

HULL'S LOCAL TRANSFORMATION PLAN

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING

ANNUAL REFRESH OCTOBER 2019



ACKNOWLEDGEMENTS:

ALL OF THE IMAGES, POEMS, COMMENTS, INFORMATION AND FEEDBACK YOU WILL FIND WITHIN THIS DOCUMENT HAVE BEEN PROVIDED BY CHILDREN, YOUNG PEOPLE, PARENTS, CARERS, PROFESSIONALS AND COMMUNITY PARTNERS LIVING OR WORKING IN HULL – SO A BIG THANK YOU TO EVERYONE WHO HAS MADE A CONTRIBUTION TO THIS 2019 ANNUAL REFRESH.

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GLOSSARY OF TERMS:

SEND	Special Educational Needs and Disability
ADHD	Attention Deficit and Hyperactivity disorder
AMBIT	Adaptive Mentalisation Based Integrative Treatment
BLF	Big Lottery Fund
PRU	Primary Referral Unit
CQUIN	Commissioning for quality and innovation
CYP	Children and young People
CPWP	Child Psychological Wellbeing Practitioner
CAMHS	Child and Adolescent Mental Health Service
CYP IAPT	Children's and young people improving access to psychological therapies
EHCP	Education and Health Care Plans
HCV HCP	Humber Coast and Vale Health and Care Partnership
HULL CCG	Hull Clinical Commissioning Group
HTFT	Humber NHS Teaching Foundation Trust
HCC	Hull City Council
HSH	HeadStart Hull
HWBB	Health & Wellbeing Board
ICOB	Integrated Commissioning Board
LAC	Looked After Child
MVP	Maternity Voices Partnership
NCB	National Children's Bureau
PNMHS	Peri-natal mental health service
TCP	Transforming Care Partnership

FOREWORD:

This 2019 refresh of our Children and Young Peoples (CYP) Mental Health and Emotional Wellbeing Local Transformation Plan (LTP) will be the fourth refresh to be produced since the first plan was written in 2015. We believe we have come a long way on our transformation journey, the content of this refresh will demonstrate the impact, and benefit, of the increased focus and investment in CYP's mental health. The Plan will describe the breadth, and wealth, of interventions and partnership working, taking place in the City of Hull.

In Hull, all partners acknowledge that in order to effect real and sustained improvement in CYP's mental health and emotional wellbeing, whole system collaboration is required. We know the level of demand for services both locally and nationally is growing, alongside an increase in the complexity of the challenges that children and young people living in Hull face. We are continuing to transform services, and through local commitment and innovation we are demonstrating

thinking, and planning, that relate to systemic change. This approach is gathering pace and significant integration between health, social care and education is being planned which, we believe, will improve outcomes across the board for CYP and their families and carers.

This refresh aims to reflect the progress from last year, and highlight the remaining challenges we have as a partnership, whilst demonstrating the integrated way in which we are addressing these challenges.

INTRODUCTION:

The refresh of Hull's 2019 LTP describes how by continuing to work in partnership, as a local system, we are improving the mental health and emotional wellbeing of CYP living in Hull, in line with local need, national ambition and the principles set out in the government document '*Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing*' (2015). Our overall aim is that emotional health and wellbeing support is offered at the earliest opportunity and that we reduce the number of CYP whose needs escalate to require specialist intervention, a crisis response or in-patient admission.

We are continuing to promote a whole system 'THRIVE' framework, moving away from a specialist single agency mental health response to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together.

Children's mental health and emotional wellbeing continues to be a key strategic priority within our local partnership plans. We remain committed to delivering the '*Future in Mind*' five key priorities and this refreshed LTP is organised around these five key themes by reflecting on what has been delivered so far, and our plans going forward:

1. Promoting resilience, prevention and early intervention
2. Improving access to effective support – a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. Developing the workforce

This year's LTP also articulates our refreshed vision and priorities for 2020/21 in line with the NHS plan, and following a multi-agency workshop held on 19th May 2019 which we held in response to the ever growing demand for assessment and intervention. This event was facilitated by the National Children's Bureau (NCB), and a report was produced by the NCB that has informed our plans for further service transformation in 2019/20.

