlight report will be agreed and submitted to the Children's Executive Commissioning Group following each Stakeholder Engagement event. A verbal update as to progress of the implementation of the Transformation Plan will be given at every ECG.

- 7.4 Trackers will be submitted by the Chief Nurse's administrative support to NHS England on a quarterly or as required basis.

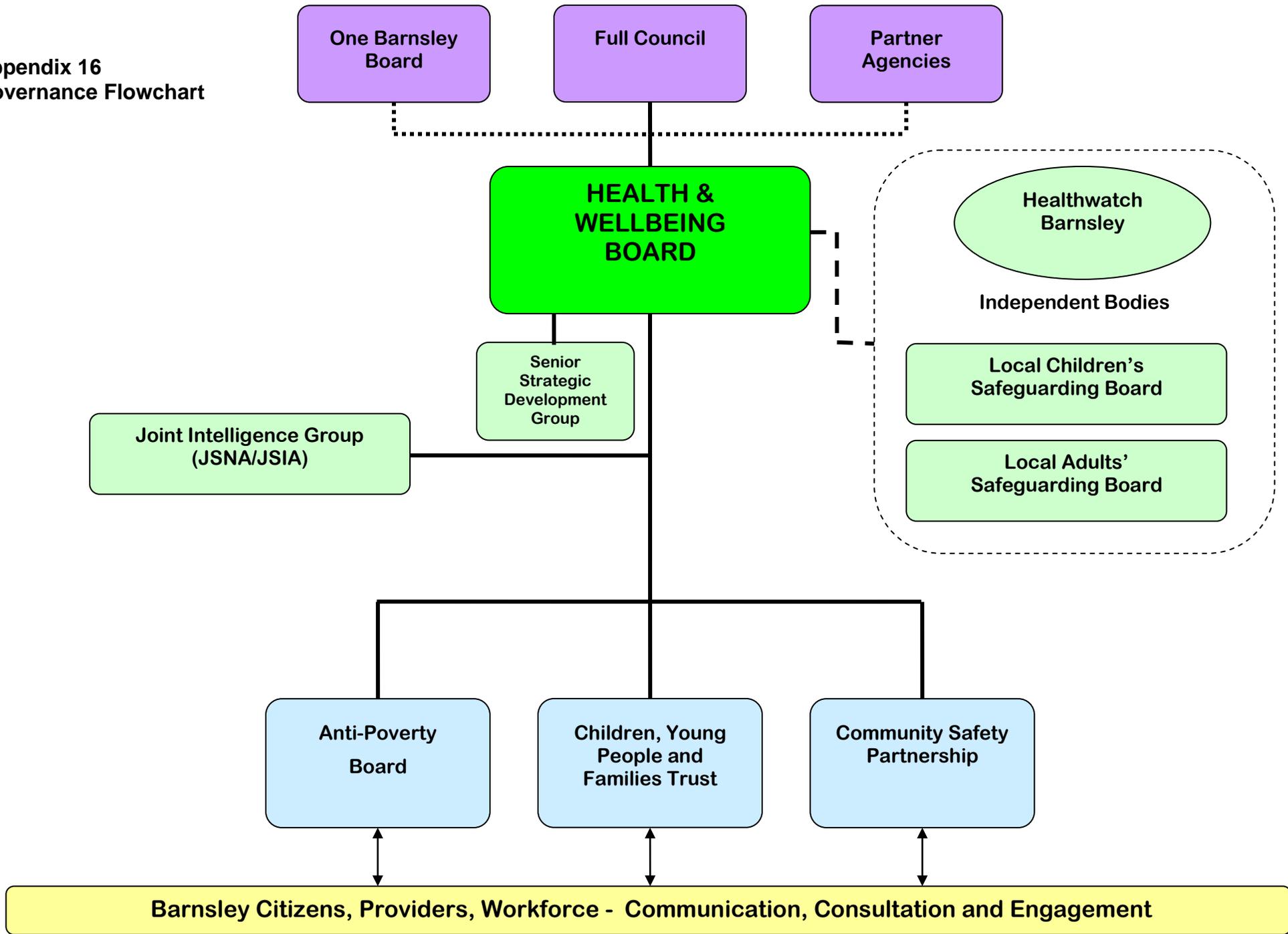
9. Duration

- 9.1 The Stakeholder Events and monthly workstream leads meetings will continue until such time as the members agree that a system wide sustainable low level emotional health & wellbeing support for Children & Young People exists in Barnsley and is delivering desired outcomes.

