BARNSLEY Metropolitan Borough Council

NHS Barnsley Clinical Commissioning Group

‘Future in Mind’
Barnsley
Transformation Plan

for

Children and Young People’s
Mental Health & Emotional Well Being

2015 - 2020

REFRESH

October 2017

CONTENTS

1. EXECUTIVE SUMMARY

The national, recurrent funding provided in support of the Future in Mind recommendations 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 key aspects of Barnsley's Local Transformation Plan will be the continued focus on early intervention and prevention.

The bi-annual Future in Mind Stakeholder Group, consisting of a wide range of partners, continues 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.

This second refresh of the 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 who are represented at the Engagement Group by OASIS (Opening up Awareness and Support and Influencing Services) and Barnsley College Peer Mentors, facilitated by Chilypep (Children and Young Peoples Empowerment Project).

As with previous plans, the 2017 Refresh of the Local Transformation Plan will be signed-off by the Barnsley Health and Wellbeing Board and will be published on the websites of both NHS Barnsley Clinical Commissioning Group (Barnsley CCG) and Barnsley Metropolitan Borough Council (BMBC).

As indicated above the 2017 refreshed plan has been greatly influenced by the young people of Barnsley. OASIS, a group of young people who have received training from Chilypep to undertake the roles of 'young commissioners' have been particularly active (Appendix 1 highlights some of these activities). They have developed a 'Youth Mental Health First Aid Kit' (Appendix 3) which has been received by every school in Barnsley and is continually being promoted throughout the Borough and beyond; they have also written a Manifesto 'Our Voice Matters, Innit" (Appendix 2), in which they make 8 key recommendations to improve the services and support provided for them.

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 improve the support to young people when they are due to transition from Primary School to Secondary School. 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 some primary schools are excellent foundations on which we can 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 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.

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, but also in relation to sustainable funding, data capture and utilisation. 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 Accountable Care System.

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.

The health of Barnsley residents is generally poorer than the national average. This affects the quality of life for Barnsley residents and creates growing pressures on health services, social care, informal care, supported housing and other services.

There is an interrelationship between physical and mental health. Mental health problems are much more common in people who have long term physical illnesses.

Compared to the general population, people with diabetes, hypertension and coronary heart disease have double the rate of mental health problems, and those with chronic obstructive pulmonary disease, cerebrovascular disease (CVD) and other chronic conditions, have triple the rate. People with severe mental health disorders, such as schizophrenia and bipolar disorders and depression are more likely to develop long term conditions such as diabetes or CVD.

Due to high levels of deprivation and higher levels of risk factors for long term conditions (such as high rates of smoking and obesity levels and low levels of physical activity) it is likely that the levels of many long term conditions will be higher in Barnsley than nationally.

The recently published report, 'Children's voices: The wellbeing of children with mental health needs in England', is a report from the Children's Commissioners Office which examines the wellbeing of vulnerable groups of children in England and their relationship with mental health services. Qualitative research explores the limited awareness of mental health issues in young people, focusing on their perception of mental health.

The key findings of the report were that children appeared to have highly negative and stereotyped ideas about mental illness; there is lack of awareness of the types of services and support available for children experiencing mental health problems; children and families delayed or avoided treatment due to anxiety and uncertainty around accessing services. Fear of being seen accessing services and insecurity about the confidentiality of the service also emerged as important barriers to young peoples' ability to address and overcome mental health needs.

These findings will be incorporated into the upcoming refresh of Barnsley's 'All-age Mental Health and Wellbeing Commissioning strategy' and will be one of the benchmarks against which the impact of this transformation plan will be measured.

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 2016, Barnsley's Mental Health Profile, child health profiles and CAMHS (Child and Adolescent Mental Health Services) Profiles.

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."

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

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.

Population
(ONS Mid – 2015 Population Estimates)

	0 - 15	**16 - 64**	**65+**	**TOTAL**
MALE	22,500	75,100	20,600	**118,200**
FEMALE	21,600	75,400	24,200	**121,200**
	44,100	**150,500**	**44,800**	**239,400**

Barnsley has now a greater proportion of those aged over 65 years than those aged under 16, which differs to both the regional and national figures.

The latest data from the 2011 Census shows that 97.9% of the Barnsley resident population were from a white ethnic background, 0.7% were from mixed/multiple ethnic groups, 0.7% were Asian or Asian British, 0.5% were Black/African/Caribbean or Black British and 0.2% were from other backgrounds. Since these figures were collected the Barnsley population has experienced changes due to international migration but there are no recent data sources available to evidence this.

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 14,400.

What are the issues that cause poor health and wellbeing within Barnsley?

The health and wellbeing of the local population cannot be examined in isolation from other influences that also need to be improved in order to make any sustainable improvements.

Dahlgren (1995) developed a model showing the various determinants of health at different levels. This ranges from general socio-economic, cultural and environmental conditions to age, sex and hereditary factors.

Research shows that social disadvantage factors create the circumstances in which people's health experience is adversely affected. Such factors are known as determinants of health, many of which are distributed unevenly within the population. The model developed by Dahlgren (1995) illustrates the relationship between health and the physical, social and economic environment.

Life expectancy at birth in Barnsley, although lower than the England average, has slowly increased over the period from 1991/93 to 2012/14. Life expectancy at birth is 78.4 years for men and 81.8 years for women. Whilst life expectancy has increased for men and women since 1991/93, the proportion of life spent in 'good' health for both men and women has decreased.

Barnsley is ranked 141 out of 150 Local Authorities for men's healthy life expectancy and is ranked 146 for women's healthy life expectancy, where 1 is the highest and 150 is the lowest. On average, men in Barnsley live 20.9 years in poor health and women 25.5 years.

Lifestyle

The following lifestyle choices have contributed to the increasing health needs in Barnsley:

Smoking – Nationally smoking is the biggest cause of preventable ill health and causes diseases such as respiratory disease, cancer and circulatory disease.

In Barnsley, smoking rates, whilst decreasing, remain high. In 2016, a fifth (21.2%) of adults in Barnsley smoke, which is significantly higher than the England average of 16.9%. In Barnsley, for those in routine and manual occupations, nearly a third (31.7%) smoke and this is significantly higher than the England average of 26.5% (Source: Annual (Population Survey, 2016).

High rates of smoking in pregnancy are a particular concern in Barnsley. In 2014/15, 20.4% of women were recorded as smoking at the time of delivery compared to 11.4% in England.

In Barnsley, the proportion of 15 year olds who currently smoke is 10.7% and although this has decreased in recent years, it remains significantly higher than the England average of 8.2%.

More than a quarter (27.3%) of 15 year olds have used / tried e-cigarettes, which is significantly higher than the England average of 18.4%. More girls (35.2%) than boys (30.7%) have used / tried e-cigarettes (Source: What About Youth Survey 2017)

Healthy Weight – Obesity is associated with an increased risk of developing ill health such as diabetes, some cancers and circulatory disease. The Active People Survey (2012/14) estimates that 7 out of 10 adults (71.6%) in Barnsley are overweight or obese, which is significantly higher than the proportion for England (64.6%).

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. In Barnsley, almost a quarter (22.1%) of 4 – 5 year olds and just over a third (33.5%) of 10 – 11 year olds are overweight or obese (Source: National Child Measurement Programme 2011/12 – 2012/13)

Healthy eating – Poor diet increases the risk of some cancers and cardiovascular disease, both of which are major causes of premature death. Just over half of Barnsley residents (52.6%) eat the recommended ‘5- a-day’ and less than half (44.5%) of 15 year olds.

Alcohol – Drinking excessive quantities of alcohol can lead to liver disease and cancer and is associated with mental health problems. In addition, people who drink excessively are vulnerable and may engage in risky behaviour. In Barnsley, it is estimated that about a fifth (21%) of drinkers aged 16 years and older are drinking at ‘increasing risk’ levels (North West Public Health Observatory, 2011) and 7% are drinking at ‘higher risk’ levels.

In Barnsley in 2014/15 the directly standardized rate for hospital admissions for alcohol related conditions (broad definition) is 2,671 per 100,000 population. This is equivalent to 6,212 people. This is significantly higher than the England directly standardized rate of 2,139 per 100,000 population. In Barnsley the directly standardized rate for hospital admissions for alcohol related conditions has increased from 2,001 per 100,000 population in 2008/9 to 2,671 in 2014/15. The proportion of young people in Barnsley who are regular drinkers at 11.3% is almost twice the England average of 6.2%.

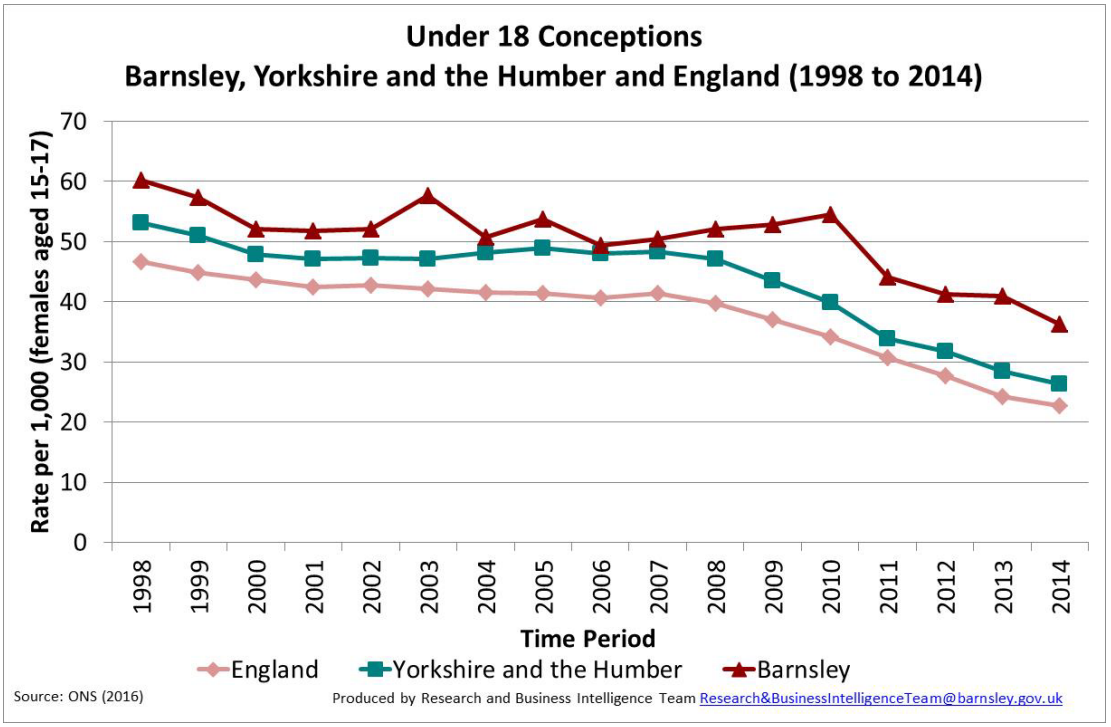
Risky behaviour – Nearly a quarter (22.5%) of young people in Barnsley undertake three or more risky behaviours (smoking, drinking alcohol, drugs use, inactivity, poor diet).

This is significantly higher than the England average of 15.9%. Girls (26.7%) are more likely to undertake three or more risky behaviours than boys (18.4%).

Teenage Conceptions – The 2014 under 18 conceptions rate of 36.3 per 1,000 women aged 15 – 17 (equivalent to 152 women) is a reduction from 2013 rate of 40.9 per 1,000 women (equivalent to 176 women) but remains significantly higher than the England rate of 22.8 per 1,000 women. (Source: Office for National Statistics 2014).

The 2014 under 16 conception rate is 8.5 per 1,000 women which is equivalent to 32 women and is significantly higher than the England rate of 4.4 per 1,000 women.

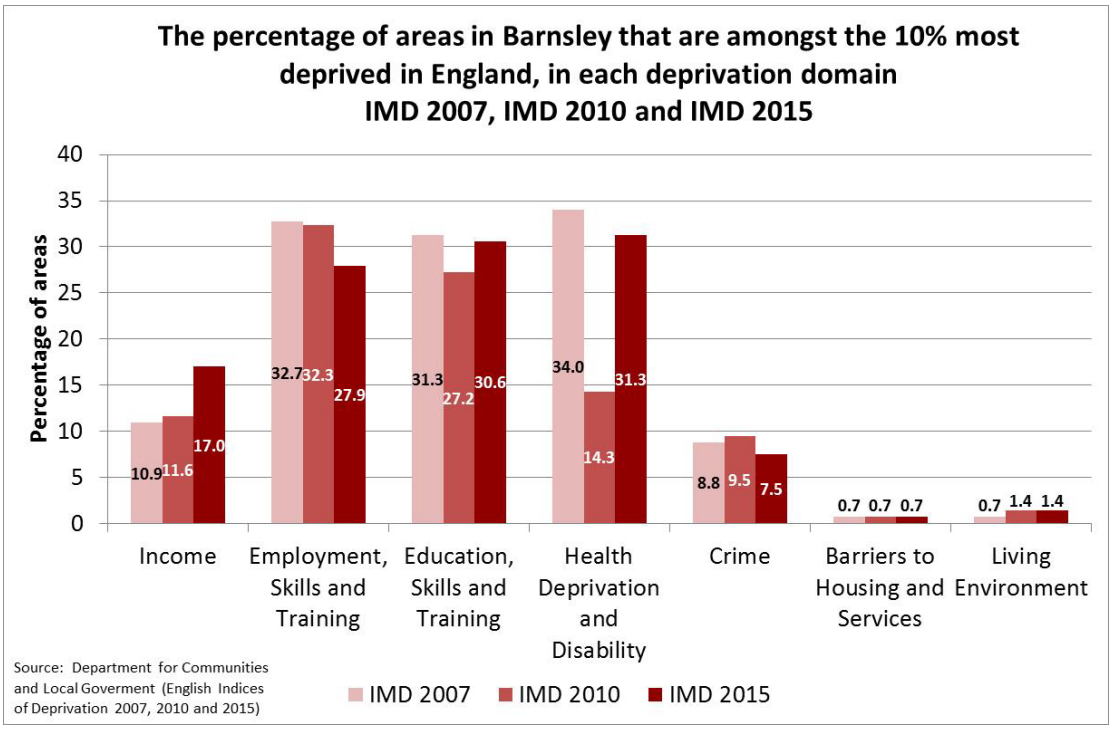
Under 18 conceptions – Barnsley, Yorkshire and the Humber and England (1998 – 2014)



Deprivation

The indices of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas in England. For compatibility purposes, the methods used in developing the IMD have remained largely consistent during the period 2007 to 2015 to allow change over time to be measured.

The percentage of areas in Barnsley that are amongst the 10% most deprived in England, by deprivation domain (IMD 2007, IMD 2010 and IMD 2015)



The IMD 2015 data shows the following:

- Overall Barnsley is ranked the 39th most deprived areas in England out of 326 (where 1 is the most deprived), a decline from IMD 2010 when it was the 47th most deprived area;
- 21.8% of areas in Barnsley are amongst the 10% most deprived in England;
- The largest change from IMD 2010 to IMD 2015 for Barnsley is in the Health Deprivation and Disability Domain (HD&DD). Within the HD&DD in IMD 2015, Barnsley is ranked 20 out of 326, where 1 is the most deprived;
- Within the HD&DD in IMD 2015, 31.3% of areas in Barnsley are amongst the 10% most deprived in England;
- Within the underlying indicators in the HD&DD, the biggest change between 2010 and 2015 has taken place in the Acute Morbidity and Mood and Anxiety Disorders indicators.

Poverty

A recent report examining solutions to UK Poverty (Joseph Rowntree Foundation 2016) found that people who live in poverty are generally at risk of poor mental and physical health; they tend to become sick more often and die younger than people who are better off. Factors such as an inadequate diet, a higher rate of chronic illness, a lower level of participation in sport and leisure activities, and a generally lower quality of life have all been found to contribute to lower levels of health and wellbeing amongst people who experience poverty.

A recent report by the Barnsley Anti-Poverty Board (Poverty Needs Assessment 2014) examined why people in poverty are also the ones who pay more for their goods and services.

It found that people on low incomes do not use credit more often than affluent people; the rates are pretty similar across all income bands. What people on low incomes borrow money for is to cover the costs of essentials 'to make ends meet' and the limited financial options available result in them paying a much higher fee for their credit than those with higher incomes.

In general, Barnsley residents are making use of services such as the Credit Union, especially in areas with high levels of deprivation. (NB In **credit unions** members pool their savings and lend to one another. Members have something in common, such as the same employer, trade union etc.).

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.

Educational attainment in Barnsley has continued to improve but has remained below the national average at all stages of education in 2015. Provisional outcomes for 2016 indicate a more positive picture, particularly at Key Stage 4. Barnsley performed above national average for the first time ever, with 55% of 16 year olds achieving 5 A* - C English and Math in comparison to 53% nationally.

A complex pattern of inequalities still exists between the different pupil groups in Barnsley schools. As in previous years, girls outperform boys. Large gaps also exist at both age 11 and 16 between pupils in Barnsley who are in receipt of the governments pupil premium funding and "non-pupil premium'. Whilst it may seem unfair to compare the performance of these two groups, only by closing the gap between them can we address the inequalities that exist in educational attainment. Closing this inequality gap is a key priority for the Local Authority. Large gaps also exist for pupils in need of SEN (Special Educational Needs) support at ages 5 and 16.

There are variations in attainment outcomes across Barnsley with pupils living in or attending schools in more affluent areas of the borough tending to have better educational outcomes.

According to the Annual Population Survey (Jan – Dec 2015) the number of people in Barnsley aged 16 and over with no qualifications has increased and is now above the England average. This low level of skills is likely to have an adverse impact on the economic growth of the borough and is a cause of concern. Improving educational outcomes and the health of children in the borough are key areas of BMBC's Corporate Plan.

Lack of Digital skills

A lack of digital skills seems to compound other inequality issues and as the digital divide increases, it gets harder for people to catch up as technology moves so quickly. For individuals, digital skills are limited to boosting productivity in work and helping to improve the chances of the unemployed to find jobs.

Digital skills can also assist with success in education and work, reducing social isolation, saving money, claiming benefits and accessing services. On an economic level, digital skills contribute to a vibrant economy and a skilled and confident workforce. Barnsley (and other Northern towns and cities) seem to suffer an exodus of the technologically skilled, which will, in the long term, negatively impact on our economy.

The recent Joseph Rowntree Foundation report on the causes of poverty adds digital skills to the traditional basic skills of literacy and numeracy (Joseph Rowntree Foundation 2016). Recent data from OFCOM and GO ON UK (Ofcom 2015, GoON UK 2015), suggests that:

- 27% of Barnsley residents lack basic digital skills;
- 30% of households do not have a fixed broadband connection, and;
- 18% of adult residents have never been online.

Unemployment

The rate of unemployment has been reducing steadily from the period of July 2012 – June 2013 to the latest 12 month period from a high of 10.7% to 6.3%. For Barnsley, 6.3% equates to 7,400 people unemployed.

During the period April 2015 – March 2016, 36,500 people in Barnsley were economically inactive (Economic inactivity is people not in employment who have not been seeking work within the last 4 weeks and / or are unable to start work within the next 2 weeks).

Of those that are economically inactive, the reason that contributed to the largest proportion was long-term, such as disabled, which accounts for 37.4%, followed by those that are ‘looking after home or family’, which accounts for 22.8%.

There continues to be a mismatch in the local economy between the skills of the local labour supply and the demands of local businesses (Barnsley Skills and Employment Strategy ‘More and Better Jobs (2016 – 2020)’. The latest job density rate (this being the number of jobs per resident of working age) of 0.58 indicates that the borough is failing to maintain an adequate number of jobs in the local economy to support the indigenous working-age population. Whilst the rate is improving (it is at its highest level since 2005) it lags behind the regional rates of 0.77 and the national rate of 0.82.

National research (Cycles of Poverty, Unemployment and Low Pay JRF 2016) shows that people’s employment condition have the strongest impact on the risk of poverty and recurrent poverty.

Disability and Work

Almost half (48%) of people in poverty in the UK are either themselves disabled or living in a household with a disabled person (JRF 2016). Employment Support Allowance / Incapacity Benefit (ESA / IB) data shows that as at February 2016 there were 13,930 people living in Barnsley who were claiming these benefits because they were unable to work due to disability or long-term illness.

In Barnsley there has been a 7 percentage point increase in ESA / IB claims which are for Mental and Behavioural disorders (this is an increase of 500 cases). These conditions account for almost half of claimants.

The impact of unemployment on mental wellbeing is well documented.

The Disability Living Allowance (DLA) for 16 – 64 year olds is in the process of being replaced by Personal Independence Payments (PIP). Barnsley has a notably higher rate of DLA and PIP claimants at 6.2% than England (3.7%).

The Disability Living Allowance for children remains in place for claimants under 16 years of age (0 – 15). The claimant rate for this age group has increased 1 percentage point in Barnsley since February 2013 compared with an increase in England of 0.4 percentage points.

Barnsley already has a higher rate at 4.5% than England as a whole (3.4%). In Barnsley this equates to an additional 470 claims since February 2013. The additional claims for the care element have been at the Higher (+ 300) and Middle (+ 180) award rates. Again, Barnsley already has a slightly higher proportion of claims at the higher rate than for England as a whole (48.2% and 42.5% respectively).

The pattern of claims by health conditions are similar in Barnsley compared with England as a whole. The largest groups of health conditions are related to either Learning Difficulties or Behavioural and Hyperkinetic Syndromes (e.g. Attention Deficit Hyperactivity Disorder).

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 (2013) 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 behavior;
- 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 more likely to experience a domestic fire.

Mental Health Profile of Barnsley

Barnsley's Mental Health profile highlights a number of key issues:

- Barnsley's 2014/15 rate for the diagnosed prevalence of depression (9.6%) is significantly higher than the rate for England (7.3%);
- Barnsley's spend on antidepressants per 1,000 weighted population of £7,251 is higher than the England rate of £5,686;
- Men in Barnsley have a significantly higher rate (729.5 per 100,000) than England (572.9 per 100,000) for hospital admissions for mental and behavioural disorders due to use of alcohol;
- Women in Barnsley have a significantly higher rate (325.0 per 100,000) than England (216.9 per 100,000) for hospital admissions for mental and behavioural disorders due to alcohol;
- Barnsley's 2014/15 rate for emergency hospital admissions for intentional self-harm (266.6 per 100,000) is significantly higher than the rate for England (191.4 per 100,000) (NB Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act) (Public Health England 2016);
- The suicide rate in Barnsley is 11.6 persons per 100,000 population (2012/14). This is not significantly different to the England rate of 10.0 per 100,000 population. In Barnsley this is equivalent to 73 people in a three year period. The rate for men at 19.7 is higher than for women, whose numbers were too small to be reported.

4. MINORITY GROUPS / VULNERABLE GROUPS

Abused children

In 2016, official records highlighted that over 50,000 children were identified as needign protection from abuse in England, with abuse and neglect referrals accounting for 60% of the number of children taken into care. In additio, 51% of chgildren 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 absued' 2017).

There is extensive evidence that experience of childhood maltreatment can contribute to the devellopemnt 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 depressionwhcih 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 medial model and should explore the full potential of family, schools and the wider communiyt 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 have jointly commissioned 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 transformatio 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.

School-led emotional health and wellbeing services are at the forefront of our transformation and we are implementing the THRIVE principles (Appendix 4) in a number of Barnsley Primary schools.

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 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.

BAME (Black Asian and Minority Ethnic)

Barnsley's BAME population is 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 is self-reported health between and within BAME groups can be explained by differences in socio-economic status (Parliamentary Offcie 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 Helath care and Criminal Justice systems. However, BAME people are under-rerpesented 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 abd 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 testig 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 Acottish 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 Staus 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 breathign problems (including asthma and bronchitis) and chest pain. They are also more likely to suffere 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 whislt 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 imprisonmnet, torture or rape prior to migration and wil bear the physical and psychological consquences of this;
- Manu 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 leavig 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 additioanl 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 signficant hearing loss are often very isolated, with social communication becomign 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.

5. YOUNG PEOPLE'S VOICES

Hearing and listening to the voices of Barnsley's children and young people is vital if we are to transform services in such a way that they reflect their views and needs and are delivered in concordance with the wishes of the children and young people themselves.

To ensure that Barnsley's children and young people influence the transformation of services and support provided to improve their emotional health and wellbeing, Barnsley CCG and their partners have commissioned a local charity organisation, Chilypep (Children and Young People's Empowerment Project), to facilitate this.