As well as sharing our plans going forward this annual refresh will describe the range of interventions and pathways offered. Case histories are presented from a range of different areas, and feedback from CYP, families and professionals is included.

Since the first 2015 LTP our partnership has matured and developed a much greater understanding, and belief in, how each organisation contributes to meeting the needs of CYP's mental health and emotional wellbeing. Language barriers between organisations have significantly reduced, and there is greater trust between partners.

Our plans for 2020 are now to support a more significant cultural change in the way the whole system, and agencies, will work together and integrate, to deliver a single pathway approach to early intervention, prevention and treatment. We acknowledge that there is much further to go, especially given the context of rising demand and financial constraints across the system and all partners have recently re-affirmed their commitment to working together to develop an integrated service.

In 2015 our first Transformation Plan identified 6 key priorities for enhancing and developing the emotional wellbeing and mental health services for CYP in the city of Hull. Our vision, at that time was for;

'children and young people in Hull who have mental health issues to have access to timely, integrated multi-disciplinary mental health services which will ensure effective assessment, treatment and support for them and their families'.

We consider we have made significant progress with those original priorities which were:

1. Earlier Help and Intervention – Workforce
2. Improved Access to Effective Support – A system without tiers
3. Young People and Families – Voice and Influence
4. Enhance existing Contact Point
5. Eating Disorders
6. Development of a CAMHS Crisis Team

A new service vision and priorities will be developed in conjunction with CYP, families and carers. We are in the process of developing a Communication and Engagement plan to support increased co-production and engagement.

This refreshed Transformation Plan is currently being published in draft form pending ratification from the Health and Wellbeing Board(HWBB) and can be found on Hull CCG's website <https://www.hullccg.nhs.uk/other-services-2/local-services-and-your-health/children-and-young-peoples-mental-health-services/>. Once the plan has been presented to the HWBB it will be updated on the CCG's website and will also be published on the websites of our key partners.

LOCAL PARTNERSHIP PLANS:

Across the City of Hull senior leaders have an ongoing commitment to improving the mental and emotional health of children and young people living in the city. This is reflected in the following local strategies:

- Hull Children, Young People and Families Plan 2019- 2023.
- Hull joint Health & Wellbeing Strategy 2014-2020
- Hull SEND Strategy 2016-2020
- Hull Place Based Plan
- Hull Joint Commissioning Strategy

Integrated Commissioning:

The CCG Board has established an Integrated Commissioning Committee (Committees in Common) in accordance with its Constitution, Standing Orders and Scheme of Delegation. The Integrated Commissioning Committee is responsible for facilitating shared decision-making between the CCG and Hull City Council (HCC) with respect to joint commissioning and the integrated financial plan. The committee is able to direct further scrutiny, both internally and externally where appropriate, for those functions or areas where it believes insufficient assurance is being provided to the CCG Board.

To support the development of integrated commissioning plans an Integrated Commissioning Officers Board (ICOB) has been established whose role it is to explore and negotiate opportunities for integrated commissioning of health and social care services in Hull. Through open sharing of commissioning arrangements and an understanding of current resourcing in the health economy, its principal outcome will be to improve health and care services and the health and wellbeing of children, young people, adults and communities in Hull.

A CYP joint Commissioning Strategy is currently being revised and the purpose of this strategy is to set out the vision, aspirations and priorities for children and young people in Hull. This strategy will be designed to support the best possible start in life for all children, young people, parents, carers and families with support offered in the right place, at the right time by the most appropriate person. The strategy will be joined up - not just between health and the local authority but also include education, and parents and carers to enable co-production. Integrated commissioning will deliver more equitable and high quality services that operate in a seamless way so that children, young people, parents/carers and families receive the best possible outcomes. Please refer to Appendix one for our LTP governance arrangements.