Last Reviewed: July 2016

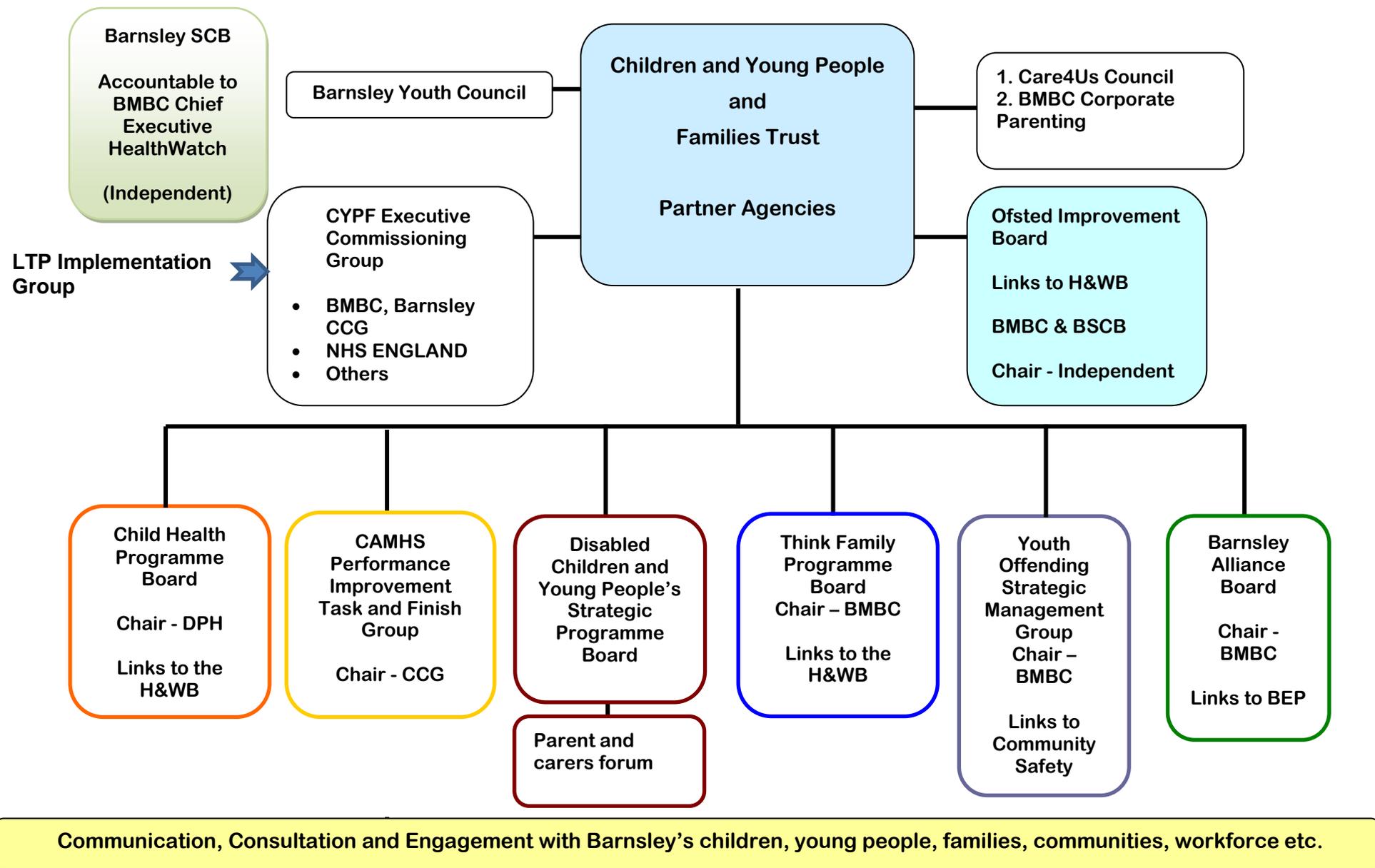
Next Review Due: July 2017

Appendix 16
Governance Flowchart



Proposed networks for the Barnsley Children, Young People and Families Trust

Partnership groups connected to the CYPFT



Appendix 17

FiM Funding

WORK-STREAM PRIORITY	2015/16	2016/17	2017/18	2018/19	2019/2020
	£	£	£	£	£
1. Developing a Community based Eating Disorder Service (Collaborative arrangement with Calderdale, Wakefield, Greater Huddersfield and Kirkless CCG's)	146,000	143,000	143,000	143,000	
2. Building resilience in Primary School Children (THRIVE) (Public Health led)	111,000	98,000	111,000	98,000	
3. School-led mental health therapeutic team (Wellspring Academy taking the lead)	145,000	335,500 (Incorporates Peer Mentoring work undertaken by Chilypep plus training provided by TADS /SYEDA)	320,038	330,000	
4. CAMHS: SPA / YOT (CAMHS is provided by South West Yorkshire Partnership NHS Foundation Trust)	60,000	103,500	103,100	103,100	
5. Training Young Commissioners (Led by Chilypep) BRV - Boys programme	30,000	20,000	39,575	39,575 15,000	
6. Accessing information ('One-stop- shop') (Led by YOT Manager) SYEDA - Eating Disorder Counselling Service in schools- pilot	20,000	0	0	0 30,000	
TOTAL INVESTMENT	512,000	710,000	716,713	758,675	