Chilypep have brought together a group of young people from Barnsley to undergo training to become 'young commissioners'. This group of young commissioners has called themselves OASIS (Opening up Awareness and support and Influencing Services) and together with Peer Mentors from Barnsley College, is representing the voice of the young people in Barnsley.

OASIS have written and Produced a Manifesto and film https://vimeo.com/237424063/405221b745 based on the consultations they have undertaken to date. The Manifesto (Appendix 2) outlines 8 key recommendations which will help to inform the upcoming refresh of the Barnsley All-age Mental Health and Wellbeing Commissioning Strategy. OASIS has also made recommendations towards the Barnsley Suicide Prevention Action Plan in relation to young people.

In addition OASIS have designed a campaign '#Notjustme' to raise the voice and awareness of youth mental health.

World Mental Health Day 10th October 2017

We held creative consultation around mental health

OASIS have designed and created a Youth Mental Health First Aid Kit (Appendix 3) which is being distributed to all Barnsley's schools and colleges. One part of the kit is a book created and designed by OASIS containing self-help coping mechanisms and guides. Organisations in neighbouring towns and cities have shown keen interest in receiving the kits.

Young women from OASIS have provided input into Plan UK consultation around street harassment and the whole group have worked with a team of around 10 translational Research Scientists students from CATCH (Centre for Assistive Technology and Connected Healthcare) in relation to the development of an artificial intelligence system that can deliver psychological support – as a voice, text or using a virtual human on screen.

A Peer Mentor group, facilitated by Chilypep, has been established within Barnsley College, with Peer Mentors being based and accessible at all of Barnsley College's principal sites.

The work of the Peer Mentors within Barnsley College has three main strands:

- Establishing a presence in all of the College sites;
- Emotional wellbeing interventions:
    a) Peer Mentor Programme recruiting and training young people as peer mentors so they can support other students;
    b) Delivering workshops and tutorials around mental health;
- Training college staff to increase their confidence working with students experiencing mental health difficulties.

To gather the views of students the Peer Mentors have run stalls and consultations at college events throughout the year, including Future Fest, Welcome Event, Men's Health week, Party Hard Week and Spring into Wellbeing.

The Peer Mentors had a stall at A Level and GCSE Results day, where they supported students and gave sweets, hugs and positive messages. The Peer Mentors designed a Penguin Mascot to promote their service, CHIL (Changing, Helping and Influencing Lives) – the Penguin was named Pedro.

Peer Mentors had a stall at A-Level & GCSE Results day where they supported students and gave out sweets, hugs and positive messages!!
We even managed to get Pedro on the radio!

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 refused 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 undergone substantial change in Barnsley over the past 18 months, transitioning back to BMBC (Barnsley Metropolitan Borough Council) in October 2016, recruiting Specialist Community Public Health Nurses and Public Health Practitioners and pursuing a collaborative development of Healthy Child Programme Pathways, including Emotional Health and Wellbeing.

The Health Child programme has several threads:

Community - Using a whole school approach and encouraging health promoting schools:

- Ensuring early identification of risk factors e.g. demographics of school population;
- Acting upon health concerns such as advice and guidance to address health and wellbeing concerns;
- Providing drop-in services in schools with a multi-agency approach;
- Providing public health nurse support/information for parents whose children are starting in primary education;
- Ensuring school nurses are working in partnership with teachers to deliver workshops/activities regarding emotional health and wellbeing – such as self-awareness, emotional intelligence, mindfulness, resilience;
- Signposting for parents and carers to local services/support groups/interest groups and updates.

Universal Services:

- Ensuring assessment of health and wellbeing need and early identification of risk factors;
- Ensuring early identification of emotional health and wellbeing needs;
- Providing health checks to indicate developmental concerns and delays;
- Ensuring support for health promotion and change management around issues such as emotional health, obesity, smoking, drugs and relationship issues, sexual health.

Universal plus:

- Ensuring Identification of risk factors and recognition of early warning signs;
- Providing support to child and family where behavioural difficulties are present;
- Using evidence based interventions or specific package of care for identified health need;

- Providing planned structured support that strengthens the family relationship;
- Using CAMHS support to inform and assist judgment and to work across the partnership;

- Ensuring early intervention with partner agencies and working with voluntary agencies;
- Using research based approach to continual assessments, intervention;
- Providing referral, to support services e.g. CAMHS/Adult Support services;
- Providing primary school drop-ins to support parents & secondary school drop-ins for children and young people.

Universal Partnership Plus:

- Using evidence based targeted programmes promoting the health in the school and community settings;
- Providing continued intervention and support to prevent deterioration in a chaotic family and/or child with additional needs e.g. behavioural issues; young people repeatedly in touch with police; young people in the youth justice system; support for pregnant teenagers; sexual exploitation/grooming; self-harming; young person or parental alcohol/drug misuse;
- Working in partnership, informing other professionals about health needs of child and family;
- Using local multi-agency tools for assessments;
- Identifying and considering strengths v risk when working with families.

The Public Health Nursing Service is a key partner within the Future in Mind Stakeholder Engagement Group and is already working with partners to agree a clear role definition along the Emotional Health and Wellbeing pathway to ensure that the right support is provided at the right time. These discussions have identified that it would be useful for as many as possible of the 120 personnel employed to deliver the 0 – 19 services to receive Youth Mental Health First Aid Training. Chilypep have been approached to develop a proposal to deliver this training to front-line staff as this would complement the training they already deliver into the Barnsley Secondary Schools.

The service is actively engaging and promoting transition points across the life course for children and young people with the intention of providing a joint and holistic approach to support the child and family.

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 part of Barnsley's Future in Mind allocation and led by Public Health, to improve the social and emotional mental health and resilience in the children in Barnsley.

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.

Appendix 5 shows and example of the kind of work taking place in 1:1 Thrive sessions with children.

The table below shows the number of schools and staff signed up to complete the THRIVE Licensed Practitioner Training.

Total number of Schools & Staff Signed up to/completed Thrive *Licensed Practitioner Training* by June 2017		
	Number of schools	**Number of people**
Number completed training:	**16**	**46**
Number signed up / currently on training:	**27**	**47**
Total	**43 (28 unique schools)**	**93**
Total number of Schools & Staff taking part in the Thrive *Train the Trainer Course* by June 2017		
	Number of schools	**Number of people training as Thrive Train the Trainers**
Total	**3**	**4**

Visits have been made to all 8 schools that completed their Licensed Practitioner training in the first cohort. This enabled both qualitative and quantitative data to be collected. These schools have been asked to complete stage 2 evaluation data. 6 of the 7 new schools taking part in phase 2 training have also had visits in order to introduce them to the evaluation database.

An evaluation report evidencing the impact of adopting the THRIVE approach in schools will be available in January 2018 although we have many case studies which outline the remarkable, positive changes in the young people within the schools that are implementing the THRIVE principles.

To gather and collate the evidence required for evaluation this project is being supported by CORC (Children's Outcomes Research Consortium). The collection and collation of the data is proving quite labour intensive for the teaching staff so going forward we will consider alternative ways of evidencing the continued impact of implementing this programme on the lives of the children and young people of Barnsley. This investment represents 40% (i.e. there are 31 schools implementing Thrive and we have 77 primary schools in Barnsley) and the evaluation will inform next steps to ensure equity of offer.

MindSpace (Secondary Schools)

A significant proportion of the Future in Mind funding in Barnsley has been invested into developing a schools-led service offering early intervention and prevention support for the emotional health and wellbeing of secondary school pupils. The name of this service was originally '4:Thought', however, the service was re-launched as MindSpace in October 2017 following consultation with the young people, including the OASIS group, who felt that they could not relate to the original name.

At the re-launch event in October 2017,

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

MindSpace, currently based at Greenacre Special School consists of the following team members:

- 3 Primary Mental Health Practitioners – based across 10 mainstream secondary schools in Barnsley offering 8 to 12 sessions, referred by school or as a self-referral. Barnsley is one of the first places in England to have a Primary Mental Health Practitioner in all of its secondary schools;
- 1 Parent counsellor – counselling services for parents / carers of young people attending one of the 10 mainstream secondary schools offering 12 sessions with a further 6 if required;
- 1 Parent practitioner – supporting parents with a range of strategies - parents can be accessing counselling sessions at the same time as working with the Family Practitioner. Offers 6 to 12 sessions providing self-help strategies and parenting support, supporting families at school meetings, directing to other appropriate services. The Parent practitioner, in conjunction with one of MindSpace's Primary Mental Health Practitioner are delivering a bespoke training course for parents with children and young people who have ASD (Autistic Spectrum Disorder);
- 1 Emotional Health Support worker – works in all 10 secondary mainstream schools, offers group work, 6 sessions and some 1:1 Sessions, with a focus on transition, bereavement and loss, anxiety, self-harm, exam anxiety, low mood, impact of social media and many other topics which are agreed with the school.

The MindSpace team are offering all 10 Barnsley Secondary schools the opportunity to train Year 10 pupils to become Mental Health Ambassadors. The Emotional Health Support worker together with Chilypep will train the pupils. The Ambassadors will raise awareness of MindSpace, help to reduce stigma and promote positive mental health across all the schools. The first pupils to be trained are to be from The Dearne ALC and their training will commence in January 2018. The pupils will receive the lite Youth Mental Health First Aid training.

Training for pupils from the other 9 Secondary schools in Barnsley will commence from February 2018.

Since this schools-led support service became fully operational in November 2016 over 200 young people and 60 parents have accessed the service. We anticipate that at least a further 200 young people, if not slighter more, will access the service over the next 12 months.

Aligned with MindSpace, Chilypep have been commissioned and have delivered, Youth Mental Health First Aid Training to all of the teaching staff in Barnsley's mainstream secondary schools and in the coming year will provide this training to all of the non-teaching staff of the mainstream secondary schools. The training delivered covers mental health awareness, self-harm, anxiety and depression, alcohol and substance misuse, eating disorders and self-help strategies. Elements of this training are delivered in partnership with other local organisations, such as SYEDA (South Yorkshire Eating Disorder Association).

The consultation with the young people in relation to the name of the service also highlighted the young peoples' desire to be able to access a young person friendly website which would contain an abundance of relevant information as well as self- help strategies and signposting to appropriate services should further help be needed. The young people provided a number of specific requirements such as colourful, easy to navigate etc. The website has been taking shape.

Culminating in its launch in early November 2017. www.wearemindspace.com

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 '4:Thought', they have become and 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 are also one of the partners involved in the development of 'MindSpace' and provide some elements of this service.

NHS 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 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 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 the level of future funding is reducing.

It is vital that this training continues and that it is incorporated into the workforce plan. In recognition of this, an element of the Future in Mind resource will be allocated recurrently for this purpose.

The Specialist CAMHS service has moved to a pathway model and has utilised the CYP-IAPT opportunities to access training to enable a more enhanced offer to children and young people.

Existing staff have been allocated to pathways based on knowledge, skills and experience which has enabled targeted recruitment to identified 'gaps'.

Further skill mixing is underway 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 the training and development required and to consider how we can develop a wider offer for evidence -based individual and group based interventions.

The service is actively recruiting to a new Family Therapy post which has been created from a recent vacancy. The service is looking to train a nurse prescriber as this is an identified need. The General Manager of CAMHS and Family Centre manager from the Local Authority, Early Years, have worked together on an application for 3 fully funded parenting trainee places on the national CYP-IAPT Post Graduate Parenting programme. This application has been successful. Staff will be interviewed during November 2017 for suitability and CAMHS and Family Centres will work together on access to parenting programmes and will further develop the local offer. The Specialist CAMHS Parenting Specialist will attend the CYP-IAPT Supervisor programme and supervise the 3 trainees.

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 recruitment of new staff and 3 members of the SPA are attending the CYP-IAPT Enhanced Evidenced Based Practice programme (EEBP) which will further embed and sustain early evidenced based interventions. In addition the service has been successful in recruiting 2 CYP well-being practitioner trainees who 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'(The Children and Young People's Empowerment Project) as well as having participation leads and a CAMHS participation group. CAMHS has recently launched an anti-stigma video which features our young people and is shortlisted in the Trust excellence awards and is being shared at the CYP-IAPT regional participation conference on 20th October 2017. 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.

The local goals for the partnership are:

Development goal for participation:

The partnership will discuss how the representation can be improved to collectively progress and share the good work that is happening across the partnership and support further development via the FiM Stakeholder Engagement group and our local young commissioners.

Development goal for embedding use of Feedback and Outcomes tools in clinical practice:

For the partnership to promote & discuss opportunities for shared learning and support to increase the use of regular outcome data including within supervision

Development goal for improving accessibility:

Ongoing liaison with services via the FIM stakeholder meetings to enable shared ideas related to improving access across all services.

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 us 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 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 offered 6-12 moths 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 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 and CAMHS will be involved in consultation and internal ratification which is anticipated to be by January 2018.

The CCG monitor the EI pathway via KPI reporting.

Community Eating Disorder

A 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.

All spoke teams have successfully recruited to posts and all have a clinical pathway lead / nurse. Staff across the service attended the NHS England all team Eating Disorder training commenced in May 2017.

The service has been successful in submitting data via Unify for all Quarters in 2016/17 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 6 – CAMHS Eating Disorder KPI Report)

The Barnsley service has undertaken a 3 month pilot scheme named by children and young people as the Body Image and Feelings (BIF) group. This is 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. The aim is to roll out the offer across further 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 are attending the GP BEST event on 16 November 2017 to further promote the protocol.

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 is planned for November 2017. The service has undertaken an evaluation of service user experience via the distribution and collation of Experience of Service Questionnaires (ESQ). A report into the findings is being prepared and an action plan will be developed in response to the findings.

Waiting Times

The waiting times to treatment remain longer than is acceptable for children and families (Appendix 7 – CAMHS Performance Report) but the service continues to explore and implement solutions. The service has developed and introduced a process for the review and management of risk for children and young people whilst waiting.

Although the performance report shows an overall 'average wait time' the average waiting time will differ dependent upon which of the 5 CAMHS pathways is deemed most appropriate for the child. The longest waits are experienced by those children on the Learning Disabilities and complex behaviour pathways due to the lack of capacity of the therapists who deliver that pathway and the intensive needs of the client group.

The Barnsley CAMHS service provider, SWYPFT (South West Yorkshire Partnership NHS Foundation Trust) has invested additional finance to maintain improvements made as a result of the £119,000 non-recurrent NHS England investment in 2016/17 and has extended contracts for 4.2 WTE (whole time equivalent) temporary staff until March 2018. This will support sustainability of interventions for children and young people as existing staff will have dedicated time to develop the new initiatives. The service continues to offer families assessment appointments within 3 weeks of referral.

The service is actively recruiting to permanent vacancies which are proving difficult to fill. Some posts have already been out to advert on more than one occasion but candidates have been unsuitable to appoint either because they do not have the most appropriate qualifications or due to inexperience.

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 is currently reviewing how the Younger Peoples Outreach Service could extend 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.

The YOT posts are now recruited to. These are hosted by SWYT CAMHS but located 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 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 8).

The review of the pathway has been in response to the Local Authority Social Worker post for CiC (Children in Care) CAMHS coming to an end on 31 March 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 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 Mental Health Crisis Concordat Action plan will be refreshed in 2018 and OASIS (Barnsley's Young Commissioners) will be involved in this refresh.

The Early Intervention Crisis pathway (as outlined earlier in this section) is fully embedded but we are aware that the 24 hour Psychiatric Liaison Mental Health service based at Barnsley hospital currently excludes under 18's. If children and young people present at Barnsley Hospital A&E in mental health crisis they are currently seen by Barnsley CAMHS, but plans are being considered to develop an appropriate NICE recommended psychiatric liaison model that will incorporate 16 and 17 year olds.

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 covers Barnsley, Calderdale, Wakefield and Kirklees. From a children and young persons aspect the key focus of the TCP is around developing a 'dynamic at-risk register'.

This register is simply a list of those children and young people who potentially may require admission to a Tier 4 bed (specialist placement) or 52 week residential placement with the aim of looking at how their current support could be enhanced to prevent this from happening.

In addition to the development of this register our TCP is also developing a local Care, Education and Treatment Review (CETR) policy to ensure all of the children and young people in the area receive the same high standard of service.

CETRs are focused on those children and young people who either have been, or may be about to be admitted to a specialist mental health / learning disability hospital either in the NHS or in the independent sector.

CETRs bring together those responsible for commissioning and providing services (this will include nurses, social workers, education, 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.

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.(Appendix 9 – Schools competency Frameworks)

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 are piloting 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.

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 10) 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 will be able to offer a range of different interventions depending on need and current involvement with our services. It will work 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

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 10 priorities of the Mental Health Workstream of the South Yorkshire and Bassetlaw Accountable Care System and will feature as a priority within the upcoming refresh of Barnsley's All-age Mental Health and Wellbeing Commissioning Strategy.

7. COLLABORATIVE WORKING WITH NHS ENGLAND

Mental Health Specialised Commissioning Team

National Specialised Commissioning Oversight Group (SCOG) decided in March 2016, that a single national procurement would not be in the best interest of patients and the approach taken would need to strengthen the requirement for regional planning and delivery. It would need to align with, and support the move to population based commissioning and the outputs of this work would need to be embedded in local systems. To reflect this, NHS England revised its approach to one of local ownership and delivery under the umbrella of national co-ordination and oversight and is now referred to as the Mental Health Service Review (MHSR) programme.

A key factor and driver in the service review has been a lack of capacity in some areas that has led to out of area placements. The proposed changes in bed numbers aim to address this and ensure that for the majority of services, the right numbers of beds are available to meet local demand in each area. It is predicated on the principle that there is regard to patient flows so each local area should "consume its own smoke". As these services are specialist in nature, there is national oversight of this process but with a strong emphasis on local engagement and ownership.

The implementation of local plans will see the re-distribution of beds across the country so patients will be able to access services closer to home rather than having to travel to access appropriate services, except for a few particularly specialist services that it is uneconomic to provide in each area. NHS England is collaborating with local commissioners on the CAMHS Tier 4 bed changes in Yorkshire and the Humber to ensure the interdependencies between localities are managed effectively.

Health and Justice

The Health and Justice Children and Young People's Mental Health Transformation Workstream aims to promote a greater level of collaboration between the various commissioners of services for children and young people who are;

- In the Youth Justice System (or at risk of entering it);
- Presenting at Sexual Assault Referral Centres;
- Welfare children and young people who are being looked after.
- Being seen by Liaison and Diversion services.

Many of these children and young people are already known to service providers and it is important that mental health services for this cohort are not seen as being in a separate silo from other services. Rather, they should be viewed as part of an integrated, continuous pathway in which children and young people are able to receive the care they need on an uninterrupted basis.

Children who are, or who have been, in care are over-represented among the offender population. Research shows that 42% of children on custodial sentences had been 'held in care', while 17% were on the child protection register.

The case for priority access to CAMHS is particularly strong for those identified with early behaviour problems and ADHD (both of which are known to have strong associations with offending behaviour, substance misuse and later mental health problems), those who have suffered previous maltreatment, young females (who have high levels of mental health and other needs), young people from BME communities (who remain over-represented in custody settings), and those with mild to moderate learning disabilities and communications difficulties, who currently fail to access community services.

NICE guidance (2013) supports clearer evidence of what works to support children's and community outcomes – working with families and systems around the young person.

Effective parenting work is undertaken by both the Youth Offending Team Service and the Multi-Systemic Therapy service. Complementing these services is the parenting work undertaken through CAMHS, voluntary partners and Early Years services. We are continuing to focus on enhancing parenting initiatives within the Borough as this will result in wide ranging benefits for the child, the family and the community as a whole.

Children referred to Forensic CAMHS (FCAMHs) may be involved with the youth justice system or be at high risk of being so in the future. They are likely to present with behavioural problems like violence and aggression towards others, harming themselves, fire setting or engaging in sexually inappropriate behaviour. FCAMH services work collaboratively with other agencies working in the youth justice system, there should be a dual emphasis on promoting and enabling individual recovery and independence, while also ensuring the protection of the public.

Challenges in service delivery include:-

- The time of highest risk for children is during the transition between different parts of the pathway – it is essential this transition is managed safely and effectively. This is particularly the case for the transition from secure accommodation to increased independence and responsibility in the community. There is a need for children on release from the secure estate to be referred to a community forensic CAMHs if they have been assessed within the estate as needing a service, but the sentence has been too short to start or complete an intervention;
- The principle of 'equivalence of care' established that people (including children) in prison should have the same standard of care that is available to the wider (non-imprisoned) population. The 3 secure establishments for children in Yorkshire and Humber, namely HMYOI Wetherby, Aldine House and Adel Beck Secure Children's Homes all have access to FCAMHS but there is often no community service to provide treatment or follow-up available.

Liaison and Diversion (L&D) services operate by referring offenders who are identified with having mental health, learning disabilities, substance misuse or other vulnerabilities to an appropriate treatment or support service. At the point of arrest, there is an opportunity to identify these needs early on, to link to young people and their families with the support they need and to reduce the chance of people going in and out of the youth justice system.

Most adults with poor mental health first present with symptoms during their teenage years so early intervention is critical to promote children's life chances and reduce multi-sector costs. An independent evaluation found that young people involved in L&D services took longer to reoffend and showed significant improvements in managing depression and reducing self-harming.

The Health and Justice commissioners will work collaboratively with their commissioning counterparts in the CCGs and Local Authorities to co-commission services, where appropriate, to improve mental health outcomes for this group.

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 11: 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 Rachel Dickinson, 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 12: Governance flowchart)

9. SUMMARY - NEXT STEPS

Service transformation to support the emotional health and wellbeing of the children and young people in Barnsley is developing 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. But there is still much to be done.

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.

We will consider the potential of providing an appropriate 'MindSpace' support service into Barnsley's Primary Schools and look at 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 alternatives, such as developing school counselling services are being considered.

There will be a key focus in the next year on enhancing support to children and young people during the time that they transition from Primary School to Secondary School as this was identified as an area in which we need to do better by partners at the October 2017 Future In Mind Stakeholder Engagement Group meeting.

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. Consideration is therefore being given to the possibility of developing a school eating disorder counselling service aimed at the children and young people themselves to both provide the support needed and to prevent escalation of the eating disorder to such a level that specialist treatment is required.

There has been much discussion among partners in relation to the continued funding (Appendix 13) and the workforce required to deliver this transformation in its entirety. During 2018 we will further develop our 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.

Youth Mental Health First Aid training

mhfa mental health first aid england

2-day YMFHA course - Delivered to Darton College - **16 participants**
2-day YMFHA course - Delivered to The Dearne ALC - **8 Participants**
Youth Lite - Delivered twice to Horizon College - **31 participants**

We have trained 55 participants in total across 2 day YMHFA and YOUTH MHFA LITE courses!

Bespoke Youth Mental Health Training

We have trained **48 participants** around **Anxiety Awareness** **from The Dearne ALC**

"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

We have reached a total of 103 participants across 3 schools in the last 6 months

Additional to delivering training to teachers and those working in schools we have delivered bespoke mental health awareness training to **9 young people** at ITS (Independent Training Services, Barnsley)

OASIS

What have we been working on in the last 6 months since the last stakeholder event?

- Designed Campaign - #NotJustMe and recruited new members to the group
- Written & Produced a Manifesto and film based on consultation findings – 8 Key recommendations. We hope for the 8 key recommendations to inform the Mental Health strategy for Barnsley in relation to young people
- Created and designed a book for the Youth MHFA kit with self help coping mechanisms and guides
- Youth mental health event – World Mental Health Day 10th October .

"Thank you so much for inviting us today!! The kids had an amazing time! We had to dust the flour and glitter off them before we got back in the bus, all the young people that came to the event, can't wait to become mental health ambassadors" The Dearne ALC

- Young women from OASIS have input into Plan UK consultation around street harassment
- Worked with a team of around 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.

"On behalf of us and the medical students from the University of Sheffield, thankyou 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."

- Attended Mindspace launch
- Attended the CCG AGM and had a stall at the AGM
- Worked jointly with the BAMHF and attended some of their meetings
- Presented views and input to the Councils Suicide prevention sub group around the suicide prevention action plan
- Input to Barnsley Council Suicide prevention awareness social media campaign #AlrightPal
- Co delivered bespoke mental health training to schools with CHILYPEP, enabling them to have the voice of young people with lived experience included in the training
- Attended planning meetings with schools for the mental health training with CHILYPEP and planning meetings with other services and organisations
- Input into the design and content of the signposting information for the Mindspace website and input views around the new name and design of the website. Mindspace have consulted with OASIS throughout.
- Attended stalls at Barnsley college , the sixth form and the University campus

Appendix 2

Our Voice Matters, Innit

Manifesto

OASIS

OPENING UP AWARENESS & SUPPORT AND INFLUENCING SERVICES

#NotJustMe

RAISING THE VOICE AND AWARENESS OF YOUTH MENTAL HEALTH

CHILYPEP

CHILDREN AND YOUNG PEOPLE'S EMPOWERMENT PROJECT

Horizon Community College

NHS Barnsley Clinical Commissioning Group

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!