HUMBER COAST AND VALE HEALTH AND CARE PARTNERSHIP(HCV HCP):

Hull CCG is part of the HCV HCP and makes a significant contribution to working together with the other partner organisations to improve the health and wellbeing of people living in the Humber, Coast and Vale footprint.

The HCV HCP is made up of 28 different organisations from across the health and social care sector who are formal members of the partnership. Hull CCG is an active member and committed to working together with the other partner organisations in order to provide the best services for local people, and where possible will work across geographical boundaries to develop an integrated approach to services. Hull CCG Commissioners regularly meet with colleagues from other 'Places' within the Partnership to share learning, build support and contribute to plans for future regional developments.

Humber, Coast & Vale area map:



HCV HCP Proposal for New Care Models for Children and Young People's Mental Health:

In June 2019 HCV HCP received confirmation from NHS England that they were successful in becoming 1 of 4 pilot sites to test new care models for CYP's mental health. The proposal described an approach to the development of whole pathway commissioning to meet the mental health needs of CYP across the four 'Humber places'. The other two places are also involved in alternative projects regarding new care model pilots hence they were not included in this proposal.

- Hull
- East Riding of Yorkshire
- North Lincolnshire
- North East Lincolnshire

Hull partners played an active role in the development of the Bid and the CCG Commissioning Manager for CYP mental health attended the NHS England panel presentation alongside other key stakeholders and the HCV HCP.

The overall aim of the pilot is to focus on community pathways and reducing the need for Tier 4 services by developing one consistent set of outcomes agreed and owned by the four partners. These outcomes will be defined by the needs and preferences of young people, and their families and will build on the successes of each place and the THRIVE Framework. It is hoped the pilot will:

- Reduce variation between areas
- Build on best practise and shared learning
- Develop a clear vision for CYP mental health for the HCV HCP
- Better understand the pressures in the system and explore shared methods to manage these more effectively
- Further develop the collaboration between the places with HCV
- Achieve clarity of vision across the HCV footprint
- Build on local areas Co-production, sharing and involving CYP, parents and carers in the development of outcomes

Humber coast and vale suicide prevention strategy:

HCV has committed to reducing the rate of Suicide by a minimum of 10% by 2020. The principle behind the strategy is that there is a role for everyone in achieving this. All key agencies, including those involved with CYP will work together on an agreed plan, bringing together their own local



strategic plans and priorities. This strategy calls on the general public to become aware of, and speak to, and support neighbours, colleagues, family and friends who may be at risk of taking their own life. This includes children, young people, parents and carers and encourages people not to be afraid to speak openly about suicide.

The strategy is intended to stimulate a social movement for change in the way all citizens think and act in relation to suicides and suicide prevention.

In order to support this strategy Hull, as with the other 5 areas in HCV, has a suicide prevention action plan in place, being delivered by a multi-agency suicide prevention group and, specific to CYP, there are a number of priority areas across our partners' plans:

- Targeted work with vulnerable children and young people
- Better understanding of and support for self-harm, particularly after acute hospital presentations
- Providing better support for primary care staff through training and resources

An on-line campaign video (for all ages) was filmed in Hull to promote the HCV Suicide prevention work and raise awareness of the training video. Please see below a link to the campaign video:

<https://www.youtube.com/watch?v=GTBVZFYbSAA&t=1s>

Provider Collaborative update:

Provider collaborative's will receive delegated responsibility for commissioning services in these mental health areas and the budget. They will work collectively with Health and Care Partnerships and Integrated Care Systems to plan and commission services across the region, engaging with service-users and stakeholders to plan increasingly tailored services for populations, making efficient use of funding. Humber NHS Teaching Foundation Trust (HTFT), our lead provider has been chosen as a lead provider within the Yorkshire and Humber region and this will include the new Tier 4 CYP inpatient unit and they are currently going through a process of due diligence. Provider collaborative's are expected to go live between April 2020 and April 2021, where NHSE Specialised Commissioning will work with the Lead Provider to enable this transition.

UNDERSTANDING LOCAL NEED:

Population:

Currently there are 301,911 people registered with a Hull GP, of which 63,646 are CYP aged 0-18 years. The city sees around 3,400 births every year and the number of CYP is anticipated to increase by 2022. Just over one in six Hull schoolchildren are from minority ethnic groups.