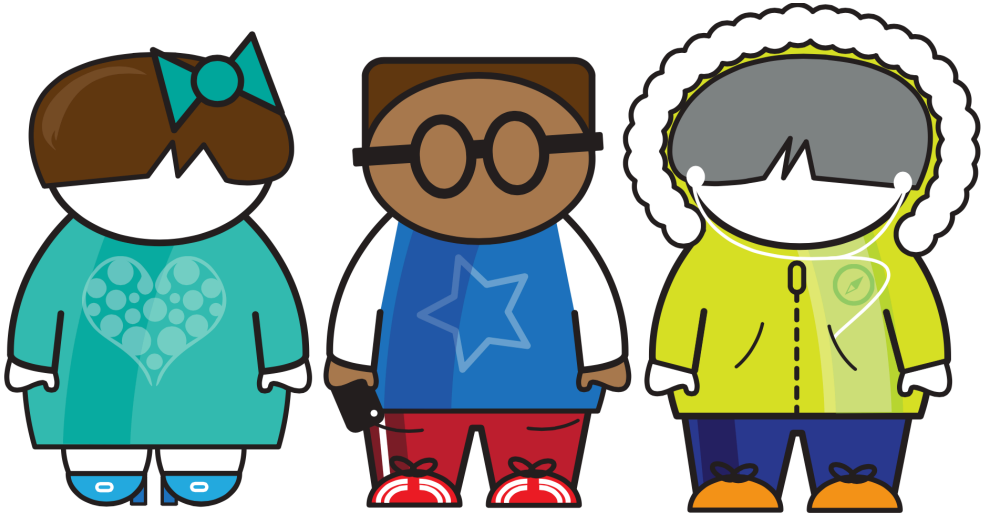
It is our Call to Action and Change, with 8 Key Recommendations, that we hope will inspire children, young people, families, communities, professionals and politicians to focus more attention on improving the emotional wellbeing and mental health of young people.

We want to see everyone in Barnsley work togetether 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.

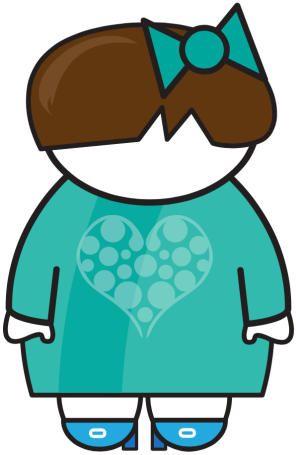
Peer support **unites us**. It gives young people a chance to come together and talk about our issues openly with each other. We make new friends at the group, have a right laugh and build our self-esteem and confidence at the same time.

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.

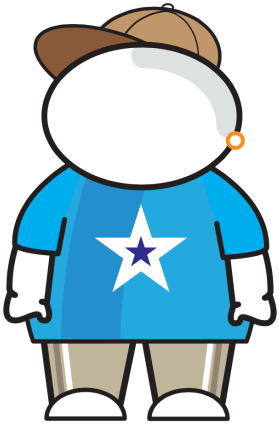
I had a lot of ongoing physical health checks before a doctor explained that what I was going through was in fact, anxiety.

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

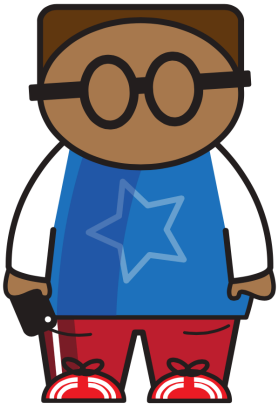
I live with my uncle now because my parents passed away after an accident a few years ago. I haven't really been coping well.

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-abouts 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

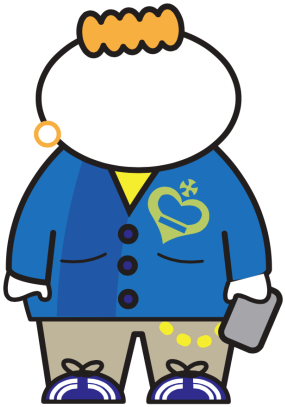
I feel like because I am non-binary, acceptance of my identity has created a lot of stigma amongst my family, and the village in which I live.

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 signposted 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 differenty?

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

‘Parity of esteem'
Valuing mental health equally with physical health!

“Mental health affects us all. It is estimated that 1 in 4 people will suffer from poor mental health at some point in their lives. We all know someone who has struggled with their mental health.

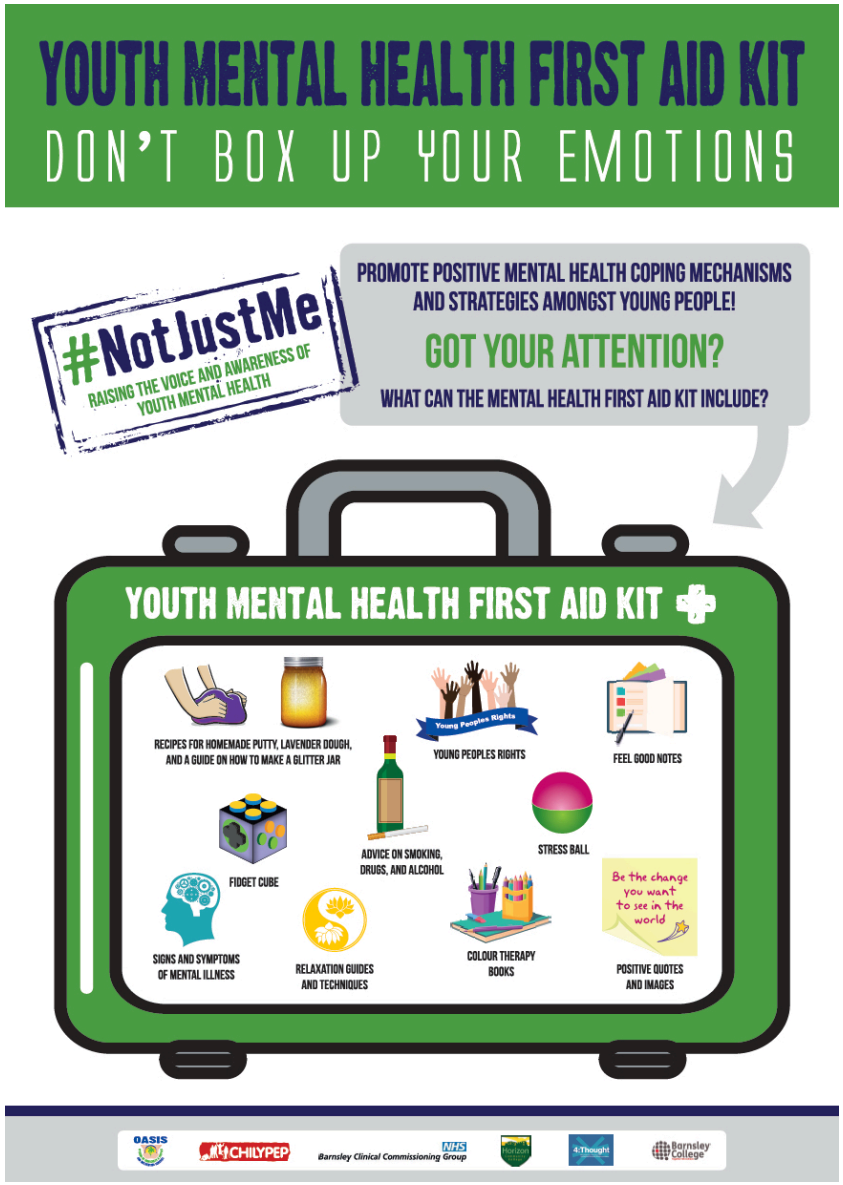
For far too long there has been a stigma attached to mental health. Too many people feel worried about coming forward and talking about it.

But whilst we still have a long way to go to achieve parity of esteem between physical and mental health, I am heartened by the progress we have made. Mental health is finally being seen as a top priority and that is because organisations like Chilypep and Hear My Voice have tirelessly advocated for it. I want to thank them for putting on this event today.

Here in Barnsley, we have been giving mental health the priority it deserves. The Barnsley Local Area Transformation Plan, working with Chilypep, has sought the views of young people about our local mental health services and what can be done to improve them.

Because of this work, a Mental Health First Aid kit will be distributed to all schools and colleges in South Yorkshire. This will make a real difference to young people struggling with mental health issues in our local area.

I would urge everyone here to keep talking to people about this and to keep campaigning for better mental health services.”
MP Dan Jarvis



We want to see a mental health first aid kit in every setting!

Promote self help coping mechanisms and strategies!

Appendix 4

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

Appendix 5

Child P

22/5/17

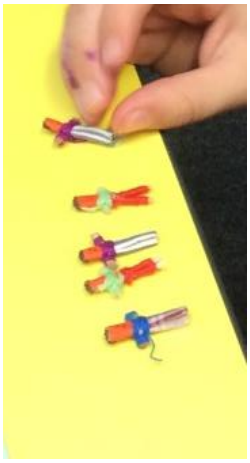
Scan the QR code to access 'the heart' blog to see P's Thrive experiences.

Today we watched a video clip about Mr Worry.

As we watched the cl[illegible]d reflect on the different feelings c[illegible]se situations to her own feelings and we talked about the sensations in our bodies when feeling like this. Miss Shirt talked about where she felt the sensations in her body also. We discussed things that P could do when feeling worried as well as exploring the new 'worry dolls' that Miss Shirt had got for P.

Miss Shirt shared that she likes to listen to music when feeling worried or anxious as it gives my mind something else to focus on. This is something P would like to try at home too.

WORRY DOLLS



Action Plan Focus: Teaching Suggestions, Curriculum Suggestions, General - Always tick this option

The child's key task is: Developing a positive sense of self and understanding and respecting self and others.

The needed developmental experience is: Developing an identity - Fantasy and Reality - Power With Responsibility

Chosen learning targets to work on:

- Can recognise and discuss cause and effect in different situations (Power With Responsibility)
- Can reflect on their behaviour and choose different ways to do things (Power With Responsibility)

South West Yorkshire Partnership NHS Foundation Trust

CAMHS Eating Disorder Key Performance Indicators

Barnsley

September - 2017

With **all of us** in mind.

Contents

Supporting Information

These packs have been compiled using referrals with a suspected eating disorder referral reason. Recording of this referral reason was implemented in April 2016.

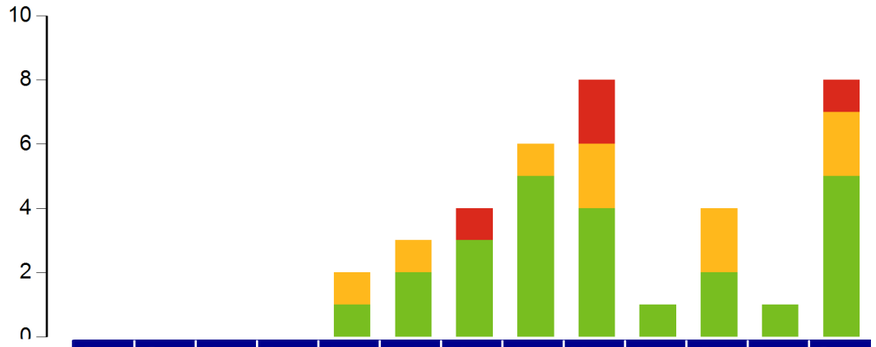
Any open referral prior to the 1st April 2016 is, therefore, not included in this data.

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*

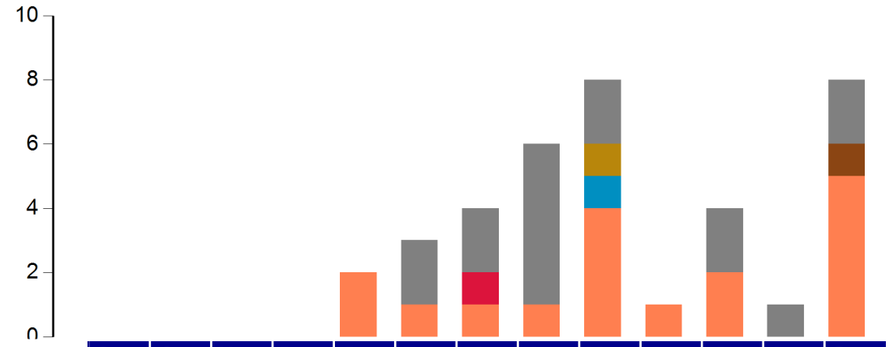
Referrals Received

Total Referrals Received



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Routine					1	2	3	5	4	1	2	1	5
Urgent/Serious					1	1		1	2		2		2
Emergency							1		2				1
Total	0	0	0	0	2	3	4	6	8	1	4	1	8

Referrals Received by Source



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
GP					2	1	1	1	4	1	2		5
Community based Paediatrics									1				
Hospital based Paediatrics									1				
Education Service							1						
NHS Hospital Staff - Other													1
Other						2	2	5	2		2	1	2
Total	0	0	0	0	2	3	4	6	8	1	4	1	8

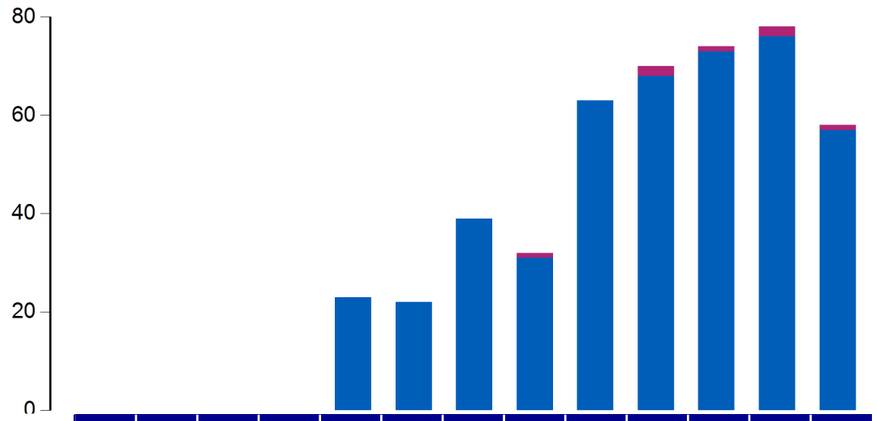
Description:

The total referrals received contain all referrals received for an assessment for CYP with a suspected Eating Disorder.

Comments:

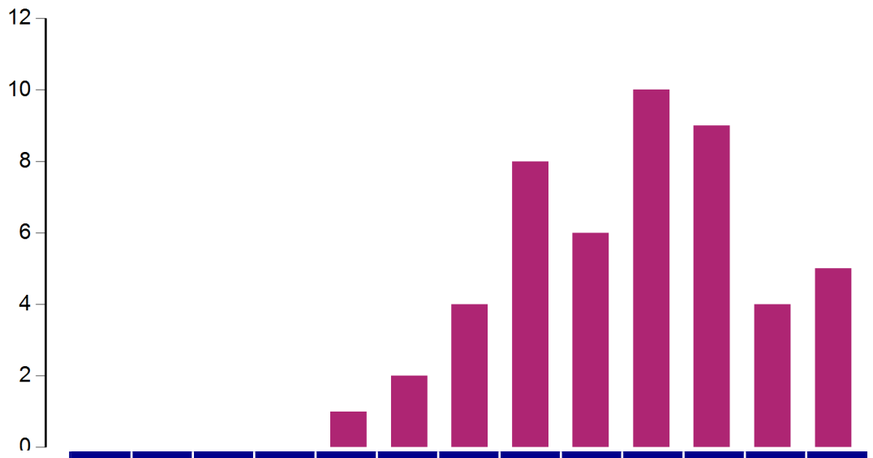
Contacts

Total Contacts



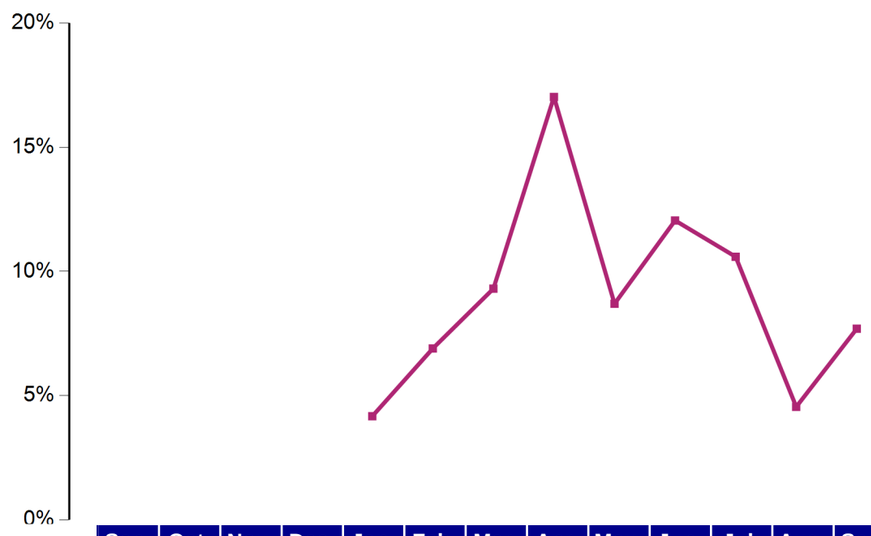
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Direct					23	22	39	31	63	68	73	76	57
Indirect								1		2	1	2	1
Total	0	0	0	0	23	22	39	32	63	70	74	78	58

DNA Contacts



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
DNA					1	2	4	8	6	10	9	4	5
Total					1	2	4	8	6	10	9	4	5

DNA Rate



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
DNA Rate					4%	7%	9%	17%	9%	12%	11%	5%	8%
Overall Percentage					4%	7%	9%	17%	9%	12%	11%	5%	8%

Contacts Cont.

Description:

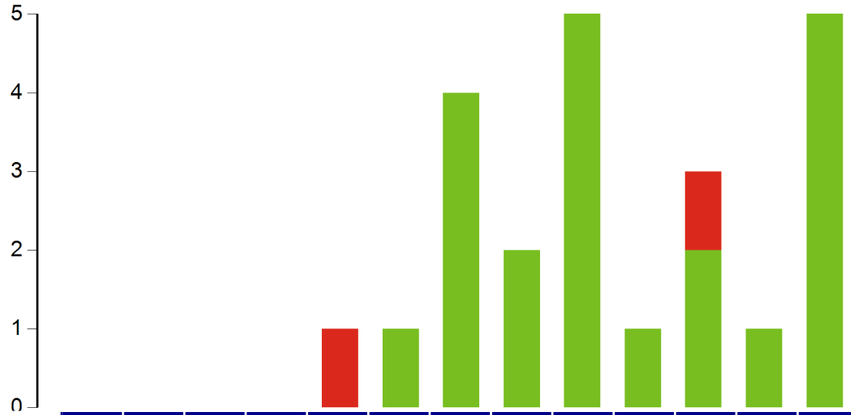
The total contacts is all attended contacts (excludes Did not attends and patient cancellations) with a referral reason as Eating Disorder; this currently does not include dietician's activity.

The DNA Contacts is client did not attend with a referral reason as Eating Disorder.

Comments:

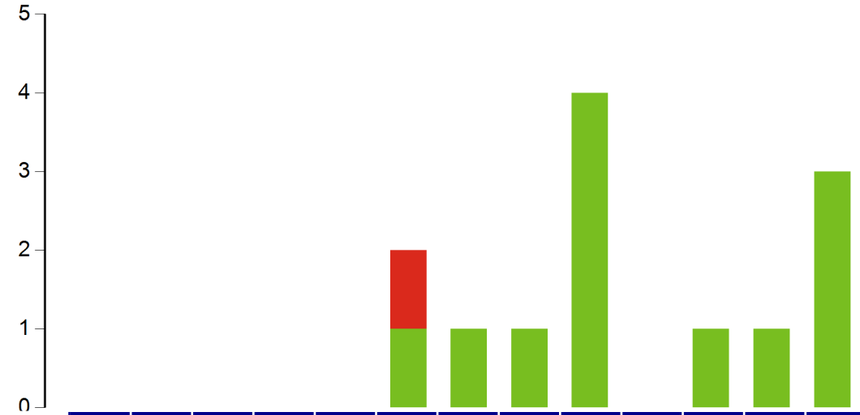
Access Targets

Routine Referrals Treatment Started in 4 Weeks of Referral



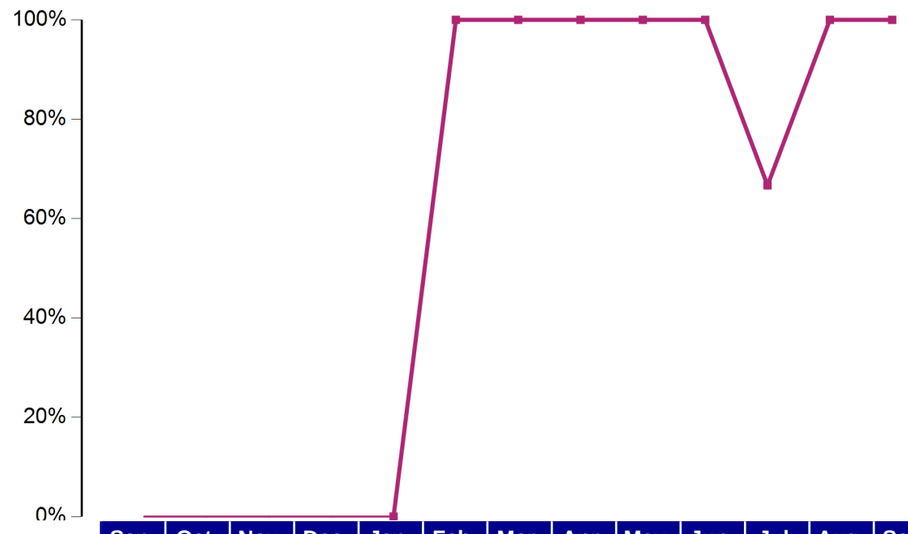
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Within 4 Weeks						1	4	2	7	1	2	1	5
> 4 Weeks					1						1		
Total	0	0	0	0	1	1	4	2	7	1	3	1	5

Urgent / Emergency Referrals Treatment Started in 1 Week of Referral



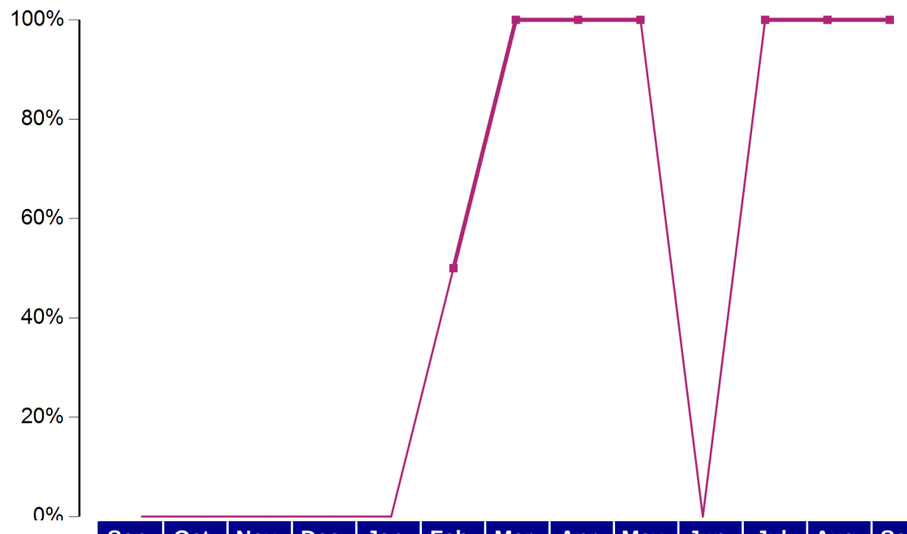
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Within 1 Week						1	1	1	4		1	1	3
> 1 Week						1							
Total	0	0	0	0	0	2	1	1	4	0	1	1	3

% of Routine Referrals Treatment Started in 4 Weeks of Referral



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Within 4 Weeks					0%	100%	100%	100%	100%	100%	67%	100%	100%
Overall Percentage					0%	100%	100%	100%	100%	100%	67%	100%	100%

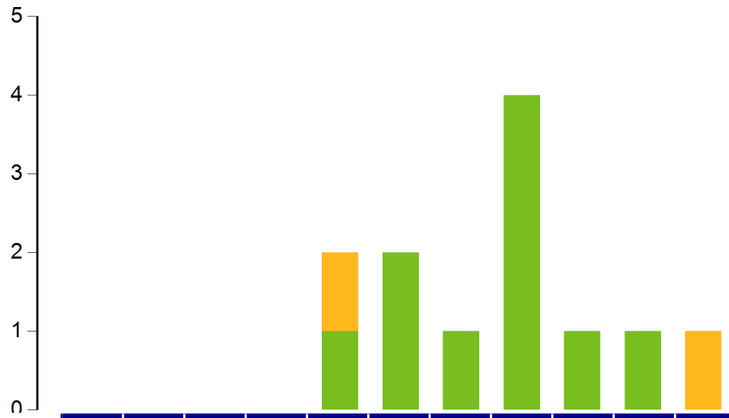
% of Urgent / Emergency Referrals Treatment Started in 1 Week of Referral



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Within 1 Week						50%	100%	100%	100%		100%	100%	100%
Overall Percentage						50%	100%	100%	100%		100%	100%	100%

Access Targets Cont.

Referrals Waiting for Treatment at Month End



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Routine					1	2	1	4	1	1			
Urgent					1						1		
Total					**2**	**2**	**1**	**4**	**1**	**1**	**1**		

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

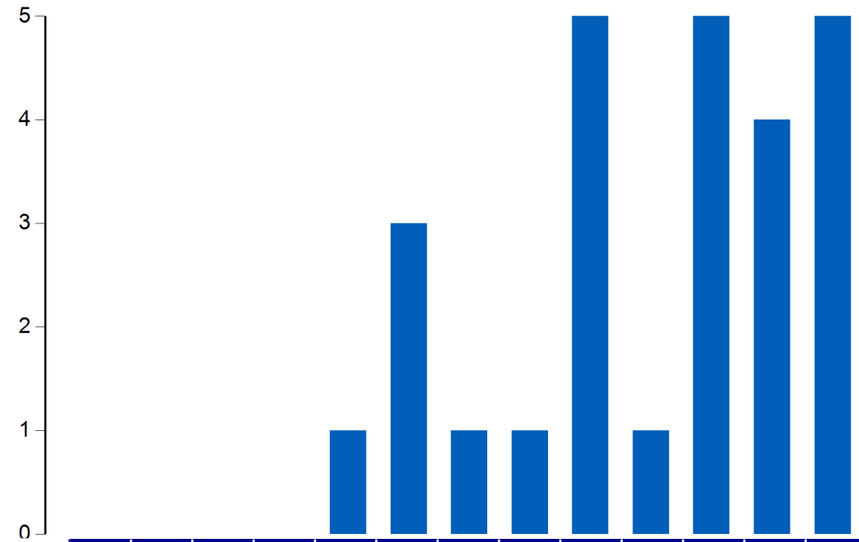
The urgent/emergency referrals treatment started in 1 week of referral includes all referrals clock stopped where NICE-approved treatment starts

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:

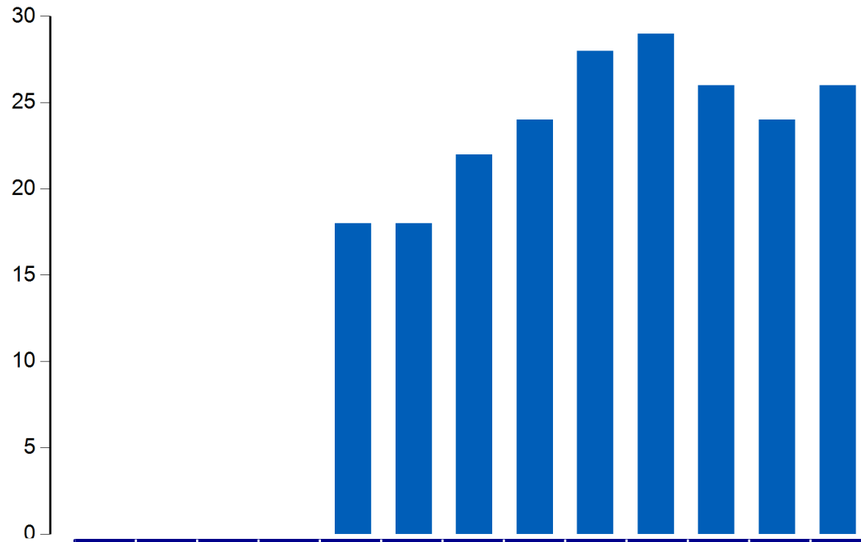
Other Information

Discharges



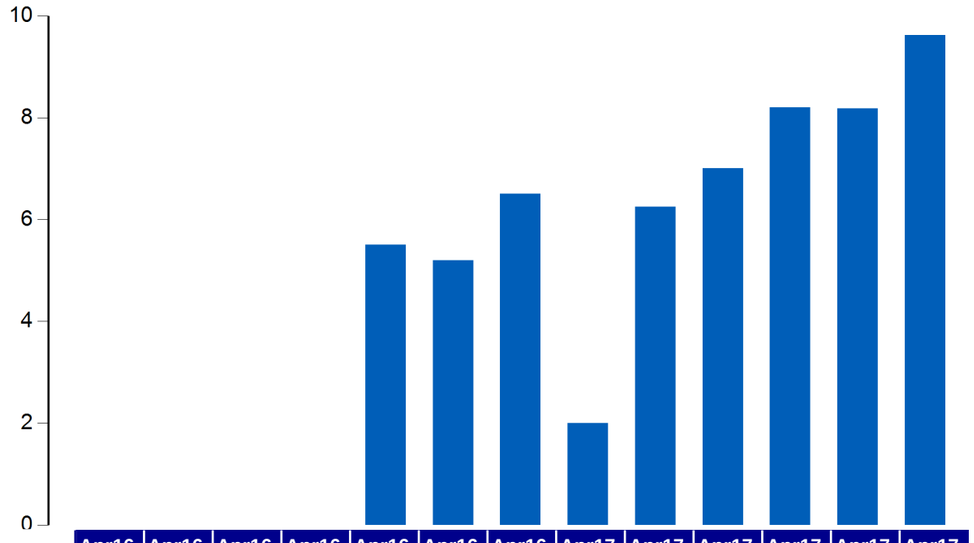
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Discharges					1	3	1	1	7	1	6	4	6

Caseload



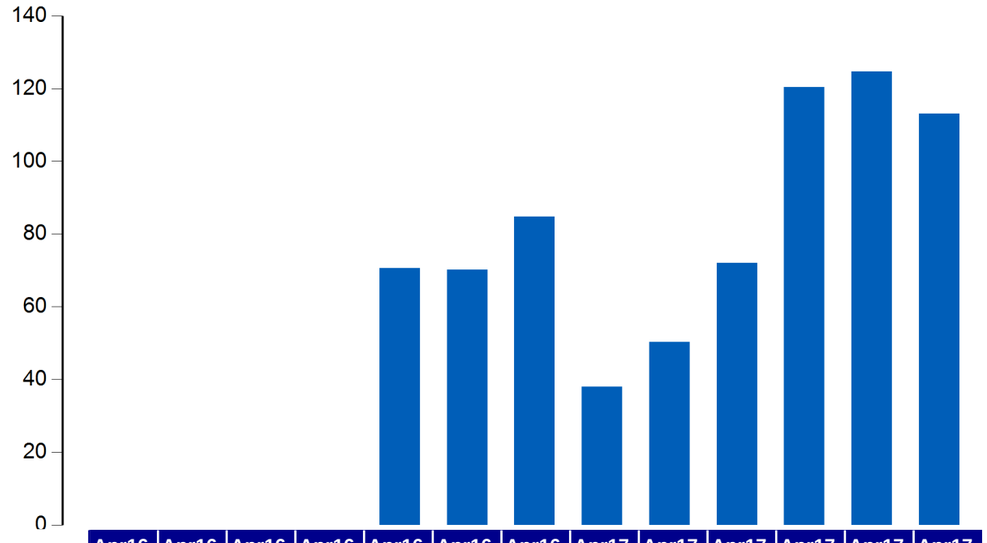
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Caseload					18	18	22	24	28	29	26	24	26

Average Contact per Referral - YTD



	Apr16 - Sep16	Apr16 - Oct16	Apr16 - Nov16	Apr16 - Dec16	Apr16 - Jan17	Apr16 - Feb17	Apr16 - Mar17	Apr17 - Apr17	Apr17 - May17	Apr17 - Jun17	Apr17 - Jul17	Apr17 - Aug17	Apr17 - Sep17
Avg Contact per Referral					6	5	7	2	6	7	8	8	10

Average Episode Length (Days) - YTD



	Apr16 - Sep16	Apr16 - Oct16	Apr16 - Nov16	Apr16 - Dec16	Apr16 - Jan17	Apr16 - Feb17	Apr16 - Mar17	Apr17 - Apr17	Apr17 - May17	Apr17 - Jun17	Apr17 - Jul17	Apr17 - Aug17	Apr17 - Sep17
Avg Episode (Days)					71	70	85	38	50	72	120	125	113

Other Information Cont.

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:

Appendix 7 CAMHS Performance

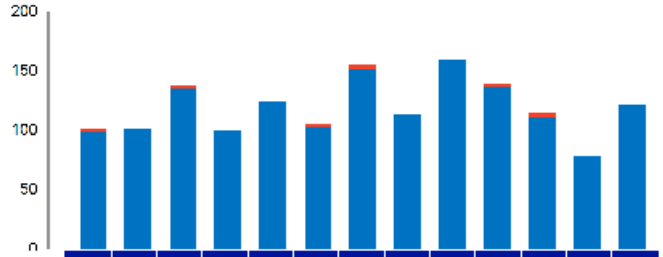
Demand for CAMHS services has remained significantly high over the last 6 years. The table below shows the number of referrals received to date by the NHS Barnsley CAMHS since 2012.

Year	Number of referrals
2012/13	1,424
2013/14	1,630
2014/15	1,544
2015/16	1,567
2016/17	1,450
April 2017 – Sep 2017	

The table below is an extract from the latest Barnsley CAMHS Performance Report detailing the number of inappropriate referrals, by month and source:

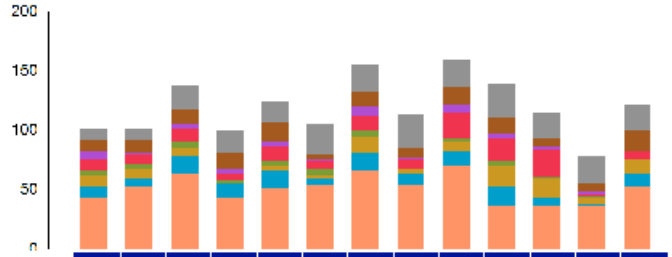
Referrals Received

Total Referrals Received



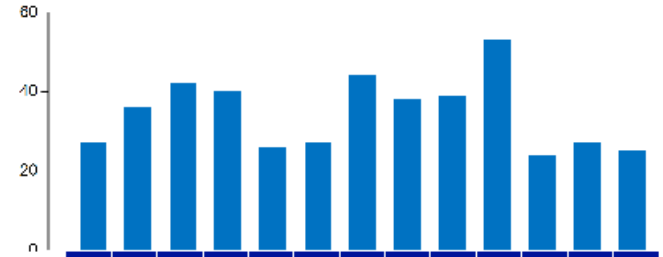
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Barnsley CAMHS	99	102	135	100	125	103	151	114	160	136	111	79	121
Other SWYPFT CAMHS	2		3			2	4			3	4		1
Total	101	102	138	100	125	105	155	114	160	139	115	79	122

Referrals Received by Source



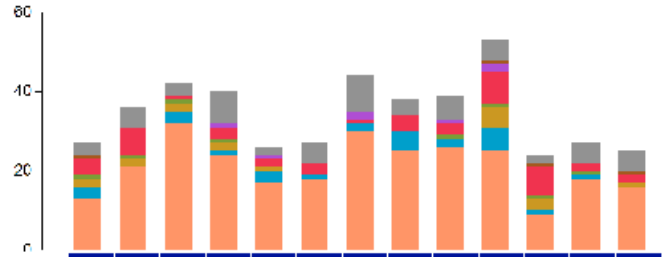
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
GP	43	53	64	43	51	54	66	54	70	36	37	36	53
Community based Paediatrics	10	6	15	12	15	5	15	9	13	17	6	2	10
Hospital based Paediatrics	9	9	6	1	5	3	14	4	7	17	16	5	12
School Nurse	4	4	6	2	3	5	5		3	4	2	2	
Education Service	10	8	11	6	12	7	12	8	22	19	23	1	8
Social Services	6	1	4	3	5	1	8	2	6	4	2	3	
NHS Hospital Staff - Other	10	11	12	14	16	5	12	8	16	14	8	7	17
Other	9	10	20	19	18	25	23	29	23	28	21	23	22
Total	101	102	138	100	125	105	155	114	160	139	115	79	122

Inappropriate Referrals



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Barnsley CAMHS	27	36	42	40	26	27	44	38	39	53	24	27	25
Total	27	36	42	40	26	27	44	38	39	53	24	27	25

Inappropriate Referrals by Source



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
GP	13	21	32	24	17	18	30	25	26	25	9	18	16
Community based Paediatrics	3		3	1	3	1	2	5	2	6	1	1	
Hospital based Paediatrics	2	2	2	2	1					5	3		1
School Nurse	1	1	1	1					1	1	1	1	
Education Service	4	7	1	3	2	3	1	4	3	8	7	2	2
Social Services				1	1		2		1	2			
NHS Hospital Staff - Other	1									1	1		1
Other	3	5	3	8	2	5	9	4	6	5	2	5	5
Total	27	36	42	40	26	27	44	38	39	53	24	27	25

The extract above shows that of the 421 inappropriate referrals received in a rolling 12 month period (Oct 2016 – Sep 2017), 62% of these were from GP's. The CAMHS service is keen to ensure that schools are aware (as are healthcare professionals other than GP's) that they may also directly refer children and young people to CAMHS. Often the schools are much more informed about the child or young person and therefore best placed to provide the necessary information for the mental health service to act upon. From October 2017 the Barnsley CAMHS service are accepting self-referrals.

Currently there are no nationally recommended waiting times and access standards for children and young people's mental health services (excluding Eating Disorder and Early Intervention Psychosis services). NHS England have been considering the possibility of mandating national waiting times and access standards for children and young peoples' mental health services but this has not come to fruition. It is anticipated that a national recommended standard would mirror the 18 week (126 days) referral to treatment standard which has long been embedded within the acute, physical healthcare sector.

Waiting times for treatment to commence within Barnsley CAMHS are acknowledged as being too long. NHS Benchmarking undertake an annual report of all national CAMHS service providers. In 2016 the NHS Benchmark report suggested that the national average waiting time for a child or young person accepted into the CAMHS service is approximately 27 weeks (189 days) to the start of treatment. The most recent local data suggests that the waiting times for each of the CAMHS pathways are as follows:

CAMHS Pathway	**Waiting time to start of treatment (in days)**
Eating Disorders	28 (Emergency within 24 hours; urgent within 7 days)
Looked After Children	14
Complex Behaviour	299
Mood and emotional	195
Solution Focused	208
Learning Disability	243

South West Yorkshire Partnership NHS Foundation Trust

BARNSLEY 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)
[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
[3] Promoting the quality of life of looked after children and young people (2010 NICE: 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 explore 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).

APPENDIX 1

BARNSLEY CAMHS CHILDREN IN CARE PATHWAY

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

Referral for Children & Young People in Care Received

Discussion and liaison prior to referral can be offered if required via the CiC pathway leads or CAMHS Single Point of Access (SPA) team
Tel: 01226 644829

Specialist CAMHS Single Point of Access
- Referral form identifies 'Child in Care'
- Screened for urgency (same day)
- Consultation Clinic appointment requested and / or routine face to face assessment within 2 weeks (unless emergency)

Routine

Emergency (24 hour response) or Urgent (1 week response)

CIC Admin / CiC pathway lead
- Arranges appointment for Consultation and sends invites
- Arranges 1-1 session with CiC pathway within 2 weeks if indicated

Emergency / Urgent Care Pathway
Duty Staff to offer response as urgent care pathway and liaise with CiC Pathway Lead to ensure continuity of care, share plan /agree meetings

CiC pathway lead
- Reviews information and requests further information / reports etc.
- Professional network identified confirming invitees with child's social worker
- Agreement reached and recorded as to child / birth family involvement, plan and liaison

Assessment by duty staff
Complete assessment and risk assessment including relevant outcome measures as appropriate

Communicate outcome to CiC pathway lead, allocated social worker and GP as a minimum in writing within 72 hours

Intensive input

Discharge

Consultation Clinic convened (within 6 weeks)
Multi-agency / professional and carer meeting to consider child's needs from attachment/therapeutic perspective.
Consultation with professional network to include foster carers, social worker, education, other health professionals, residential carers, formulate and plan from psychological perspective
Urgent slots and child/ birth family follow up meetings available as needed

Discharge

Further Consultation meetings As above and to support placements at risk of breakdowns

Assessment
(to include multi-disciplinary assessment of complex difficulties)

Intervention	
Attachment focused work	Video feedback (if possible)
Work with carers/system	Individual work with child e.g. trauma focused work / CBT /EMDR
12 week Fostering Lasting Attachment Group (FLAG)	Medical assessment and review when indicated
Theraplay	Dyadic work with child/young person
Consultation to Spring Lane 1 x monthly	Regular reviews/meetings with social care

Refer to other Pathway / Joint Work
E.g. Complex behavioural/Emotional/ASD/LD/ EMDR
(AS PRIORITY GROUP)

Discharge

Further Consultation Review

Communicate outcome to CiC pathway lead, allocated social worker and GP as minimum in writing

APPENDIX 2

South West Yorkshire Partnership NHS
NHS Foundation Trust

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 *Poor Behaviour in one setting should be dealt with in universal services in the first instance*	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. **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.	Explore local Bereavement counselling services, discuss with School Nurse, and family. **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 *(Where symptoms present for at least 2 weeks)*	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 **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.*	**CAMHS** will classify urgency on same day **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.*
	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. **CAMHS may request consultation with GP same day.*
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** **CAMHS can refer on to Tavistock if necessary after thorough assessment.*

	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 *If child over 14 years and first episode refer to early intervention in psychosis team*	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

With **all of us** in mind.

South West Yorkshire Partnership NHS
NHS Foundation Trust

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

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 themself 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.

NHS
Yorkshire and the Humber
Clinical Networks

In It Together

A Social Emotional Mental Health Competency Framework for Staff Working in Education

Primary Schools – Pilot Site Version 1.1

September 2017

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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:

Wakefield Council working for you

NHS Rotherham Doncaster and South Humber NHS Foundation Trust

Wales High School

Calderdale Council

Public Health England

NHS Wakefield Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group

NHS Bradford District Care NHS Foundation Trust

The Market Place

Pupil Referral Service | Kirklees

Wellspring Academy Trust We Make A Difference

Parkside School

Stairways

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 and 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. With this is mind, talking to young people who are involved in the Northern Powerhouse and a workforce audit undertaken by NHS Doncaster CCG pointed us in the direction of a gap in what is available for staff working in education settings who want to better support their pupils. 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. Recent Prime Minster announcements to provide Youth Mental Health First Aid training in secondary schools further reinforced the need to look at role appropriate skills and competencies that individuals working in educational settings need to have.

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. The Children and Young People's Clinical Network was in a prime position to bring together the needed expertise from a wide range of disciplines to co-create a comprehensive framework that can deliver real benefits to staff and pupils, not only outlining the skills needed, but evidence based training options to then gain these skills.

Scope

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. External parties who may regularly come into the education setting, such as counsellors or safe schools police officers, were not initially included within the scope as they should already have appropriate training and development pathways. However, depending on local arrangements the setting may wish to consider including them as they feel appropriate.

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 Department for Education's Mental Health and Behaviour in Schools departmental advice.

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.

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 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:

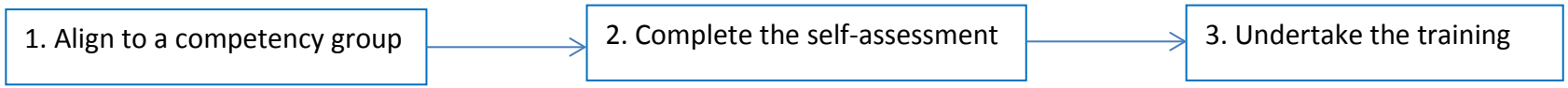
- Be evidence based with defined, achievable outcomes
- Address the diverse need of children and young people
- Prevent the usage of ineffective interventions
- Make the best use of the workforce
- Clearly defines roles and responsibilities where children and young people's mental health and emotional wellbeing is everybody's business
- Promote staff wellbeing

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 [hyperlink]. 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

Competencies & Self-Assessment Tool – In It Together: Primary School Core Competencies

Name:
Date:

Competency	Outcomes		Yes	No	Partially
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: • 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 understand the importance of accurate record keeping as per policies.			
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.			

Competencies & Self-Assessment Tool – In It Together: Primary School Enhanced Competencies

Name:
Date:

Competency	Outcomes		Yes	No	Partially
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	I am aware of factors that can contribute to a child being vulnerable to developing social emotional mental health difficulties. I understand the links with Safeguarding responsibilities and ways of working. I show respect and understanding of the child's situation and subsequent emotional wellbeing needs.			

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 know when and how to escalate concerns and seek additional help (as per core competency).	E6	I know the basics of specific conditions and their associated signs and symptoms. I am not expected to diagnose or treat mental health problems but know what I can do to support a child by identifying issues, escalating concerns and adapting my ways of working. I am aware of some basic early intervention strategies.			
	E7	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.)			
	E8	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.			
	E9	I understand the concept of mental health, mental wellbeing and mental ill-health.			
	E10	Anxiety: 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.			
	E11	Depression: 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.			
	E12	Eating Disorders: 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.			
	E13	Self-harm: I have a basic knowledge of self-harm in children and how it may present.			
	E14	I can recognise potential signs of sexualised behaviour in children.			
	E15	I can support children to cope with exam 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.	E16	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.			
	E17	I can adapt my communication style to be able to converse with an autistic child.			
	E18	I can adapt my communication style to be able to be able to converse with a child who has a learning disability.			
	E19	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.	E20	Policies may include: • 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 understand the importance of accurate record keeping as per policies.			

I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	E21	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.			
	E22	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.	E23	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.			
	E24	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.			
	E25	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.			

Competencies & Self-Assessment Tool – In It Together: Primary School Targeted Competencies

Name:
Date:

Competency	Outcomes		Yes	No	Partially
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).			
	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).			
	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	I am aware of national agencies that can offer support and guidance to schools on children's social emotional mental health, such as: • 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	Policies may include: • 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 understand the importance of accurate record keeping as per policies.			

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.	T10	I am aware of the local 0 – 19 Public Health Nursing services and how to access them.			
	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 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.			
	T12	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.			
	T13	I understand the difficulties faced by children moving from primary school to secondary school and can suggest strategies to alleviate this.			
	T14	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.			
	T15	I can recognise sexualised behaviour and understand what steps to take.			
	T16	Self-harm: 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	Eating Disorders: I understand the different types of eating disorders and steps to support a child with their management and care and to have a positive body image.			
	T19	Eating Disorders: 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	Anxiety: I understand what anxiety is, potential causes and can recognise signs and symptoms. I can support a child with strategies to manage anxiety.			
	T21	Anxiety: 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	Anxiety: I understand the negative impact of exam stress on social emotional mental health and suggest age appropriate strategies to reduce this.			
	T23	Depression: 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	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.			
	T26	Young carers: I understand the emotional needs of young carers and what support that can be offered to them (both in school and in the community).			

	T27	LGBTQ+: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in school and in the community).			
	T28	I understand the mental health needs of Looked After Children and Care Leavers, the impact of Adverse Childhood Experiences (ACE) 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 children with attachment difficulties.			
	T29	I understand the impact of separation, loss, bereavement & transition along with effective interventions to support children who have experienced this.			
	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.			
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.			