Hull is ranked the fourth most deprived local authority in England (IMD 2019). More than a third of our children live in income deprived households, and over one quarter of children in Hull live in poverty, although rates vary dramatically across the wards in Hull from around one in ten to four in ten children. Poverty impacts on health and educational outcomes and the overall experience of childhood. Children in Hull generally have poorer health and wellbeing than the regional and national average and in some cases the picture does show worsening trends.

Emotional health and mental well-being:

Emotional health and wellbeing, also referred to as mental health, affects an individual's ability to cope and manage with change, transition and life events. Being emotionally resilient and having positive mental health will assist children and young people with their transition into adulthood. The majority of adult mental health disorders have their beginnings in childhood; 50% of adult mental health disorders (excluding dementia) start before the age of 14, and 75% (excluding dementia) start before the mid-twenties, so tackling problems when they first emerge is both morally right and cost effective.

It's estimated that at least 9.6% of young people suffer from a diagnosable mental health problem, with many more experiencing issues around anxiety, stress and body image. This can lead to poor emotional wellbeing and low levels of resilience, resulting in young people being less able to cope with the challenges of life. Left unchecked, this can spiral into acute, long-term illness. Poor mental health in childhood is associated with a broad range of outcomes including poor educational achievement, a greater risk of suicide, substance misuse, antisocial behaviour, offending and early pregnancy. There are inequalities in good emotional health and wellbeing in children, with children from the most disadvantaged backgrounds being three times as likely to develop a mental health disorder.

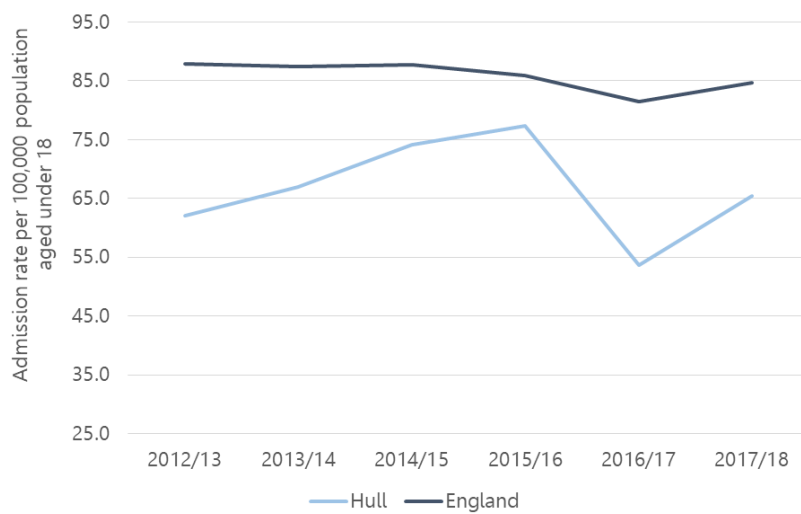
Data and intelligence to support the understanding of emotional health and wellbeing in CYP is recognised nationally as being problematic. Comparative data is limited to CYP who have been admitted to hospital for certain conditions, whilst data relating to the larger number of children who may be experiencing mental health difficulties is limited to national research and local surveys.

In Hull we use our performance data, and our local intelligence, to inform service need. Our strong relationships with schools, providers and voluntary/communication organisations enables us to have a good understanding of qualitative data, local need, and the pressures and challenges within the system. We use this information to plan and develop services, in particular the early intervention and prevention we describe later in this refresh. The Hull Public Health Team is a partner on our

THRIVE Strategic Board and in 2020 they will be repeating an emotional wellbeing and healthy lifestyles with schools which were last done in 2016 and which will provide us with more up to date information regarding CYP wellbeing needs.

Hospital admissions for mental health disorders:

Hull has a lower incidence of hospital admission rates for mental health disorders in those aged under 18 than the national average. In 2017/18, there were 37 admissions to hospital because of a mental health disorder, a rate of 65.5 per 100,000 population aged under 18, compared to 84.7 in England. This is an increase locally from the previous year (53.6 per 100,000).