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. *All three* factsheets to read to meet the competency.
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. *Both options* to be looked at to achieve the competency.
C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.	Risk and Protective Factors: Chart
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	Policies may include: • 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 understand the importance of accurate record keeping as per 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.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course Headspace. App. 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.
C13	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage.
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.	Time to Change: Myths & Facts: Webpage What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video *Both options* to be looked at to achieve the competency.

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.	Introducing Child Development. MindEd: Free online e-learning Emotional Development. MindEd: Free online e-learning Complex Neurodevelopmental Problems. MindEd: Free online e-learning. *All three* of the above modules should be completed to achieve the competency). Schools may also want to consider: Mental Health ITT Development Programme. Leeds Beckett University: Also covers competencies relating to attachment and resilience.
E2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children who have these.	ADHD and Mental Health Training. Young Minds: £195 + VAT Autism Spectrum Disorders Training. Young Minds: £195 + VAT *Both options* are required to achieve the competency.
E3	I have a solid understanding of resilience, the role it plays and how it can be developed within an education setting.	How Environment Affects Children's Mental Health. MindEd: Free online e-learning Resilience: 4 Key Skills – practical ideas. In our Hands video (is labelled for school nurses but suitable for all staff in this group) Using a Resilience Model to Promote Positive Mental Health in School. In our Hands. 50 minute video. Academic Resilience: A Whole School Approach Training. Young Minds: £195+VAT Suggest *all four* training options are taken in a staged approach.

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.	Attachment and Human Development. MindEd: Free online e-learning Divorce or separation of parents - the impact on children and adolescents. RCPSYCH factsheet. Death in the family - helping children to cope. RCPSYCH factsheet Suggest *all three* above options are undertaken to meet the competency. 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. (Schools with higher numbers of Looked After Children in particular may want to consider this training as an addition to the MindEd session) Mental Health ITT Development Programme. Leeds Beckett University. Also covers SEN and resilience.
E5	I am aware of factors that can contribute to a child being vulnerable to developing social emotional mental health difficulties. I understand the links with Safeguarding responsibilities and ways of working. I show respect and understanding of the child's situation and subsequent emotional wellbeing needs.	Vulnerable Groups - An Overview. MindEd: Free online e-learning Children Adopted or In Care. MindEd: Free online e-learning Risk and Protective Factors: Chart Suggest *all three* options are undertaken to meet the competency.
E6	I know the basics of specific conditions and their associated signs and symptoms. I am not expected to diagnose or treat mental health problems but know what I can do to support a child by identifying issues, escalating concerns and adapting my ways of working. I am aware of some basic early intervention strategies.	Practical Strategies for Helping Children Manage Overwhelming Feelings. In our Hands video. Supporting Children in the Playground: Place2Be Flexible duration. *Both options* are required to achieve the competency.

E7	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 young people's mental health.
E8	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.
E9	I understand the concept of mental health, mental wellbeing and mental ill-health.	What is mental health and mental illness? Rethink booklet
E10	Anxiety: 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 Suggest *all three* above options are undertaken to meet the competency.
E11	Depression: 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
E12	Eating Disorders: 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.	Eating Difficulties in Younger Children. In our Hands. Video
E13	Self-harm: I have a basic knowledge of self-harm in children and how it may present.	Self-Harm. NSPCC webpage. Supporting Children and Young People Who Self-Harm. Humber FT guidelines. *Both options* to be looked at to achieve the competency.
E14	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.

E15	I can support children to cope with exam 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.
E16	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. NAEYC: 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.
E17	I can adapt my communication style to be able to converse with an autistic child.	Communicating and interacting. The National Autistic Society webpage
E18	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.
E19	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.

E20	Policies may include: • 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 understand the importance of accurate record keeping as per policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
E21	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.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course Headspace. App. 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.

E22	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage.
E23	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.
E24	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
E25	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 *Both options* 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.	Introducing Child Development. MindEd: Free online e-learning Emotional Development. MindEd: Free online e-learning Complex Neurodevelopmental Problems. MindEd: Free online e-learning. *All three* of the above modules should be completed to achieve the competency
T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children who have these.	ADHD and Mental Health Training. Young Minds: £195 + VAT Autism Spectrum Disorders Training. Young Minds: £195 + VAT Special Schools should also consider Making Sense of Mental Health. NASS: Four module e-learning £90 for single license, £500 10 licenses
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 school 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 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).	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 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: • 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	Policies may include: • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.

	• Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) I understand the importance of accurate record keeping as per 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 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) Introduction to Counselling Skills: Place2Be 1 day workshop Counselling skills for schools. Leeds Beckett University: Four half days or two full days. 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.
T12	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.	#StatusOfMind. Royal Society for Public Health: Webpage plus report to download and read.
T13	I understand the difficulties faced by children moving from primary school to secondary school and can suggest strategies to alleviate this.	Coping with Transition. Place2Be 1 day workshop

T14	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.	Bullying and Mental Health Training. Young Minds 1 day or half day
T15	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. Harmful sexual behaviour: seminar programme. NSPCC: £15pp, 1.5 hours Suggest *both* options are undertaken – the factsheet initially followed when possible by the seminar.
T16	Self-harm: 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 Supporting Children and Young People Who Self-Harm. Humber FT guidelines
T17	I am aware of national and local suicide prevention strategies.	National Strategy - Preventing suicide in England. HM Government. Local Strategies would be available from Public Health departments within Local Authorities
T18	Eating Disorders: I understand the different types of eating disorders and steps to support a child with their management and care and to have a positive body image.	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.)
T19	Eating Disorders: 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	Anxiety: I understand what anxiety is, potential causes and can recognise signs and symptoms. I can support a child with strategies to manage anxiety.	Anxiety Disorders Training. YoungMinds. Schools may also want to consider the Coping Cat approach for anxiety in 7 – 13 years olds
T21	Anxiety: 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	Anxiety: I understand the negative impact of exam 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	Depression: 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.
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.	Vulnerable Groups - An Overview. MindEd free online e-learning Preparing vulnerable children for the holidays. In our Hands video (Suggest both options are undertaken.)

T26	Young carers: 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. Plus link to competency T7.
T27	LGBTQ+: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in school and in the community).	Teacher Training for Primary Schools. Stonewall: one day training or LGBT Awareness: £30 +VAT online course Plus link to competency T7.
T28	I understand the mental health needs of Looked After Children and Care Leavers, the impact of Adverse Childhood Experiences (ACE) 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 children with attachment difficulties.	Children Adopted or In Care. MindEd: Free e-learning. Attachment and Human Development. MindEd: Free e-learning 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: Looked After Children and Young People Training. Young Minds £195 + VAT Understanding Attachment Place2Be 1 day workshop 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. Schools with particularly high numbers of Looked After Children may want to consider 'Attachment Lead in Schools Training' – a seven day accredited modular training course (£1680 Inc vat pp) delivered by Adoption Plus
T29	I understand the impact of separation, loss, bereavement & transition along with effective interventions to support children who have experienced this.	Separation, Loss and Bereavement Training. Young Minds full day or half day

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.	The Toxic Trio. Kate Young. Blog to read for understanding. Parental mental illness: the impact on children and adolescents. RCPSYCH factsheet Then progress to: The Impact of the Toxic Trio. Talking Life 1 day course
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.	Communicating With Families. MindEd: Free e-learning. Working with Parents: Place2Be 1 day workshop Depending upon circumstances schools may wish to initially undertake the MindEd session and later the Place2Be training, or immediately undertake the Place2Be training. Mental Health ITT Development Programme. Leeds Beckett University. Also covers developing relationships with pupils and developing own resilience and SEN. Also to consider: The Solihull Approach for Schools: an online Multi User Licence course bringing together education staff and parents.
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.	Multicultural Issues and Mental Health Information sheet to download (Australian but same advice applies).

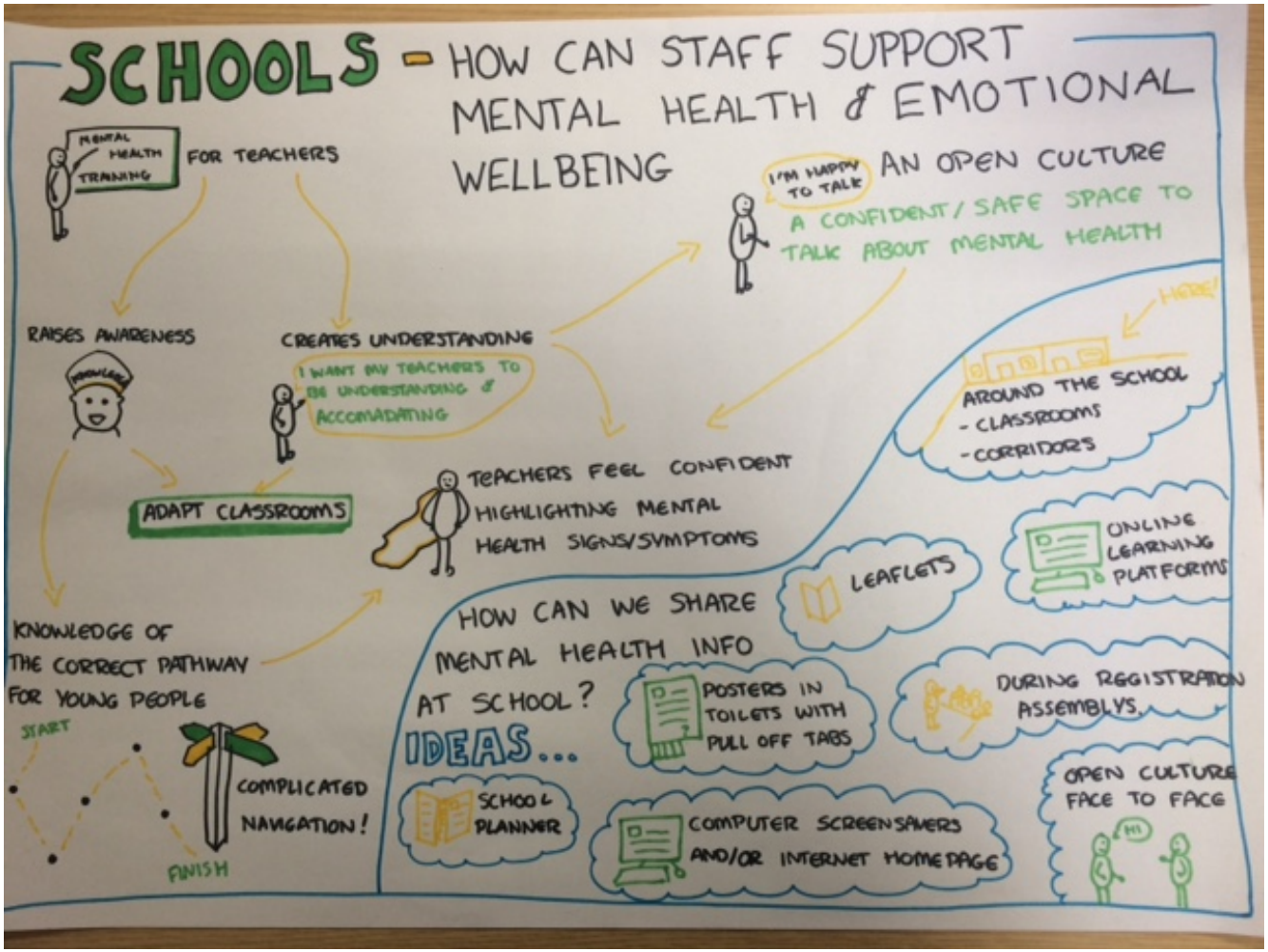
T33	I am able to undertake a mental health audit of the school, pulling together the pupil voice from various groups as well as other sources of information, such as pastoral care reports and SEND reports. I can involve children in the design of mental health initiatives when appropriate and can support strengthening relationships with CAMHS.	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. or School Mental Health Leadership Programme. Leeds Beckett University. Some areas also offer a local Mental Health Champions programme supported by 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.	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. 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.	No external training is suggested but time should be taken to review this competency.
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.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course via http://www.bemindful.co.uk/ Headspace. App. 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.

T41	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage.
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.	How to support staff who are experiencing a mental health problem. Mind free online toolkit Caring For The Wellbeing Of Teachers And School Staff. Young Minds online toolkit

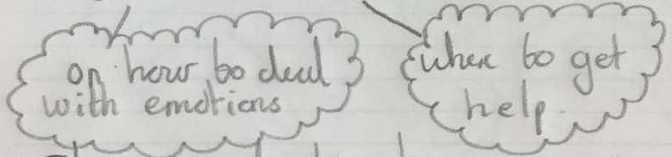
Appendix A – Young People's Views

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:



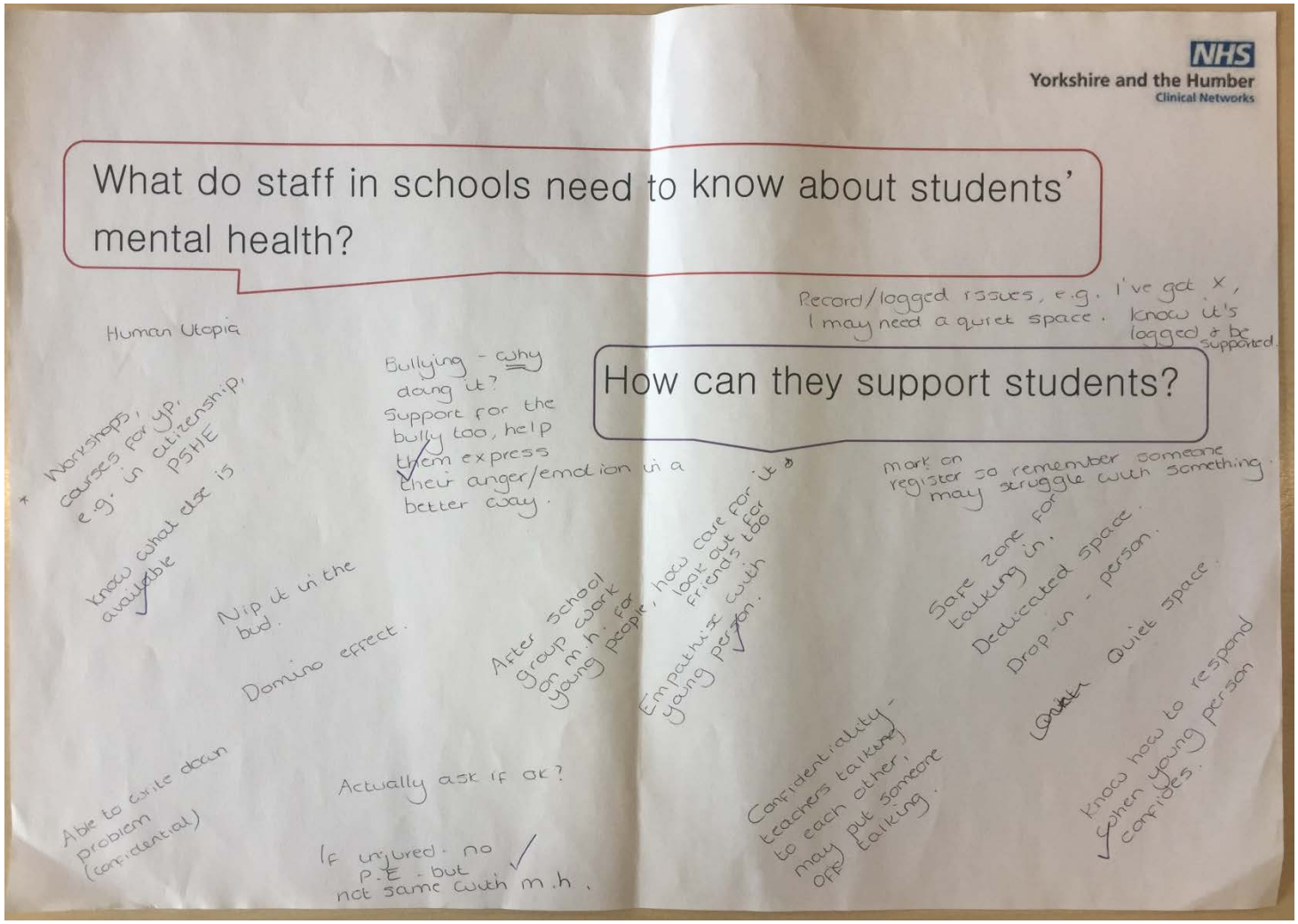
Friends Opinions :

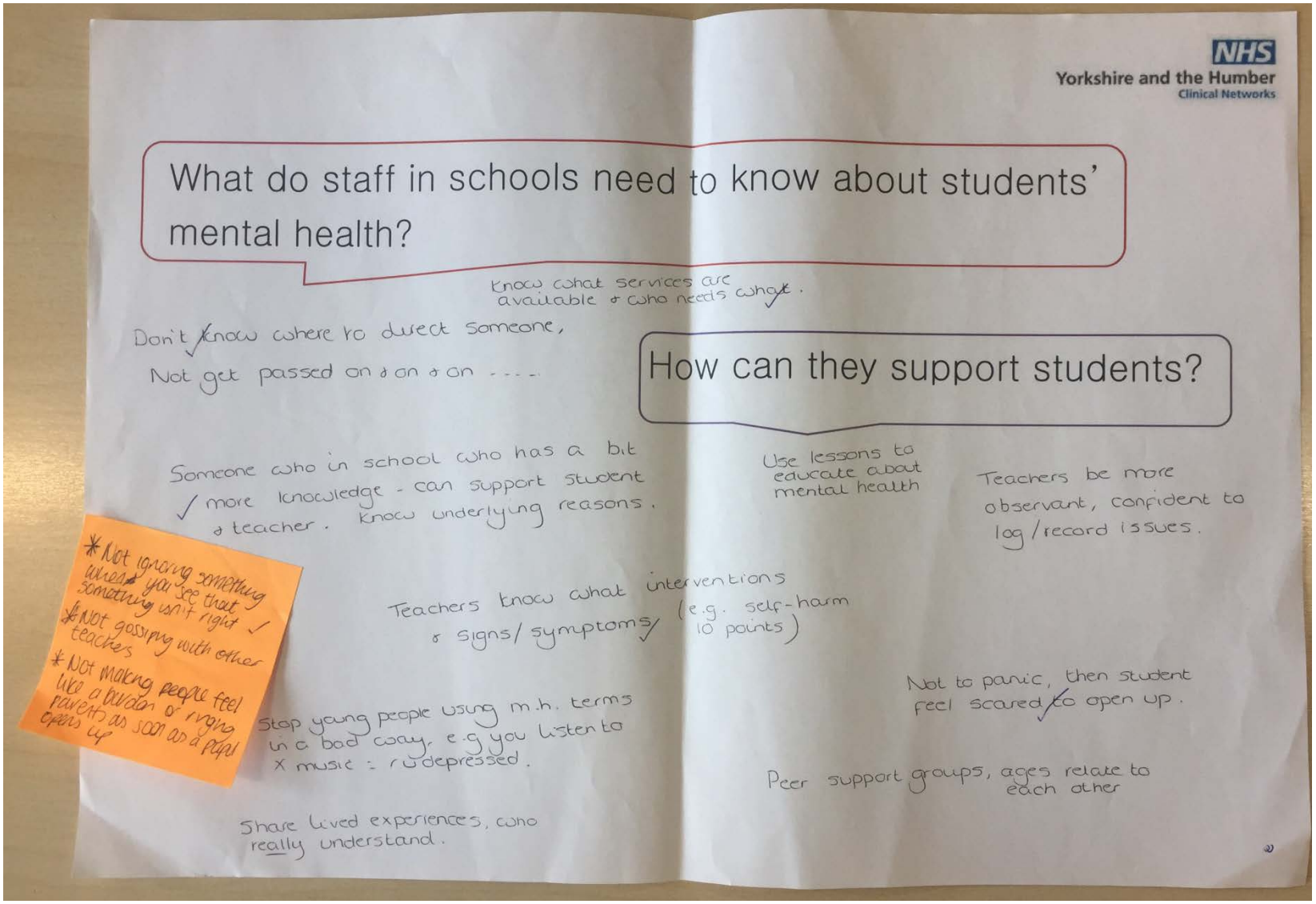
- ~~Current~~ Understanding of current issues around pressures teenagers feel?
- Have experience around mental health and try to understand why students feel a certain way. They should also try to understand the feelings of others so that they dont feel alone. Important skills need to include ~~soccer~~ 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 comfortable. 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:

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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 ....
How can they support students?
Someone who in school who has a bit more knowledge - can support student & teacher. Know underlying reasons.
Use lessons to educate about mental health
Teachers be more observant, confident to log/record issues.
* Not ignoring something when you see that something isn't right
* Not gossiping with other teachers
* Not making people feel like a burden & 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 u depressed.
Not to panic, then student feel scared to open up.
Peer support groups, ages relate to each other
Share lived experiences, who really understand.

Appendix B – 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."
Skin Deep	Video	By Fixers – young person sharing their story

National Guidance

Organisation & Title
Department for Education (2016) 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."
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
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."

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In It Together

A Social Emotional Mental Health Competency Framework for Staff Working in Education

Secondary Schools – Pilot Site Version 1.1

September 2017

Contents

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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:

Wakefield Council working for you

NHS Rotherham Doncaster and South Humber NHS Foundation Trust

Wales High School

Calderdale Council

Public Health England

NHS Wakefield Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group

NHS Bradford District Care NHS Foundation Trust

The Hope Market Place

Pupil Referral Service | Kirklees

Wellspring Academy Trust We Make A Difference

Parkside School

Stairways

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 approaches to promoting mental health and wellbeing. This framework is designed to support this recommendation become a reality.

We want children and 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. With this is mind, talking to young people who are involved in the Northern Powerhouse and a workforce audit undertaken by NHS Doncaster CCG pointed us in the direction of a gap in what is available for staff working in education settings who want to better support their pupils. 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. Recent Prime Minster announcements to provide Youth Mental Health First Aid training in secondary schools further reinforced the need to look at role appropriate skills and competencies that individuals working in educational settings need to have.

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. The Children and Young People's Clinical Network was in a prime position to bring together the needed expertise from a wide range of disciplines to co-create a comprehensive framework that can deliver real benefits to staff and pupils, not only outlining the skills needed, but evidence based training options to then gain these skills.

Scope

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. External parties who may regularly come into the education setting, such as counsellors or safe schools police officers, were not initially included within the scope as they should already have appropriate training and development pathways. However, depending on local arrangements the setting may wish to consider including them as they feel appropriate.

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 Department for Education's Mental Health and Behaviour in Schools departmental advice.

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.

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 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:

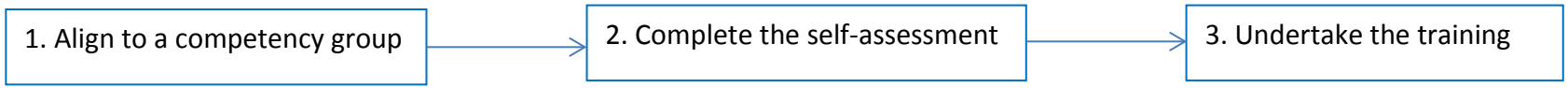
- Be evidence based with defined, achievable outcomes
- Address the diverse need of children and young people
- Prevent the usage of ineffective interventions
- Make the best use of the workforce
- Clearly defines roles and responsibilities where children and young people's mental health and emotional wellbeing is everybody's business
- Promote staff wellbeing

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 [hyperlink]. 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

Competencies & Self-Assessment Tool – In It Together: Secondary School Core Competencies

Name:
Date:

Competency	Outcomes		Yes	No	Partially
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: • 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 understand the importance of accurate record keeping as per policies.			
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.			

Competencies & Self-Assessment Tool – In It Together: Secondary School Enhanced Competencies

Name:
Date:

Competency	Outcomes		Yes	No	Partially
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	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. 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.			
	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.			

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.	E5	I am aware of factors that can contribute to a young person being vulnerable to developing social emotional mental health difficulties. I understand the links with Safeguarding responsibilities and ways of working. I show respect and understanding of the young person's situation and subsequent emotional wellbeing needs. I am aware that alcohol and substance misuse are common amongst young people with mental health problems.			
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 know when and how to escalate concerns and seek additional help (as per core competency).	E6	I know the basics of specific conditions and their associated signs and symptoms. I am not expected to diagnose or treat mental health problems but know what I can do to support a young person by identifying issues, escalating concerns and adapting my ways of working. I am aware of some basic early intervention strategies.			
	E7	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.			
	E8	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.			
	E9	I understand the concept of mental health, mental wellbeing and mental ill-health.			

	E10	Self-harm & Suicide: 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.			
	E11	Anxiety: 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.			
	E12	Depression: 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	Eating Disorders: 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.			
	E14	I can support young people to identify 'fake news'.			
	E15	I can identify communication difficulties and support strategies to overcome these.			
	E16	I can recognise potential signs of sexualised behaviour in young people.			
	E17	I can support a young person to cope with exam 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.	E18	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.			

	E19	I can adapt my communication style to be able to converse with an autistic young person.			
	E20	I can adapt my communication style to be able to be able to converse with a young person who has a learning disability.			
	E21	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.	E22	Policies may include: • 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 understand the importance of accurate record keeping as per policies.			
I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	E23	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.			
	E24	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.	E25	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.			
	E26	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.			
	E27	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.			

Competencies & Self-Assessment Tool – In It Together: Secondary School Targeted Competencies

Name:
Date:

Competency	Outcomes		Yes	No	Partially
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).			
	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).			
	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	I am aware of national agencies that can offer support and guidance to schools on social emotional mental health, such as: • 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	Policies may include: • 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 understand the importance of accurate record keeping as per policies.			

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 young person. In all situations I know when and how to escalate concerns.	T10	I am aware of the local 0 – 19 Public Health Nursing services and how to access them.			
	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 young person 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 young person, e.g. by using different materials such as writing or drawing. 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.			
	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	Self-harm: 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	Suicide Prevention: 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	Eating Disorders: I understand the different types of eating disorders and steps to support a young person with their management and care and to have a positive body image.			
	T21	Eating Disorders: I am aware of the local Community Eating Disorder Service for Children and Young People and how to contact them (provided by local CAMHS).			
	T22	Anxiety: I understand what anxiety is, potential causes and can recognise signs and symptoms. I can support a young person with strategies to manage anxiety.			
	T23	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.			
	T24	I understand the negative impact of exam stress on social emotional mental health and suggest age appropriate strategies to reduce this.			

	T25	Depression: 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.			
	T26	Psychosis: 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.	T27	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.	T28				
I understand how to engage and work with vulnerable young people around their mental health and emotional wellbeing.	T29	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.			
	T30	Young carers: I understand the emotional needs of young carers and what support that can be offered to them (both in school and in the community).			
	T31	LGBTQ+: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in school and in the community).			

	T32	I understand the mental health needs of Looked After Children and Care Leavers, the impact of Adverse Childhood Experiences (ACE) 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.			
	T33	I understand the impact of separation, loss, bereavement & transition along with effective interventions to support young people who have experienced this.			
	T34	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.			
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.	T35	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 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.			
	T36	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 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.	T37	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.			
	T38	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.			
	T39	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.			
	T40	I can take an active role in driving a whole school ethos of openness and empathy, challenge stigma and normalise talk about mental health.			
	T41	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.			
	T42	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.	T43	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.	T44	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.			
	T45	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.	T46	I can recognise the signs of burnout and secondary trauma. I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.			

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.	The child with general learning disability: RCPSYCH factsheet. Attention-deficit hyperactivity disorder and hyperkinetic disorder: RCPSYCH factsheet. Autism and Asperger's syndrome: RCPSYCH factsheet. *All three* factsheets to read to meet the competency.
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.
C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.	Risk and Protective Factors: Chart
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.	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 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	Policies may include: • 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 understand the importance of accurate record keeping as per 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.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course via http://www.bemindful.co.uk/ Headspace. App. 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
C13	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage.
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.	Time to Change: Myths & Facts: Webpage What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video

Training Directory – In It Together: Secondary 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 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. 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.	Introducing Child Development. MindEd free e-learning Emotional Development. MindEd free e-learning Complex Neurodevelopmental Problems. MindEd free e-learning *All three* of the above modules should be completed to achieve the competency). Schools may also want to consider: Teens, Turmoil And Transition Mental Health In Adolescence Training. Young Minds: £195+VAT Mental Health ITT Development Programme. Leeds Beckett University. This also covers SEN, attachment and developing relationships. or Understanding Adolescents. Place2be 1 day workshop Youth Mental Health First Aid training includes an overview of protective factors to good mental health. 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. Youth Mental Health First Aid training includes a brief overview of ADHD and ASD.

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.	ADHD and Mental Health Training Young Minds £195+VAT Autism Spectrum Disorders Training Young Minds £195+VAT
E3	I have a solid understanding of resilience, the role it plays and how it can be developed within an education setting.	How Environment Affects Children's Mental Health. MindEd free e-learning Resilience: 4 Key Skills – practical ideas. In our Hands video (is labelled for school nurses but suitable for all staff in this group) Using a Resilience Model to Promote Positive Mental Health in School. In our Hands video. Academic Resilience: A Whole School Approach Training. Young Minds: £195+VAT Suggest *all four* training options taken in a phased approach. Youth Mental Health First Aid training has an appendix on resilience.
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.	Attachment and Human Development. MindEd free e-learning Divorce or separation of parents. RCPSYCH factsheet Death in the family - helping children to cope. RCPSYCH factsheet 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. (schools with higher numbers of Looked After Children in particular may want to consider this training as an addition to the MindEd session) Mental Health ITT Development Programme. Leeds Beckett University: Also covers developing relationships and personal resilience.
E5	I am aware of factors that can contribute to a young person being vulnerable to developing social emotional mental health difficulties.	Vulnerable Groups - An Overview. MindEd free e-learning Risk and Protective Factors chart

	I understand the links with Safeguarding responsibilities and ways of working. I show respect and understanding of the young person's situation and subsequent emotional wellbeing needs. I am aware that alcohol and substance misuse are common amongst young people with mental health problems.	Youth Mental Health First Aid Training includes an overview of risk factors to poor mental health. Youth Mental Health First Aid training includes an appendix on alcohol and substance misuse.
E6	I know the basics of specific conditions and their associated signs and symptoms. I am not expected to diagnose or treat mental health problems but know what I can do to support a young person by identifying issues, escalating concerns and adapting my ways of working. I am aware of some basic early intervention strategies.	See below competencies for details on training.
E7	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 young people's mental health.
E8	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.
E9	I understand the concept of mental health, mental wellbeing and mental ill-health.	What is mental health and mental illness? Rethink booklet

E10	Self-harm & Suicide: 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.	Self-Harm: Understanding and Responding to Self-Harm. In our Hands video Suicide: Talking to Students With Thoughts of Suicide. In our Hands video. Self-harm and Risky Behaviour. MindEd free e-learning Suggest *all three* of the above training sessions are undertaken to meet the competency, but schools may also wish to consider the following: Self-Harm 3-hour Essential Knowledge Session: Selfharm UK Also covered in Youth Mental Health First Aid training. Supporting Children and Young People Who Self-Harm: Humber FT: Free guidelines to download
E11	Anxiety: 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.	Ideas for Supporting Anxiety and Panic. In our Handsvideo The Worried Child. MindEd free e-learning Anxiety in children. NHS Choices website with advice Suggest *all of the above* training is undertaken to meet the competency, but schools may also wish to consider the following: Anxiety Disorders Training. Young Minds: Cost TBC Also covered in Youth Mental Health First Aid training.
E12	Depression: 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.	Sad, Bored or Isolated. MindEd free e-learning Depression and Your Child. Young Minds booklet providing an overview Depression in young people. Action Mental Health webpage

		Teachers – How to Support Young People with Depression. Blurt webpage with useful tips Also covered in Youth Mental Health First Aid training.
E13	Eating Disorders: 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.	Understanding Eating Disorders. In our Hands video Eating disorders in young people. RCPSYCH factsheet Suggest *both of the above* training options are undertaken to meet the competency, but schools may also wish to consider the following: Understanding Eating Disorders for Schools (Staff Training Session). Beat: two hour workshop for groups Also covered in Youth Mental Health First Aid training.
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 identify communication difficulties and support strategies to overcome these.	Communication Difficulties and Mental Health Training. Young Minds
E16	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.
E17	I can support a young person to cope with exam 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 advice and resources.

E18	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.	Listening Skills. MindEd free e-learning Engaging Children and Young People. MindEd free e-learning The Me First Communication Model Free online model. Adapting the environment: Talking Point webpage with basic tips Communicating with children. UNICEF free toolkit Active Listening. Skills you need: Webpage with top tips Resilience: Wellbeing without Words. Place2Be: 1 day workshop Youth Mental Health First Aid training has an appendix covering non-judgemental listening. Suggest all training options are undertaken over time to achieve a range of communication skills.
E19	I can adapt my communication style to be able to converse with an autistic young person.	Communicating and interacting. The National Autistic Society webpage
E20	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.
E21	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.

E22	Policies may include: • 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 understand the importance of accurate record keeping as per policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
E23	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.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course Headspace. App. 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.

E24	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage.
E25	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.
E26	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
E27	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 *Both options* to be looked at to achieve the competency.

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.	Introducing Child Development. MindEd free e-learning Emotional Development. MindEd free e-learning Complex Neurodevelopmental Problems. MindEd free e-learning *All three* of the above modules should be completed to achieve the competency). Schools may also want to consider: Teens, Turmoil And Transition Mental Health In Adolescence Training. Young Minds: £195+VAT Mental Health ITT Development Programme. Leeds Beckett University. This also covers SEN, attachment and developing relationships. or Understanding Adolescents. Place2be 1 day workshop Youth Mental Health First Aid training includes an overview of protective factors to good mental health. 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. Youth Mental Health First Aid training includes a brief overview of ADHD and ASD.

T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with young people who have these.	ADHD and Mental Health Training Young Minds £195+VAT Autism Spectrum Disorders Training Young Minds £195+VAT Special Schools should also consider Making Sense of Mental Health. NASS: Four module e-learning £90 for single license, £500 10 licenses
T3	I understand the various service provisions, thresholds and referral criteria of CAMHS other local services (including health, the voluntary sector and social care).	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.
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).	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: • 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	Policies may include: • 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 understand the importance of accurate record keeping as per 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 young person 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 young person, e.g. by using different materials such as writing or drawing. 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.	Introduction to Counselling Skills. Place2Be 1 day workshop Self-belief: Helping Children Thrive. Place2Be 1 day workshop Certificate in Therapeutic Communication. Institute of Counselling £270 online learning Counselling skills for schools. Leeds Beckett University four half days or two full days Active Listening. Skills you need webpage with top tips Developing motivational interviewing techniques in work with children and young people. O'Neill Training: Cost and need to discuss with company. Positive Language: Plugging the Leaks: Word document to download (also applicable to working with parents and colleagues) Consideration should be given to which option(s) are best suited to need of the individual. Youth Mental Health First Aid training has an appendix covering non-judgemental listening.
T12	I can empower a young person to care for their own social emotional mental health.	WRAP® (Wellness Recovery Action Planning) WRAP® Webinars often available. Youth Mental Health First Aid training includes an appendix on WRAP® and a model of

		personal empowerment.
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.	Coping with Transition. Place2Be 1 day workshop Supporting young people with autism to move from school to college Free guide
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.	Bullying and Mental Health Training. Young Minds 1 day or half day Youth Mental Health First Aid training includes an appendix on cyberbullying.
T16	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. Harmful sexual behaviour: seminar programme. NSPCC: £15pp, 1.5 hours Suggest *both* options are undertaken – the factsheet initially followed when possible by the seminar.

T17	Self-harm: 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.	Self-Harm 6-Hour in depth workshop: Selfharm UK Understanding: Self Harm. Healthy Teen Minds half day workshop Self Harming Behaviours, Improving Responses and Minimising Harm. Young Minds £195 + VAT Talking About Self Harm: Listen, Plan, Act, Feedback. For teachers & frontline school staff. Anna Freud National Centre for Children and Families £100 half day Also covered in Youth Mental Health First Aid training. Suggest *one* of the above options is undertaken, plus downloading the guide below. Supporting Children and Young People Who Self-Harm Humber FT free guidelines to download
T18	Suicide Prevention: 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.	Applied Suicide Intervention Skills training (ASIST) Papyrus two day training programme, accredited, £165pp Other local agencies may also deliver ASIST training SafeTALK Suicide Awareness. Mind Hull/Mind Works: half day training Other local agencies may also deliver SafeTALK training. Suggest *one* of the above options is undertaken. Also covered in Youth Mental Health First Aid training.
T19	I am aware of national and local suicide prevention strategies.	National Strategy - Preventing suicide in England HM Government Local Strategies would be available from Public Health departments within Local Authorities

T20	Eating Disorders: I understand the different types of eating disorders and steps to support a young person with their management and care and to have a positive body image.	Understanding: Eating Disorders. Healthy Teen Minds Half day workshop £50 pp Eating Disorders Training. Young Minds 1 day workshop Understanding Eating Disorders for Schools. Beat Also covered in Youth Mental Health First Aid training.
T21	Eating Disorders: 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.
T22	Anxiety: I understand what anxiety is, potential causes and can recognise signs and symptoms. I can support a young person with strategies to manage anxiety.	Understanding: Anxiety. Healthy Teen Minds: Half day workshop £50pp Anxiety Disorders Training. Young Minds Understanding Anxiety. Human Givens College online course £159. Schools may also want to consider the Coping Cat approach for anxiety in 7 – 13 years olds Also covered in Youth Mental Health First Aid training.
T23	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
T24	I understand the negative impact of exam 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.

T25	Depression: 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.
T26	Psychosis: 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.
T27	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.
T28	I have a basic knowledge of the Mental Health Act 2007.	What is the Mental Health Act? Surrey CC booklet to read
T29	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.	Vulnerable Groups - An Overview. MindEd free e-learning Preparing vulnerable children for the holidays. In our Hands video Young Offending Institutes may wish to consider: Young Offenders and Mental Health Training. Young Minds 1 day
T30	Young carers: 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. Plus link to competency T7.

T31	LGBTQ+: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in school and in the community).	Teacher Training for Secondary Schools. Stonewall 1 day course or LGBT Awareness: £30 +VAT online course or Caring for Gender Nonconforming Young People. GIRES free online course Plus link to competency T7 but Stonewall is strongly recommended.
T32	I understand the mental health needs of Looked After Children and Care Leavers, the impact of Adverse Childhood Experiences (ACE) 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.	Children Adopted or In Care. MindEd: Free e-learning. Attachment and Human Development. MindEd: Free e-learning 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: Looked After Children and Young People Training. Young Minds £195 + VAT Understanding Attachment Place2Be 1 day workshop 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. Schools with particularly high numbers of Looked After Children may want to consider 'Attachment Lead in Schools Training' – a seven day accredited modular training course (£1680 Inc vat pp) delivered by Adoption Plus
T33	I understand the impact of separation, loss, bereavement & transition along with effective interventions to support young people who have experienced this.	Separation, Loss and Bereavement Training. Young Minds full day or half day

T34	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.	The Toxic Trio. Kate Young. Blog to read for understanding. Parental mental illness: the impact on children and adolescents. RCPSYCH factsheet Then progress to: The Impact of the Toxic Trio. Talking Life 1 day course
T35	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 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.	Communicating With Families. MindEd: Free e-learning. Working with Parents: Place2Be 1 day workshop Depending upon circumstances schools may wish to initially undertake the MindEd session and later the Place2Be training, or immediately undertake the Place2Be training. Mental Health ITT Development Programme. Leeds Beckett University. Also covers developing relationships with pupils and developing own resilience and SEN. Also to consider: The Solihull Approach for Schools: an online Multi User Licence course bringing together education staff and parents.
T36	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).
T37	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.	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. or School Mental Health Leadership Programme. Leeds Beckett University.

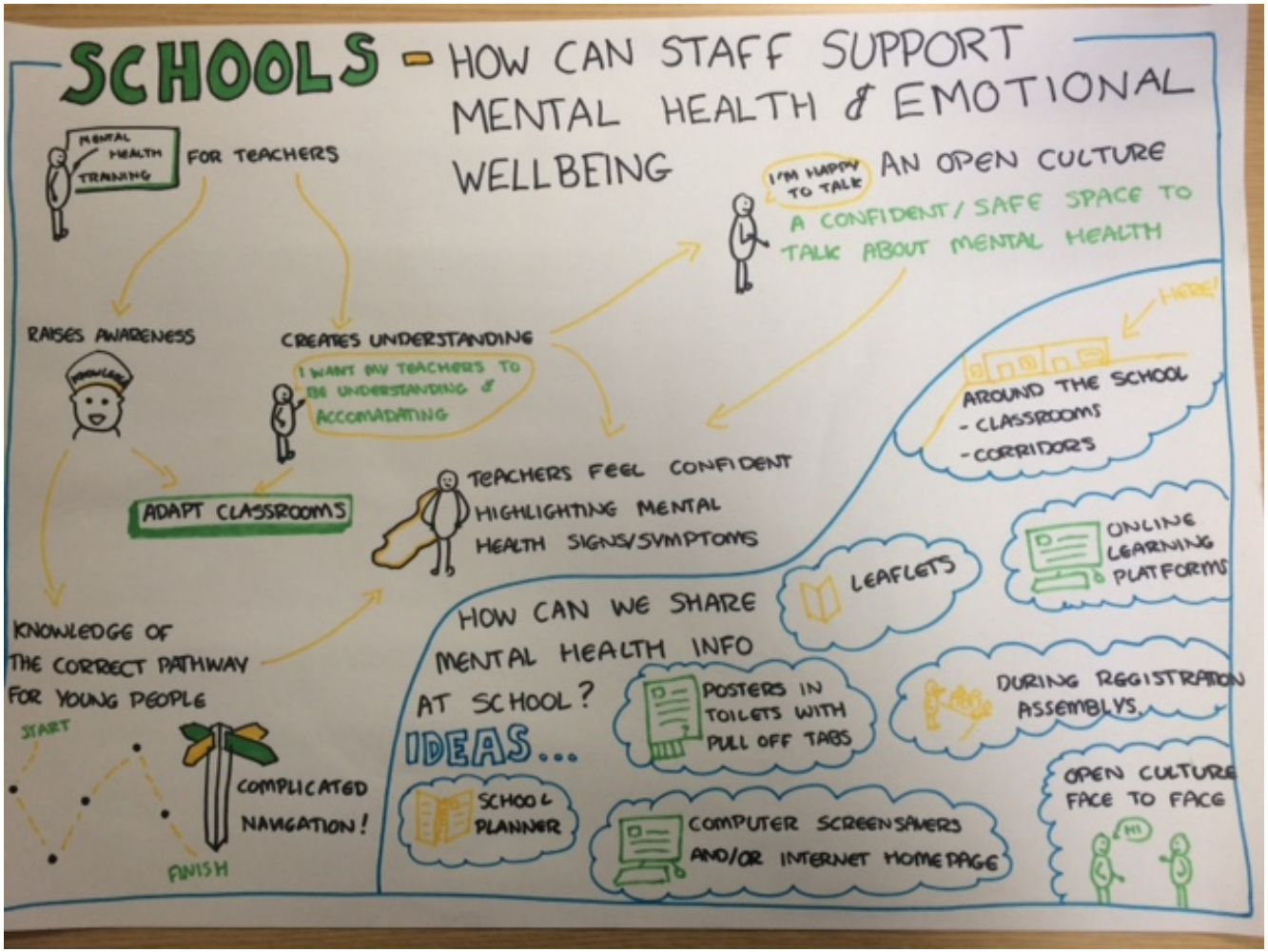
		Some areas also offer a local Mental Health Champions programme supported by CAMHS.
T38	I have a solid understanding of resilience and can participate in whole school approach to building resilience. Included in this I understand that having a sense of connectedness or belonging to the school is a protective factor for mental health.	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.
T39	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.
T40	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
T41	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.
T42	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.

T43	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.	No external training is suggested but time should be taken to review this competency.
T44	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.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course via http://www.bemindful.co.uk/ Headspace. App. 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.
T45	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage.

T46	I can recognise the signs of burnout and secondary trauma. I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.	How to support staff who are experiencing a mental health problem. Mind free online toolkit Caring For The Wellbeing Of Teachers And School Staff. Young Minds online toolkit

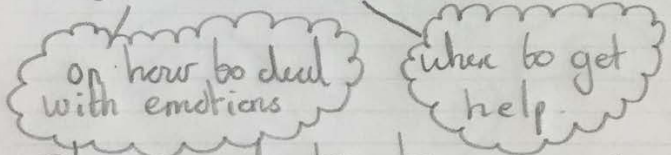
Appendix A – Young People's Views

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:



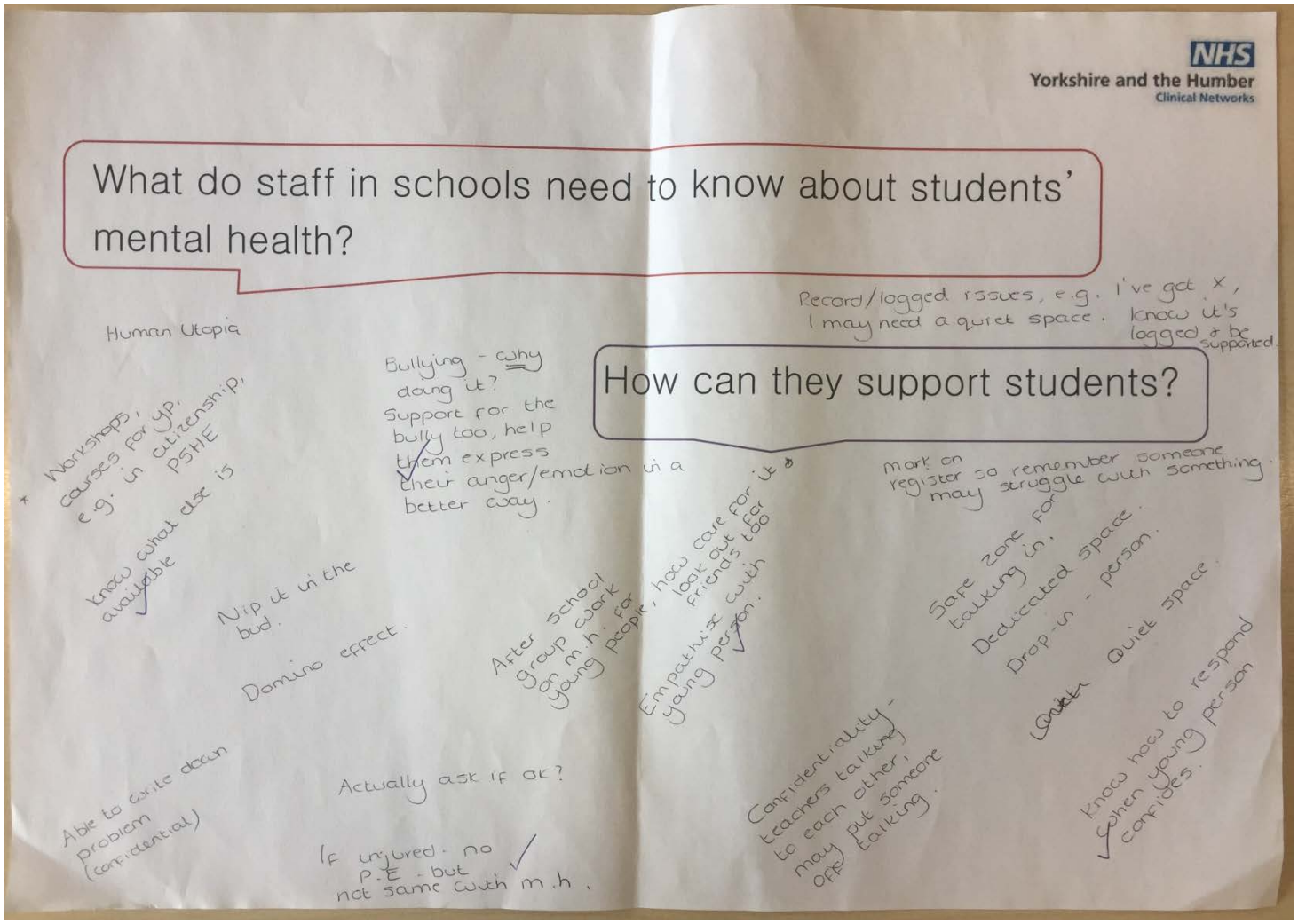
Friends Opinions :