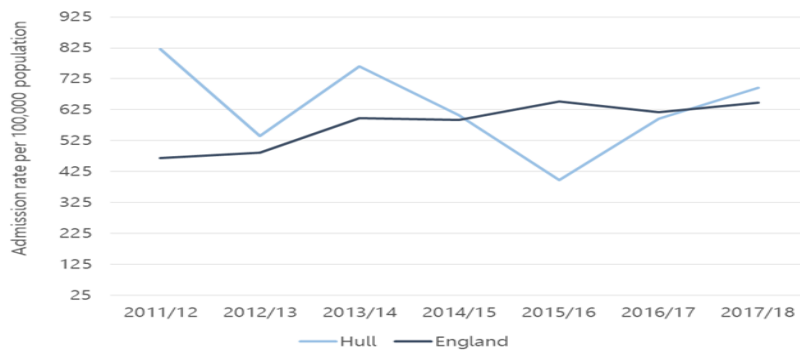


Hospital admissions for self-harm:

The rate of hospital admissions as a result of self-harm is currently (2017/18) lower in Hull compared to both the national and regional averages for 10-14 year olds, but note that the number of admissions in Hull is small, and currently higher in Hull compared to both the national and regional averages for 15-19 year olds.

	Period	Hull	England	Hull trend
Hospital admissions as a result of self-harm (Persons, 10-14 years) - rate per 100,000 population	2017/18	112.7	201.4	↓
Hospital admissions as a result of self-harm (Persons, 15-19 years) - rate per 100,000 population	2017/18	696.7	648.6	→

The trend amongst 15-19 year olds has seen some variance in recent years but has started to increase over the past 2 reporting periods.



THRIVE:

We are continuing to embed the THRIVE, and are using the framework to help plan and implement change in Hull. Our revised priorities for 2020/21 include further developing an integrated system of support that aligns with the THRIVE quadrants. We want staff working across the City of Hull from education, voluntary organisations, health and social care to understand the THRIVE framework and further develop the common language that will support a seamless pathway.

To support this we are planning to undertake some training with the Anna Freud Centre in January 2020. Following on from this we will hold workshops and briefings for staff across the system. We have changed the names of many of our meetings to incorporate THRIVE in to the title so that the concept of ‘Thriving’ and the THRIVE framework will be commonly known and understood by all practitioners across all agencies in Hull. For example our previous ‘Transformation Plan Steering Group’ has now become the ‘THRIVE Strategic Group’ and the ‘HeadStart Operations Meeting’ has now become the ‘THRIVE Operational Group’ and so on.

The THRIVE Framework provides us with a set of principles for creating coherent and resource-efficient community of mental health and wellbeing support for children, young people and families. The Framework is needs-led and our aim is to use the principles of THRIVE to further transform our provision.

Mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways and the framework is for all children and young people aged 0–25.

The THRIVE Framework is represented in 5 quadrants with each part of the framework with a different focus:

- **Thriving:** supporting the development of good emotional health and wellbeing by taking a preventative approach.
- **Getting Advice:** a CYP may need advice or information to manage their own emotional health and wellbeing. The getting advice quadrant focuses on building and promoting resilience, prevention and promotion across the system, within CYP, family's schools and communities. This quadrant is appropriate for CYP who are adjusting to life circumstances with mild or temporary difficulties who are choosing to manage their own health. This includes sign-posting, one off contacts and accessing information, advice and guidance.
- **Getting Help:** the challenges a CYP is experiencing mean they may need some specific support, likely to be time limited. The 'Getting Help' quadrant describes services for CYP who have clinical presentations that would benefit from short-term focused evidence-based treatments in line with NICE guidance.
- **Getting More Help:** the CYP may need support that is likely long term, such as Eating Disorder or Early Intervention in Psychosis (EIP). Some CYP have mental health conditions (e.g. psychosis, eating disorders) and some CYP require extensive and long-term interventions into in-patient care or with extensive out-patient provision from healthcare professionals.
- **Getting Risk Support:** Means a CYP needs are such that immediate support is required to keep them safe. This crisis support will be short time enabling a Child or young person to move between the THRIVE quadrants easily once their needs change.