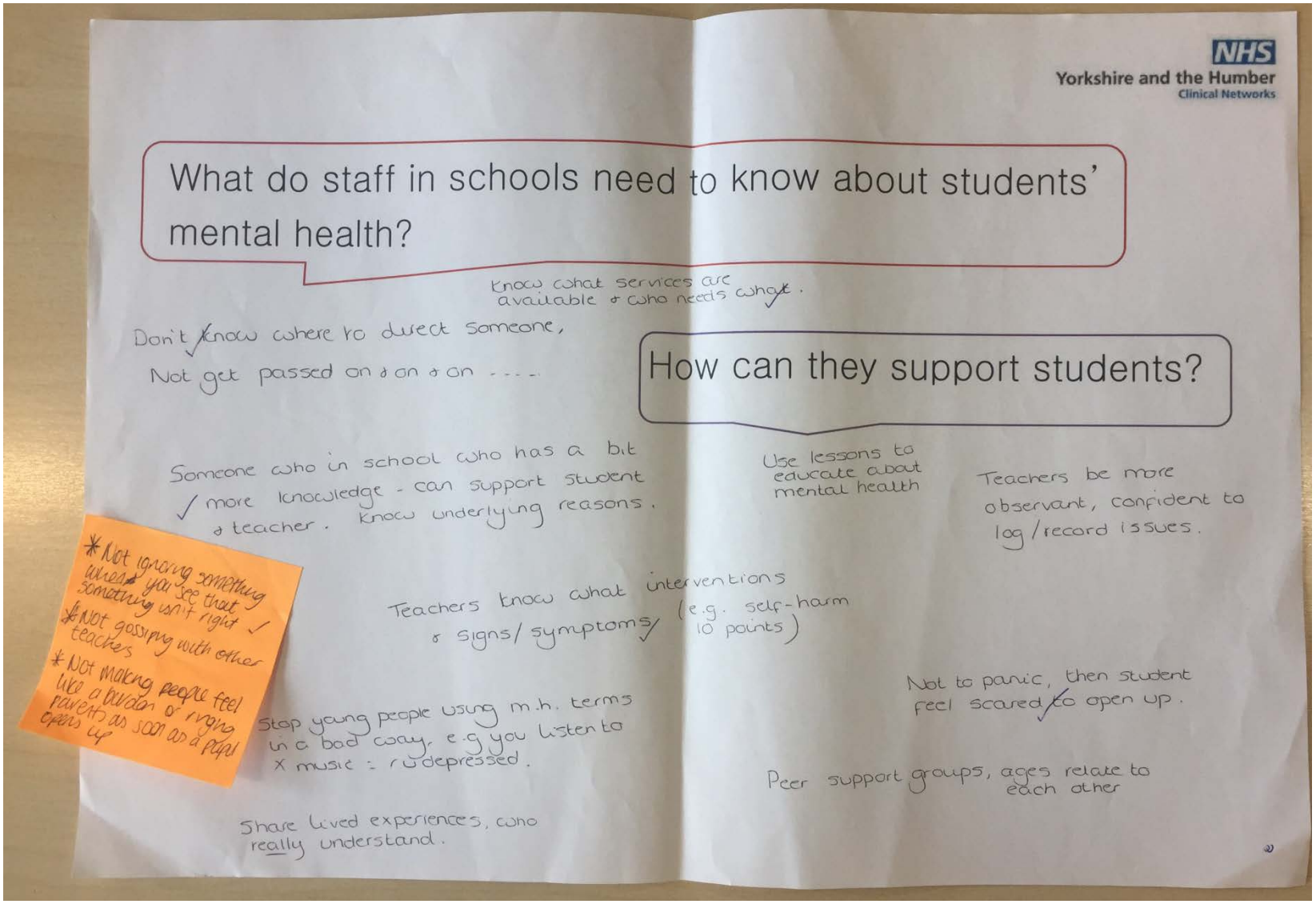
- ~~Current~~ Understanding of current issues around pressures teenagers feel?
- Have experience around mental health and try to understand why students feel a certain way. They should also try to understand the feelings of others so that they dont feel alone. Important skills need to include ~~social~~ 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 comfortable. 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:

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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 ....
How can they support students?
Someone who in school who has a bit more knowledge - can support student & teacher. Know underlying reasons.
Use lessons to educate about mental health
Teachers be more observant, confident to log/record issues.
* Not ignoring something when you see that something isn't right
* Not gossiping with other teachers
* Not making people feel like a burden & 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 u depressed.
Not to panic, then student feel scared to open up.
Peer support groups, ages relate to each other
Share lived experiences, who really understand.

Appendix B – Useful Resources

Topics:

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."
Skin Deep	Video	By Fixers – young person sharing their story

National Guidance

Organisation & Title
Department for Education (2016) 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."
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
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."

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In It Together

A Social Emotional Mental Health Competency Framework for Staff Working in Education

Further Education & Colleges (16 – 18 years) – Pilot Site Version 1.1

September 2017

Contents

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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:

Wakefield Council working for you

NHS Rotherham Doncaster and South Humber NHS Foundation Trust

Wales High School

Calderdale Council

Public Health England

NHS Wakefield Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group

NHS Bradford District Care NHS Foundation Trust

The Market Place

Pupil Referral Service | Kirklees

Wellspring Academy Trust We Make A Difference

Parkside School

Stairways

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/college approache to promoting mental health and wellbeing. This framework is designed to support this recommendation become a reality.

We want children and 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. With this is mind, talking to young people who are involved in the Northern Powerhouse and a workforce audit undertaken by NHS Doncaster CCG pointed us in the direction of a gap in what is available for staff working in education settings who want to better support their pupils. 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. Recent Prime Minster announcements to provide Youth Mental Health First Aid training in secondary schools further reinforced the need to look at role appropriate skills and competencies that individuals working in educational settings need to have.

As the idea of the competency framework started to take shape, we heard more and more of the willingness of colleges 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. The Children and Young People's Clinical Network was in a prime position to bring together the needed expertise from a wide range of disciplines to co-create a comprehensive framework that can deliver real benefits to staff and pupils, not only outlining the skills needed, but evidence based training options to then gain these skills.

Scope

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. External parties who may regularly come into the education setting, such as counsellors or safe schools police officers, were not initially included within the scope as they should already have appropriate training and development pathways. However, depending on local arrangements the setting may wish to consider including them as they feel appropriate.

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 Department for Education's Mental Health and Behaviour in Schools departmental advice.

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 further education and college settings with pupils aged 16 – 18 years. This age limit was set as many of the competencies encourage stronger links to local Children and Young People's Mental Health Services (CAMHS) who generally have an upper age limit of 17 years 364 days.

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 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.

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:

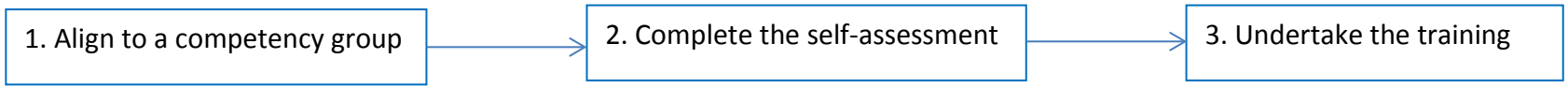
- Be evidence based with defined, achievable outcomes
- Address the diverse need of children and young people
- Prevent the usage of ineffective interventions
- Make the best use of the workforce
- Clearly defines roles and responsibilities where children and young people's mental health and emotional wellbeing is everybody's business
- Promote staff wellbeing

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 college 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 college 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 colleges determine which members of staff require which level of competency. It is stressed that these are flexible and are only there as a guide. Colleges 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 colleges 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 [hyperlink]. 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 college has a high prevalence of Looked After Children. The training options are only suggestions and a college 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. Colleges may also wish to consider "buddying-up" with other schools when purchasing training which will share the cost. A coordinated approach will help colleges 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
Connections/pathway advisor	Subject leads	Pastoral team
Apprenticeship advisor	Lecturers/teachers	SEN team
Caretaker/facilities team		Safeguarding lead
Catering team		Student support services team
Business and administrative team		
Chaplaincy		
Security team		
Library team		

Table of suggested staff per level of competency

Competencies & Self-Assessment Tool – In It Together: Further Education & Colleges Core Competencies

Name:
Date:

Competency	Outcomes		Yes	No	Partially
I have an awareness of the key milestones of 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 students and behaviour may be a form of communication. I appreciate that the level of emotional development may vary between students 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 college'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 college 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: • 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 understand the importance of accurate record keeping as per policies.			
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 college 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 students 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.			

Competencies & Self-Assessment Tool – In It Together: Further Education & Colleges Enhanced Competencies

Name:
Date:

Competency	Outcomes		Yes	No	Partially
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	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. 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.			
	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.			

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.	E5	I am aware of factors that can contribute to a young person being vulnerable to developing social emotional mental health difficulties. I understand the links with Safeguarding responsibilities and ways of working. I show respect and understanding of the young person's situation and subsequent emotional wellbeing needs. I am aware that alcohol and substance misuse are common amongst young people with mental health problems.			
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 know when and how to escalate concerns and seek additional help (as per core competency).	E6	I know the basics of specific conditions and their associated signs and symptoms. I am not expected to diagnose or treat mental health problems but know what I can do to support a young person by identifying issues, escalating concerns and adapting my ways of working. I am aware of some basic early intervention strategies.			
	E7	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).			
	E8	I am aware of the college'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.			
	E9	I understand the concept of mental health, mental wellbeing and mental ill-health.			
	E10	Self-harm & Suicide: 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.			

	E11	Anxiety: 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.			
	E12	Depression: 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	Eating Disorders: 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.			
	E14	I can support young people to identify 'fake news'.			
	E15	I can identify communication difficulties and support strategies to overcome these.			
	E16	I can recognise potential signs of sexualised behaviour in young people.			
	E17	I can support a young person to cope with exam stress.			
I have enhanced communication skills which enable me to have effective, confident conversations with young people 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 young person.	E18	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.			
	E19	I can adapt my communication style to be able to converse with an autistic young person.			

	E20	I can adapt my communication style to be able to be able to converse with a young person who has a learning disability.			
	E21	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 college strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	E22	Policies may include: • 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 understand the importance of accurate record keeping as per policies.			
I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	E23	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.			
	E24	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 college around social emotional mental health.	E25	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.			

	E26	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children.			
	E27	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.			

Competencies & Self-Assessment Tool – In It Together: Further Education & Colleges Targeted Competencies

Name:
Date:

Competency	Outcomes		Yes	No	Partially
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).			
	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).			
	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 college does not manage mental health and emotional wellbeing in isolation and options for social prescribing.			

	T8	I am aware of national agencies that can offer support and guidance to colleagues on social emotional mental health, such as: • ChildLine • Young Minds • Samaritan's • NSPCC • Beat • selfharm UK • The National Autistic Society • Barnardo's			
I am aware of college 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	Policies may include: • 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 understand the importance of accurate record keeping as per policies.			
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	T10	I am aware of the local 0 – 19 Public Health Nursing services and how to access them.			

formulate targeted interventions and appropriate self-help strategies for a young person. In all situations I know when and how to escalate concerns.	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 young person 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 young person, e.g. by using different materials such as writing or drawing. 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.			
	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 students moving 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 college is determining what action to take. I act in concordance with the college's anti-bullying policy.			
	T16	I can recognise sexualised behaviour and understand what steps to take.			

	T17	Self-harm: 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	Suicide Prevention: 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	Eating Disorders: I understand the different types of eating disorders and steps to support a young person with their management and care and to have a positive body image.			
	T21	Eating Disorders: I am aware of the local Community Eating Disorder Service for Children and Young People and how to contact them (provided by local CAMHS).			
	T22	Anxiety: I understand what anxiety is, potential causes and can recognise signs and symptoms. I can support a young person with strategies to manage anxiety.			
	T23	Anxiety: 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.			
	T24	Anxiety: I understand the negative impact of exam stress on social emotional mental health and suggest age appropriate strategies to reduce this.			
	T25	Depression: 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.			

	T26	Psychosis: 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.	T27	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 and Mental Capacity Act 2005	T28				
I understand how to engage and work with vulnerable young people around their mental health and emotional wellbeing.	T29	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.			
	T30	Young carers: I understand the emotional needs of young carers and what support that can be offered to them (both in college and in the community).			
	T31	LGBTQ+: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in college and in the community).			
	T32	I understand the mental health needs of Looked After Children and Care Leavers, the impact of Adverse Childhood Experiences (ACE) 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.			

	T33	I understand the impact of separation, loss, bereavement & transition along with effective interventions to support young people who have experienced this.			
	T34	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.			
Ability to have difficult conversations with parents/carers regarding mental health needs and co-developing plans.	T35	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 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. I can manage parents' expectations of keeping a student in education when this may not be best option for them and can undertake a Fitness to Study Assessment.			
	T36	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 college'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.	T37	I am able to undertake a mental health audit of the college, 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.			
	T38	I have a solid understanding of resilience and can participate in whole college approach to building resilience. Included in this I understand that having a sense of connectedness or belonging to the college is a protective factor for mental health.			

	T39	I understand the college's communication routes to disseminate information and good practice. I can ensure there are clear pathways within the college so pupils know how to raise mental health and emotional wellbeing needs.			
	T40	I can take an active role in driving a whole college ethos of openness and empathy, challenge stigma and normalise talk about mental health.			
	T41	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.			
	T42	I understand what actions my role is expected to take in response to critical events, e.g. when been a suicide/sudden death within the college.			
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 college, ensuring that resources are effectively and efficiently used.	T43	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.	T44	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.			
	T45	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.	T46	I can recognise the signs of burnout and secondary trauma. I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.			

Training Directory – In It Together: Further Education & Colleges 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 students and behaviour may be a form of communication. I appreciate that the level of emotional development may vary between students 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. *All three* factsheets to read to meet the competency.
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.
C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.	Risk and Protective Factors: Chart
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.	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 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 college'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 college 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	Policies may include: • 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 understand the importance of accurate record keeping as per 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.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course via http://www.bemindful.co.uk/ Headspace. App. 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.
C13	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage.
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 students 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.	Time to Change: Myths & Facts: Webpage What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video

Training Directory – In It Together: Further Education & Colleges 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 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. 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.	Introducing Child Development. MindEd free e-learning Emotional Development. MindEd free e-learning Complex Neurodevelopmental Problems. MindEd free e-learning *All three* of the above modules should be completed to achieve the competency). Colleges may also want to consider: Teens, Turmoil And Transition Mental Health In Adolescence Training. Young Minds: £195+VAT Mental Health ITT Development Programme. Leeds Beckett University. This also covers SEN, attachment and developing relationships. or Understanding Adolescents. Place2be 1 day workshop
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.	ADHD and Mental Health Training Young Minds £195+VAT Autism Spectrum Disorders Training Young Minds £195+VAT
E3	I have a solid understanding of resilience, the role it plays and how it can be developed within an education setting.	How Environment Affects Children's Mental Health. MindEd free e-learning Resilience: 4 Key Skills – practical ideas. In our Hands video (is labelled for school nurses but suitable for all staff in this group)

		Using a Resilience Model to Promote Positive Mental Health in School. In our Hands video. Academic Resilience: A Whole School Approach Training. Young Minds: £195+VAT Suggest *all four* training options taken in a phased approach.
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.	Attachment and Human Development. MindEd free e-learning Divorce or separation of parents. RCPSYCH factsheet Death in the family - helping children to cope. RCPSYCH factsheet Mental Health ITT Development Programme. Leeds Beckett University: Also covers developing relationships and personal resilience.
E5	I am aware of factors that can contribute to a young person being vulnerable to developing social emotional mental health difficulties. I understand the links with Safeguarding responsibilities and ways of working. I show respect and understanding of the young person's situation and subsequent emotional wellbeing needs. I am aware that alcohol and substance misuse are common amongst young people with mental health problems.	Vulnerable Groups - An Overview. MindEd free e-learning Risk and Protective Factors chart

E6	I know the basics of specific conditions and their associated signs and symptoms. I am not expected to diagnose or treat mental health problems but know what I can do to support a young person by identifying issues, escalating concerns and adapting my ways of working. I am aware of some basic early intervention strategies.	See below competencies for details on training.
E7	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 young people's mental health.
E8	I am aware of the college'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 college and how to contact them.
E9	I understand the concept of mental health, mental wellbeing and mental ill-health.	What is mental health and mental illness? Rethink booklet
E10	Self-harm & Suicide: 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.	Self-Harm: Understanding and Responding to Self-Harm. In our Hands video Suicide: Talking to Students With Thoughts of Suicide. In our Hands video. Self-harm and Risky Behaviour. MindEd free e-learning Suggest *all three* of the above training sessions are undertaken to meet the competency, but colleges may also wish to consider the following: Self-Harm 3-hour Essential Knowledge Session: Selfharm UK Supporting Children and Young People Who Self-Harm: Humber FT: Free guidelines to download

E11	Anxiety: 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.	Ideas for Supporting Anxiety and Panic. In our Handsvideo The Worried Child. MindEd free e-learning Anxiety in children. NHS Choices website with advice Suggest *all of the above* training is undertaken to meet the competency, but colleges may also wish to consider the following: Anxiety Disorders Training. Young Minds: Cost TBC
E12	Depression: 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.	Sad, Bored or Isolated. MindEd free e-learning Depression and Your Child. Young Minds booklet providing an overview Depression in young people. Action Mental Health webpage Teachers – How to Support Young People with Depression. Blurt webpage with useful tips
E13	Eating Disorders: 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.	Understanding Eating Disorders. In our Hands video Eating disorders in young people. RCPSYCH factsheet Suggest *both of the above* training options are undertaken to meet the competency, but colleges may also wish to consider the following: Understanding Eating Disorders for Schools (Staff Training Session). Beat: two hour workshop for groups
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 identify communication difficulties and support strategies to overcome these.	Communication Difficulties and Mental Health Training. Young Minds
E16	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.
E17	I can support a young person to cope with exam 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 advice and resources.
E18	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.	Listening Skills. MindEd free e-learning Engaging Children and Young People. MindEd free e-learning The Me First Communication Model Free online model. Active Listening. Skills you need: Webpage with top tips Resilience: Wellbeing without Words. Place2Be: 1 day workshop
E19	I can adapt my communication style to be able to converse with an autistic young person.	Communicating and interacting. The National Autistic Society webpage
E20	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.
E21	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.

E22	Policies may include: • 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 understand the importance of accurate record keeping as per policies.	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
E23	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.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course Headspace. App. 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.

E24	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage.
E25	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.
E26	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
E27	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 *Both options* to be looked at to achieve the competency.

Training Directory – In It Together: Further Education & Colleges 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.	Introducing Child Development. MindEd free e-learning Emotional Development. MindEd free e-learning Complex Neurodevelopmental Problems. MindEd free e-learning *All three* of the above modules should be completed to achieve the competency). Colleges may also want to consider: Teens, Turmoil And Transition Mental Health In Adolescence Training. Young Minds: £195+VAT Mental Health ITT Development Programme. Leeds Beckett University. This also covers SEN, attachment and developing relationships. or Understanding Adolescents. Place2be 1 day workshop Youth Mental Health First Aid training includes an overview of protective factors to good mental health. 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. Youth Mental Health First Aid training includes a brief overview of ADHD and ASD.

T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with young people who have these.	ADHD and Mental Health Training Young Minds £195+VAT Autism Spectrum Disorders Training Young Minds £195+VAT
T3	I understand the various service provisions, thresholds and referral criteria of CAMHS other local services (including health, the voluntary sector and social care).	As per local arrangements the college 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 colleges 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).	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 college 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 college can link to them.
T8	I am aware of national agencies that can offer support and guidance to colleagues on social emotional mental health, such as: • ChildLine • Young Minds	No external training is suggested for this, but time should be taken to review their websites to discover how they can support colleges and young people.

	• Samaritan's • NSPCC • Beat • selfharm UK • The National Autistic Society • Barnardo's	
T9	Policies may include: • 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 understand the importance of accurate record keeping as per 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 young person so they can achieve their goals.	Introduction to Counselling Skills. Place2Be 1 day workshop Self-belief: Helping Children Thrive. Place2Be 1 day workshop Certificate in Therapeutic Communication. Institute of Counselling £270 online learning

	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. 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.	Counselling skills for schools. Leeds Beckett University four half days or two full days Active Listening. Skills you need webpage with top tips Developing motivational interviewing techniques in work with children and young people. O'Neill Training: Cost and need to discuss with company. Positive Language: Plugging the Leaks: Word document to download (also applicable to working with parents and colleagues) Consideration should be given to which option(s) are best suited to need of the individual. Youth Mental Health First Aid training has an appendix covering non-judgemental listening.
T12	I can empower a young person to care for their own social emotional mental health.	WRAP® (Wellness Recovery Action Planning) WRAP® Webinars often available. Youth Mental Health First Aid training includes an appendix on WRAP® and a model of personal empowerment.
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 students moving from secondary school to college and can suggest strategies to alleviate this.	Coping with Transition. Place2Be 1 day workshop Supporting young people with autism to move from school to college Free guide

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 college is determining what action to take. I act in concordance with the college's anti-bullying policy.	Bullying and Mental Health Training. Young Minds 1 day or half day Youth Mental Health First Aid training includes an appendix on cyberbullying.
T16	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. Harmful sexual behaviour: seminar programme. NSPCC: £15pp, 1.5 hours Suggest *both* options are undertaken – the factsheet initially followed when possible by the seminar.
T17	Self-harm: 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.	Self-Harm 6-Hour in depth workshop: Selfharm UK Understanding: Self Harm. Healthy Teen Minds half day workshop Self Harming Behaviours, Improving Responses and Minimising Harm. Young Minds £195 + VAT Talking About Self Harm: Listen, Plan, Act, Feedback. For teachers & frontline school staff. Anna Freud National Centre for Children and Families £100 half day Also covered in Youth Mental Health First Aid training. Suggest *one* of the above options is undertaken, plus downloading the guide below. Supporting Children and Young People Who Self-Harm Humber FT free guidelines to download

T18	Suicide Prevention: 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.	Applied Suicide Intervention Skills training (ASIST) Papyrus two day training programme, accredited, £165pp Other local agencies may also deliver ASIST training SafeTALK Suicide Awareness. Mind Hull/Mind Works: half day training Other local agencies may also deliver SafeTALK training. Suggest *one* of the above options is undertaken. Also covered in Youth Mental Health First Aid training.
T19	I am aware of national and local suicide prevention strategies.	National Strategy - Preventing suicide in England HM Government Local Strategies would be available from Public Health departments within Local Authorities
T20	Eating Disorders: I understand the different types of eating disorders and steps to support a young person with their management and care and to have a positive body image.	Understanding: Eating Disorders. Healthy Teen Minds Half day workshop £50 pp Eating Disorders Training. Young Minds 1 day workshop Understanding Eating Disorders for Schools. Beat Also covered in Youth Mental Health First Aid training.
T21	Eating Disorders: 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 colleges should liaise with CAMHS when achieving competency T3.
T22	Anxiety: I understand what anxiety is, potential causes and can recognise signs and symptoms. I can support a young person with strategies to manage anxiety.	Understanding: Anxiety. Healthy Teen Minds: Half day workshop £50pp Anxiety Disorders Training. Young Minds

		Understanding Anxiety. Human Givens College online course £159. Also covered in Youth Mental Health First Aid training.
T23	Anxiety: 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
T24	Anxiety: I understand the negative impact of exam 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.
T25	Depression: 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.
T26	Psychosis: 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.
T27	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 college may consider training on collaborative/team working as part of its general development. The principles learnt at safeguarding training would be applicable.
T28	I have a basic knowledge of the Mental Health Act 2007 and Mental Capacity Act 2005.	What is the Mental Health Act? Surrey CC booklet to read What is the Mental Capacity Act? NHS Choices webpage

T29	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.	Vulnerable Groups - An Overview. MindEd free e-learning Preparing vulnerable children for the holidays. In our Hands video
T30	Young carers: I understand the emotional needs of young carers and what support that can be offered to them (both in college and in the community).	Young Carers: Action for Children: free e-learning module. Plus link to competency T7.
T31	LGBTQ+: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in college and in the community).	Teacher Training for Secondary Schools. Stonewall 1 day course or LGBT Awareness: £30 +VAT online course or Caring for Gender Nonconforming Young People. GIRES free online course Plus link to competency T7 but Stonewall is strongly recommended by discussing with them the age range of your setting.