For more information on thrive please see the link below:

www.implementingthrive.org/about-us/the-thrive-framework/

The Table below illustrates the range of pathways and interventions currently offered in Hull aligned with the THRIVE quadrants, many of the interventions sit within more than one quadrant and have been represented below in the quadrant they align with most – you will find further details on all of these services throughout this report:

Thriving	Page No.
Jigsaw PSHE (Primary and Secondary)	
HeadStart Hull whole school approach and Mark of Excellence	
Workforce Development <ul style="list-style-type: none"> • HeadStart Hull workforce development • CYP IAPT training 	

THRIVE workforce training and development	
Parenting Support: <ul style="list-style-type: none"> • Solihull on-line parenting guide 	
Self-Care: <ul style="list-style-type: none"> • 'How are you feeling website' • Anna Freud –'On my mind' 	
HeadStart literature – 'Z' cards, leaflets, campaign videos	
'Got Your Back'	
HeadStart Volunteering	
Young people lead Campaign	
HeadStart Peer Mentor volunteering	
Local events to promote awareness and knowledge of services	
CYP voice and influence <ul style="list-style-type: none"> • Hull young peoples parliament • Parents Forum • Loud mouths • Communications and Engagement plans 	
Getting Advice	
Play Rangers	
Turn 2 Us	
School Nurse 'drop-ins'	
0-19 Service	
Contact Point	
Autism and ADHD assessment	
Getting Help	
HSH Young peoples peer mentoring	
HSH Schools and community based group work	
HSH Counselling	
HSH Emotional Resilience Coaches	
Parenting and Early Help: <ul style="list-style-type: none"> • Parent peer mentoring • Strengthening families 0-14 year olds • Strengthening families strengthening communities • Triple P (teen) • Supporting separated families • Family links nurturing programme • Incredible years programme • HENRY 	
Support for parents of children with additional needs	
Young peoples psychological intervention service	
Looked after children: <ul style="list-style-type: none"> • 'Edge of care' 	
Regional peri-natal service	

Children's Neuro-disability service developments	
Specialist mental health service: <ul style="list-style-type: none"> • Aromatherapy • Drama therapy • Cognitive Behaviour Therapy(CBT) • Family Therapy • Interpersonal Therapy for Adolescents (IPTA) • Time to Tiger • Boost group 	
Getting More Help	
Eating Disorder Service	
Transforming care: <ul style="list-style-type: none"> • CYP dynamic risk register • Complex needs panel • Personal health budgets 	
Forensic CAMHS Specialist child assessment service (SCAS)	
Getting Risk Support	
Crisis Team	
Regional inpatient unit	
AMBIT	

PROMOTING RESILIENCE, PREVENTION AND EARLY INTERVENTION:

Green Paper Expression of Interest:

The CCG worked with East Riding CCG to submit an Expression of Interest for the most recent bid to NHS England to receive funding for the Mental Health Support Team pilots Green Paper Mental Health Support Team(MHST). The aim of our bid was to build on the THRIVE Model, reduce variation, and improve consistency for children and young people (CYP) who live and/ or study in one place, but are registered with a GP in another place. Our proposed MHST's would enhance the provision of early intervention in particular to CYP with Autism, ADHD and other neuro-developmental conditions. Our bid also proposed to work with those CYP who are on reduced timetables or unable to attend school for a variety of reasons with a view to supporting them to return to education. Unfortunately, we were unsuccessful in this round, however, we continue to develop our whole school approach and build very strong relationships with all schools. Our plans for 2020 also include reviewing need in primary schools and considering options for further developing early intervention for 5-9 years olds.

0-19 service:

The 0-19 service supports delivery of the Healthy Child Programme for CYP in Hull promoting early identification of health needs which may impact on a child's individual development, wellbeing and ability to access education. The Adolescent School Nursing Service (11-19 years) offers support in all areas of public health including emotional health support. The Team are also available to support children and young people with physical health difficulties, worries about body image, sexual identity, smoking, alcohol use, bullying, stress management and self harming, as well as healthy eating and activity.

The school nurse 'drop in' offers an accessible service which is part of the universal service offer that all high schools across the city receive. Young people and fellow professionals provide positive feedback recognising that the role of the school nurse is instrumental in supporting young people to address their emotional wellbeing and mental health. The drop in offers a listening service and provision of low level proactive support and strategies to young people who are requiring extra help to manage their feelings and to support with self-harming. The aim is to build up resilience in young people to enable them to manage their emotions themselves proactively in the future. The team also support parents with behaviour management using a solution focused approach. The School Nurses providing emotional wellbeing support receive monthly supervision from the CYP mental health service to support them within this role.

Young people aged 11-19 years can access a school nurse at their weekly School Nurse Drop In or by Texting SCHOOLNURSE. A school nurse will call back within one working day. Referrals are also accepted from any professionals working with a child or young person and their families. There is one referral form for parents and agencies requesting public health support. This is triaged by a specialist public health nurse and the child/young person is either offered a health needs assessment or a pop in appointment. This referral requires consent from parents under 13 years or the young person can refer themselves.

The Oakfield Special School drop in commenced June 2018. Oakfield is a co-educational school for both day and residential pupils who have social, emotional, and mental health difficulties. Oakfield Special School drop in is led by a Specialist Public Health Nurse who is also a Registered Nurse, Learning Disabilities and has extensive experience of working with young people with complex health needs and challenging behaviour. This drop in offers a safe and confidential environment for young people with complex health needs to discuss issues about their health and wellbeing. This covers a number of areas including: sexual health, emotional health and wellbeing, physical health, smoking cessation, drug and alcohol use, bullying, healthy eating and relationships.

Please see below contact data for CYP for Emotional Support from 1/04/18 – 31/03/2019:

Reason	Age range	Amount of CYP	Total contacts
Emotional support	0-5	175	208
Bereavement support	0-5	2	2
		177	210
Emotional support	6-11 years	229	554
Bereavement support	6-11 years	9	19
		238	573
Emotional support	12-19 years	803	2184
Bereavement support	12-19 years	49	92
Bullying counselling	12-19 years	99	168
		951	2444
TOTAL		1366	3227

The 0-19 service regularly consults with young people to inform service delivery and planning. This has been through a variety of methods – focus groups, use of family and friend’s feedback, questionnaires, young people interviewing for new members of staff.

The service has recruited a young person volunteer to work with the team and this has helped service delivery and planning. The Volunteer has been consulted on to support the team with social media and future service provisions. Her active involvement in the development of the new webpage for the school nursing service and the development of a virtual school nurse ‘pop in’ has enabled the team to plan services that are appropriate and that will engage young people, therefore increasing access to services through the use of technology.

Service user feedback has been positive – young people have felt it was easier to approach the school nursing stand at events when they saw the young person.

The School nurse who provides a confidential and friendly drop in service every Tuesday morning. Sarah has worked hard to build positive relationships with students; this has been through attending School Council meetings, attending the parent group as well as introducing her to all the classes. By building Sarah’s profile in School has enabled students to see a familiar friendly face. This has encouraged students to actively use the drop in sessions (Head Teacher feedback).

Early Help for Young People with caring responsibilities:

A young carer is a young person aged between 5 - 18 years who cares for a family member who may have a disability, serious illness, a mental health issue or an alcohol, drug or substance problem. The Team is currently working with 184 young carers and continues to work in partnership with our partners and in schools to raise awareness.