T32	I understand the mental health needs of Looked After Children and Care Leavers, the impact of Adverse Childhood Experiences (ACE) 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.	Children Adopted or In Care. MindEd: Free e-learning. Attachment and Human Development. MindEd: Free e-learning Depending upon circumstances colleges may initially want to undertake the above MindEd sessions followed by additional training below, or immediately jump to one of the training options below: Looked After Children and Young People Training. Young Minds £195 + VAT Understanding Attachment Place2Be 1 day workshop 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. Colleges with particularly high numbers of Looked After Children may want to consider 'Attachment Lead in Schools Training' – a seven day accredited modular training course (£1680 Inc vat pp) delivered by Adoption Plus
T33	I understand the impact of separation, loss, bereavement & transition along with effective interventions to support young people who have experienced this.	Separation, Loss and Bereavement Training. Young Minds full day or half day
T34	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.	The Toxic Trio. Kate Young. Blog to read for understanding. Parental mental illness: the impact on children and adolescents. RCPSYCH factsheet Then progress to: The Impact of the Toxic Trio. Talking Life 1 day course

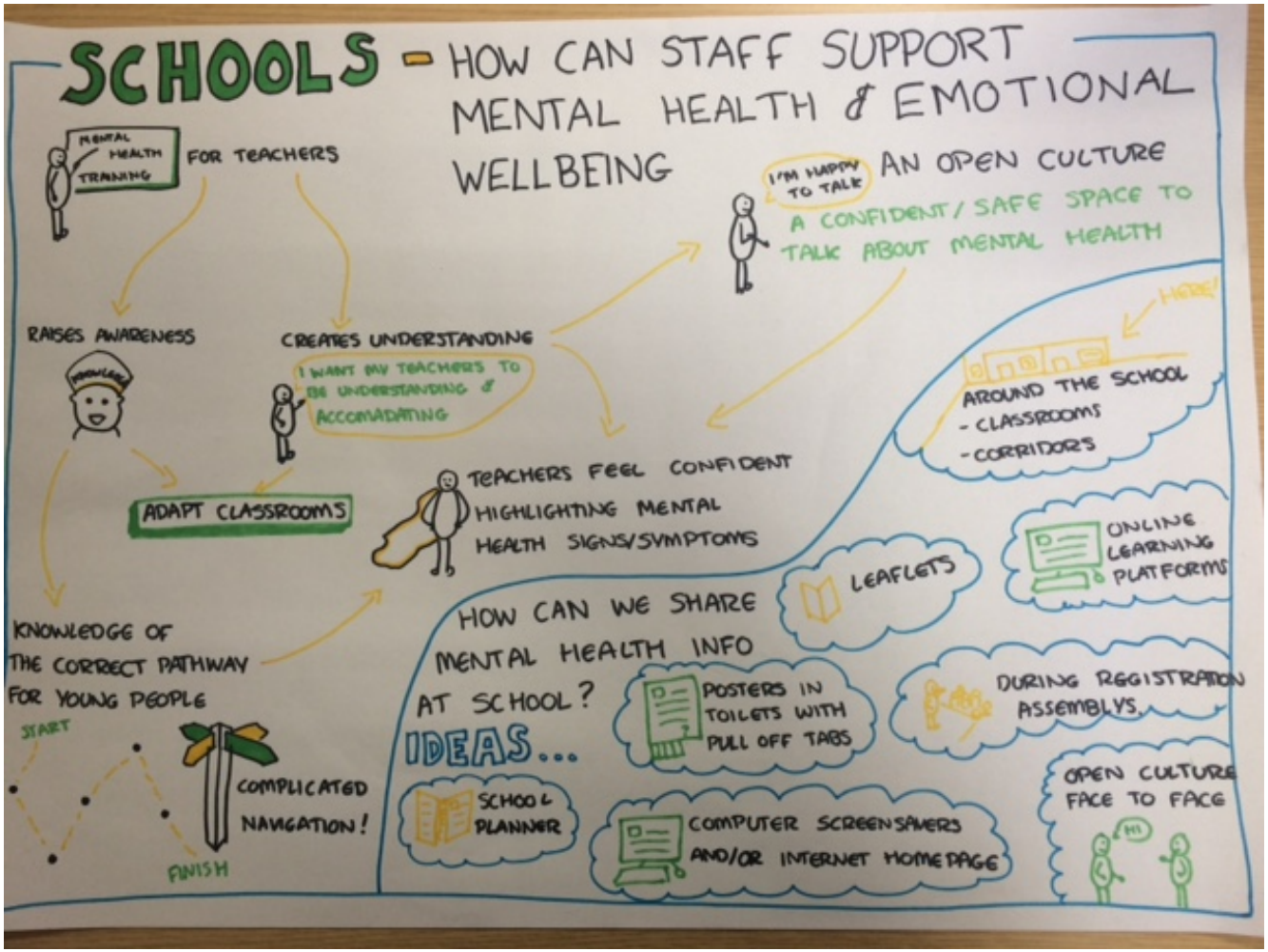
T35	Through respectful partnership working, active listening and questioning and involvement in decision making I can build a relationship with parents/carers and effectively communicate with and engage with families. I recognise the impact a young person's poor emotional wellbeing or mental health can have on a family and am able to de-escalate a situation and calm a distressed person. I can manage parents' expectations of keeping a student in education when this may not be best option for them and can undertake a Fitness to Study Assessment.	Communicating With Families. MindEd: Free e-learning. Working with Parents: Place2Be 1 day workshop Depending upon circumstances colleges may wish to initially undertake the MindEd session and later the Place2Be training, or immediately undertake the Place2Be training. Mental Health ITT Development Programme. Leeds Beckett University. Also covers developing relationships with pupils and developing own resilience and SEN. Also to consider: The Solihull Approach for Schools: an online Multi User Licence course bringing together education staff and parents.
T36	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).
T37	I am able to undertake a mental health audit of the college, 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.	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. or School Mental Health Leadership Programme. Leeds Beckett University. Some areas also offer a local Mental Health Champions programme supported by CAMHS.
T38	I have a solid understanding of resilience and can participate in whole college approach to building resilience. Included in this I understand that having a sense of connectedness or belonging to the college 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.

T39	I understand the college's communication routes to disseminate information and good practice. I can ensure there are clear pathways within the college 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.
T40	I can take an active role in driving a whole college ethos of openness and empathy, challenge stigma and normalise talk about mental health.	No external training is recommended for this but time should be taken to review and familiarise communication routes.
T41	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.	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
T42	I understand what actions my role is expected to take in response to critical events, e.g. when been a suicide/sudden death within the college.	No external training is suggested for this competency but personal reflection is suggested with line manager discussion if necessary.
T43	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.	No external training is suggested but time should be taken to review and ensure clarity of roles.

T44	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.	No external training is suggested but time should be taken to review this competency.
T45	If I have an existing mental health condition I know how to care for this and access services if necessary.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course via http://www.bemindful.co.uk/ Headspace. App. 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.
T46	I can recognise the signs of burnout and secondary trauma. I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage.
		How to support staff who are experiencing a mental health problem. Mind free online toolkit Caring For The Wellbeing Of Teachers And School Staff. Young Minds online toolkit

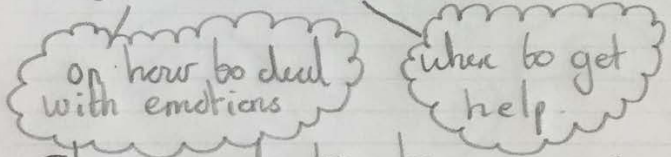
Appendix A – Young People's Views

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:



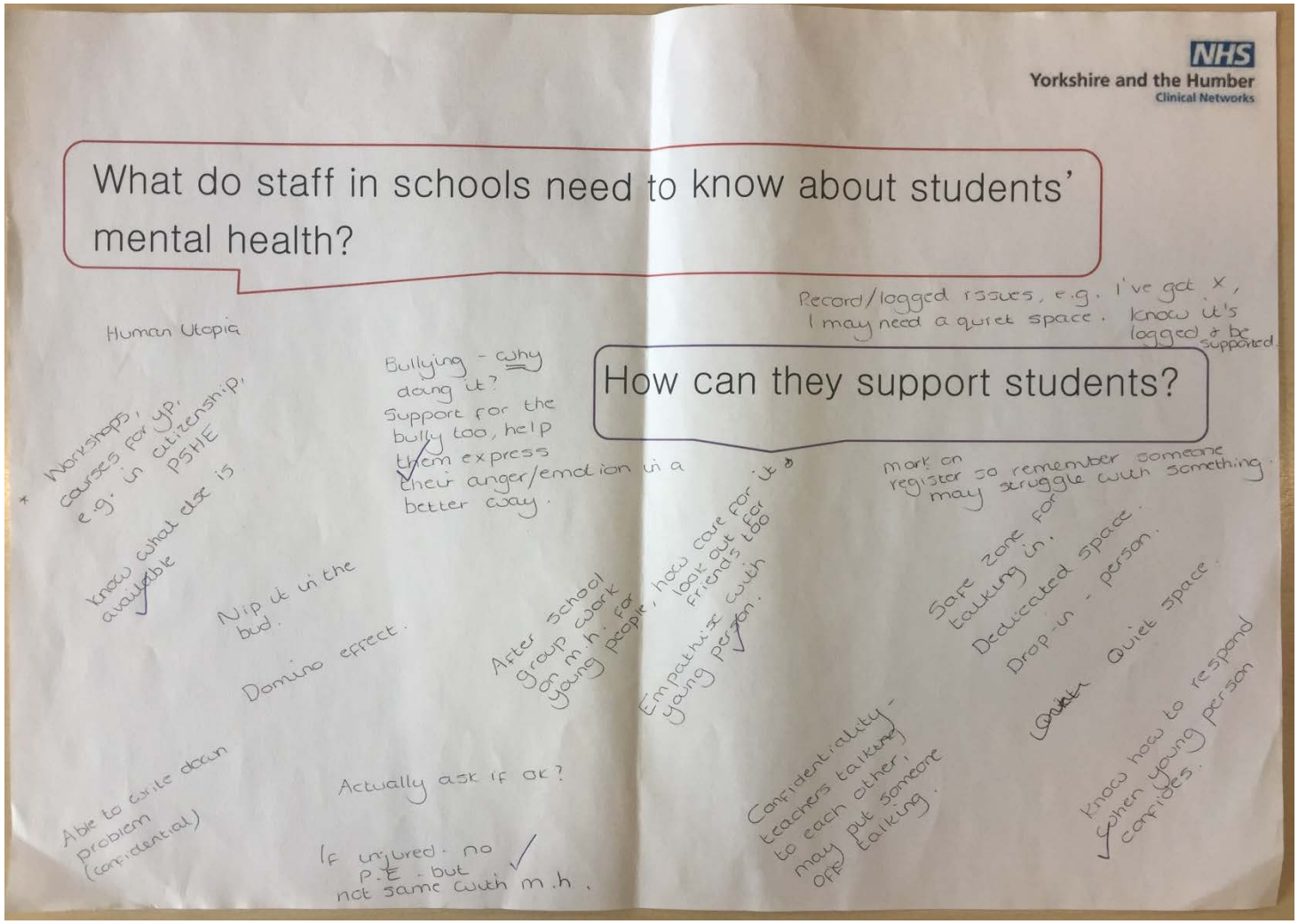
Friends Opinions :

- ~~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 dont 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 comfortable. 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:



NHS
Yorkshire and the Humber
Clinical Networks

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.

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 u 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

* Not ignoring something when you see that something isn't right
* Not gossiping with other teachers
* Not making people feel like a burden & ringing parents as soon as a pupil opens up

Appendix B – Useful Resources

Topics:

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."
Skin Deep	Video	By Fixers – young person sharing their story

National Guidance

Organisation & Title
Department for Education (2016) 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

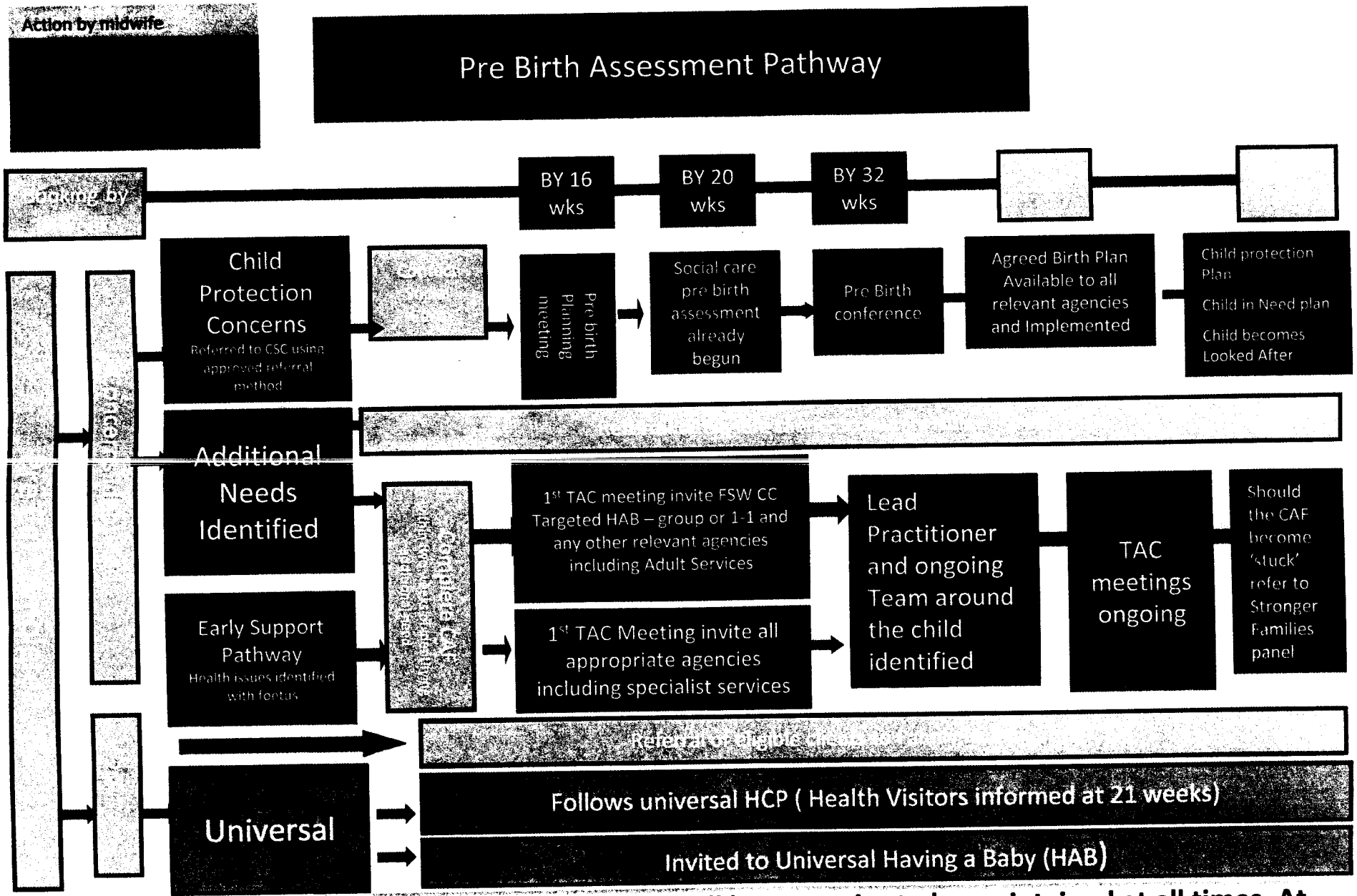
Organisation & Title	Description
ChildLine Exam Stress	Lots of resources and information for young people on how to cope with exam stress
Friends Resilience	Endorsed by the World Health Organisation training to deliver age appropriate resilience is available.
Jigsaw PSHE	"Designed as a whole school approach, 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."
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
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."



Communication/sharing of information between all key agencies to be maintained at all times. At any point a child could move between the four tracks if circumstances change.

Appendix 10

.10 Children At Risk Where A Parent Has A Mental Health Problem

print

Contents

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 effects 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, 995). 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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Mayes, K., Diggins, M. and Falkov, A. (1998) *Crossing bridges: training resources for working with mentally ill parents and their children*. London: Department of Health.

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

Appendix 11

Barnsley Clinical Commissioning Group

Putting Barnsley People First

Future in Mind – Local Transformation Plan Implementation Group

Terms of Reference

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.

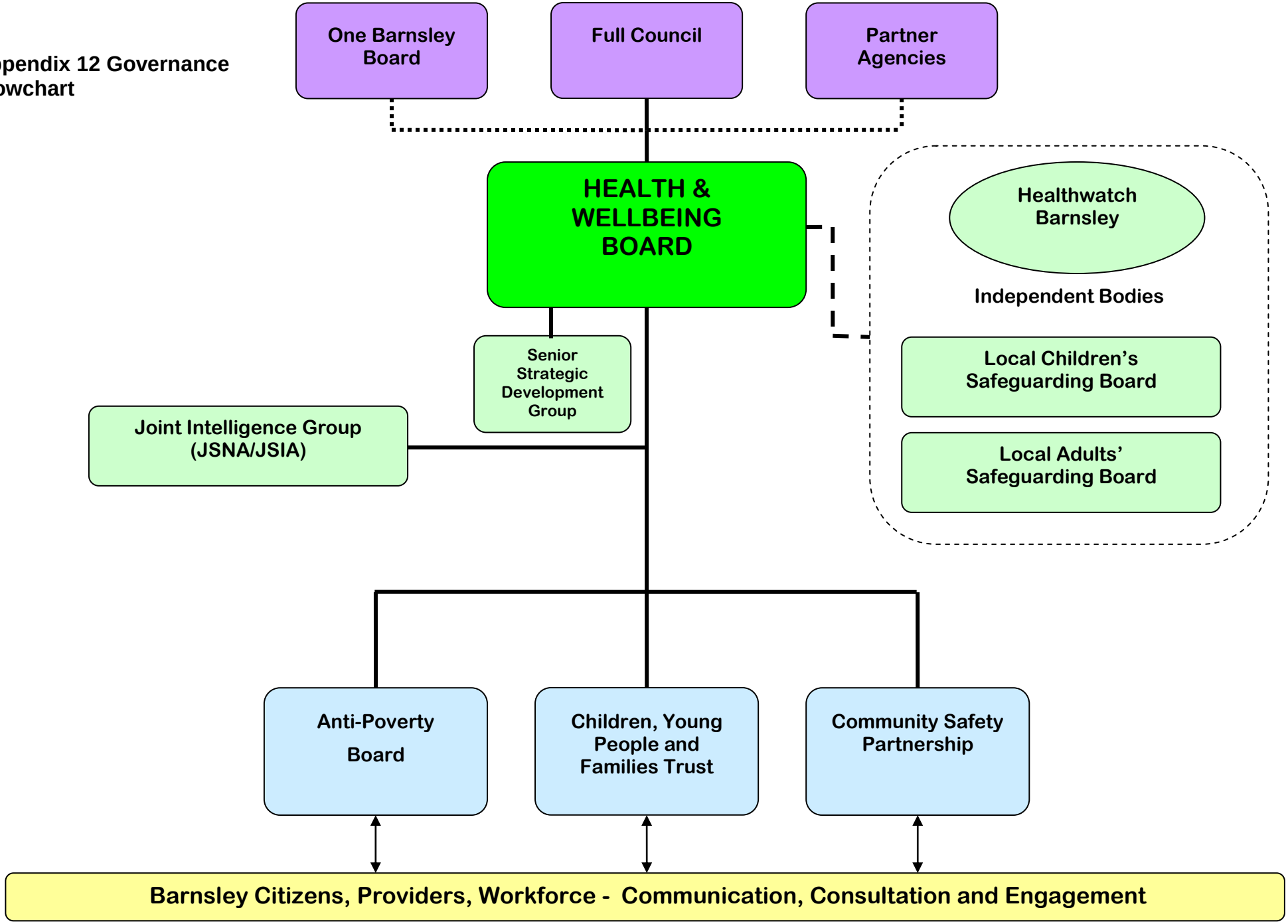
7.4 Trackers will be submitted by the Chief Nurse's administrative support to NHS England on a quarterly or as required basis.

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.

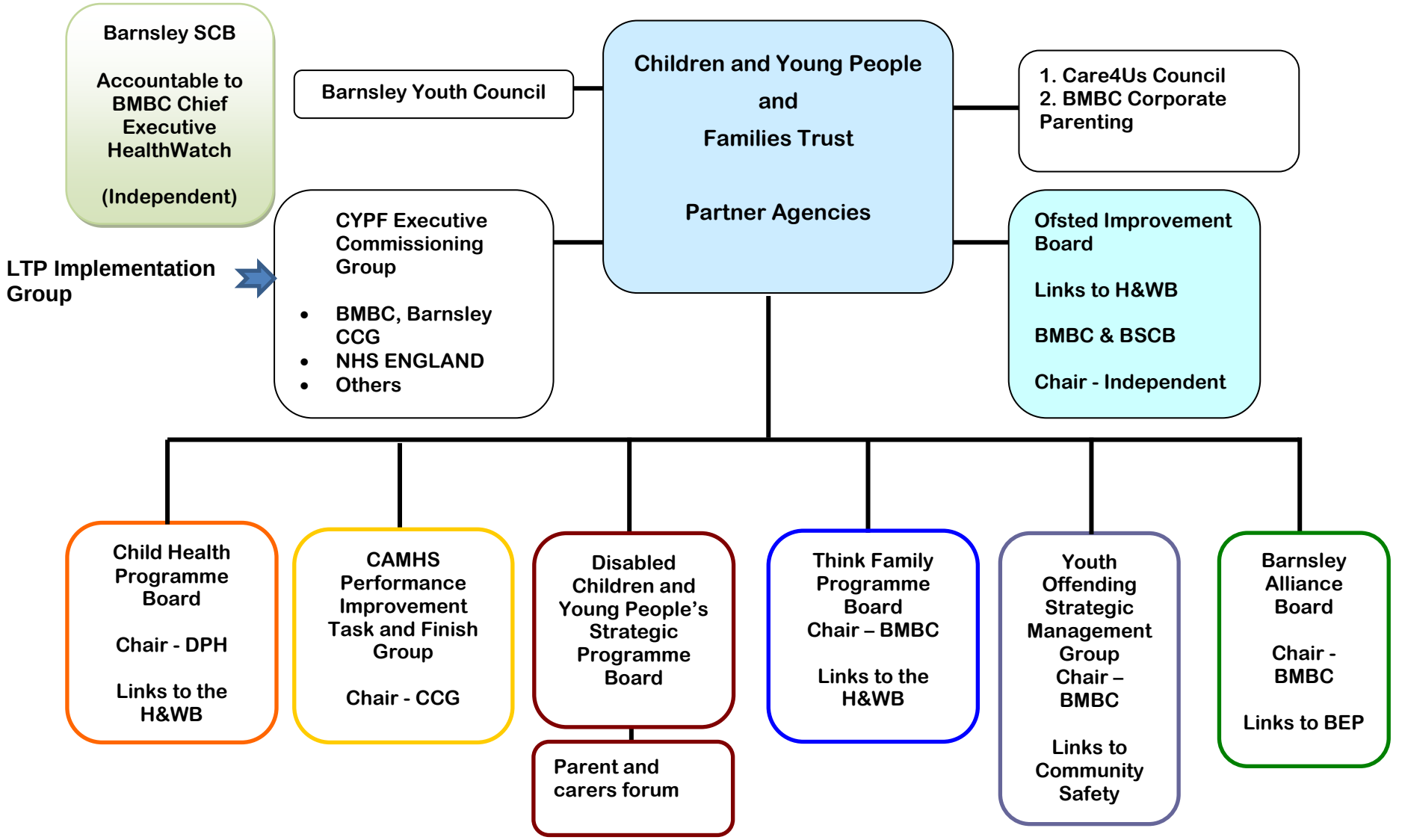
Last Reviewed: July 2016
Next Review Due: July 2017

Appendix 12 Governance Flowchart



Proposed networks for the Barnsley Children, Young People and Families Trust

Partnership groups connected to the CYPFT



Appendix 13

Future in Mind - 5 year Funding Allocation

WORK-STREAM PRIORITY	FiM Investment Year 1 2015/16 £	FiM Investment Year 2 2016/17 £	FiM Investment Year 3 2017/18 £	FiM Investment Year 4 2018/19 £	FiM Investment Year 5 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		
2. Building resilience in Primary School Children (THRIVE) (Public Health led)	111,000	98,000	111,000		
3. School-led mental health therapeutic team (Wellspring Academy taking the lead)	145,000	335,500 (Incorproates Peer Mentoring work undertaken by Chilypep plus training provided by TADS /SYEDA)	320,038		
4. CAMHS: SPA / YOT (CAMHS is provided by South West Yorkshire Partnership NHS Foundation Trust)	60,000	103,500	103,100		
5. Training Young Commissioners (Led by Chilypep)	30,000	20,000	39,575		
6. Accessing information ('One-stop- shop') (Led by YOT Manager)	20,000	0	0		
Website development incorporated in to MindSpace / Chilypep					
TOTAL INVESTMENT	**512,000**	**710,000**	**716,713**		