At times, caring for someone can be quite demanding which means a young carer has less time for hobbies, interests, friends, part-time work or school work. A young carer may take on extra household chores, sort out medications, and help someone to wash, or be a comfort to someone who requires mental or emotional support. The aims of the service are to:

- Provide help for the young person and their family to find the support they need from local services, so that their carers responsibilities do not have a negative impact on their lives.
- Support young carers to use local services such as sports clubs, support groups, youth centers, social groups and health centers
- Provide advice and emotional support through short term interventions and group work sessions.
- Liaise with schools and colleges so that school based staff can better support their students
- Provide opportunities for young carers to take a break from their caring responsibilities, spend time with other young carers, share experiences and build positive peer networks.
- Provide opportunities for young carers to understand more about themselves and others.

Early intervention is a key part of the work and the team work in close partnership with schools, children's social care, GP's, mental health and a wider network of early help support services to work collectively to raise awareness of /and identify young carers. The team takes self-referrals and referrals from other services and professionals working with young people where a caring role has been identified. An appointment will be made to meet the young carer either at home, in school or a community setting where an assessment will be undertaken. Following assessment a plan will which best meets the needs of the young carer will be agreed. Support could include:

- One-to-one support
- Information, advice and guidance
- Assessment of a young carer
- Social activities and peer support for young people who care for a family member.
- Group work
- Sign-posting and sharing local opportunities

- Advocacy work

Young Carers Social Sessions for CYP aged 10-16 years (school year 6-11). These weekly projects aim to support young carers to have fun, make new friends, have the opportunity to talk about their caring role, the challenges they face and to celebrate the difference they make

The impact of these sessions have been really positive and have enabled young carers to make new friends and access a wide range of social and recreational activities. Young carers who are aged 5-10 have the opportunity to meet up every few months with young carers youth workers. This opportunity is more play focused and in December this group will be going to Hull Truck for a theatre tour and to see the festive production Peter Pan.

The team work closely with local 3rd sector organisations such as local voluntary organisations - The Warren, who support young carers aged 16+, and also support schools to set up their own young carers lunch time and after school support groups.

They also work alongside the Charity KIDS and they encourage and support applications from young carers to access the short break fund which is another way we identify young carers as applicants can seek further support from our team on their application form.

There is a CYP grant facility which provides financial support to CYP with their wellbeing. Details regarding the grant can be found below:

- The application for a grant must be supported and led by a professional (e.g. health, care or education) and outline the level of caring responsibility the young carer provides
- Applications must support the improvement of wellbeing opportunities for a young carer (e.g. 12 month cinema pass, gym membership, equipment etc.)
- The young carer must live in the Hull city boundary or be registered with a Hull GP
- The young carer must be aged between 5 -18 years of age
- A grant can be applied for once within a 12 month period
- The maximum grant is for £300 but this can be used as part payment on the provision a receipt is supplied

Do you Care for someone?

Hull Young Carers Group

The Warren YOUTH PROJECT
ESTD. 1984
COMMUNITY RESILIENCE
FOR YOUNG PEOPLE

Hull Young Carers Group is a fun group for Young People who have Caring Responsibilities. We offer one-to-one and group support, Information, Advice and Guidance, fun group activities, trips, courses and more! Young Carers is a free group and a great place to meet new friends, relax and have fun.

For more information, Contact:
Janet on 01482 218115
Or Heidi on 01482 219357
You can also email heidi@thewarren.org or check out our Facebook at: [@HullYoungCarers](https://www.facebook.com/HullYoungCarers)

HeadStart Hull:



HeadStart Hull is a citywide prevention and early help programme which aims to:

“Enable children and young people to have positive mental health and wellbeing, thrive in ‘their communities’ and to ‘bounce back’ from life’s challenges”

HeadStart Hull is funded by the National Lottery Community Fund (formerly known as the Big Lottery Fund) to test and learn new approaches in order to develop a model which could meet need. The model has also involved extensive consultation with schools, voluntary and community organisations, youth services, CAMHS and other health providers as well as consultation with young people and parents. The HeadStart Hull Partnership has successfully secured five years funding from the National Lottery Community Fund to implement the model across the city as an integral part of the city’s early help delivery model Big Lottery Fund (BLF).

The programme is working with all schools across the city (primary, secondary, special schools and PRU’s) as well as a range of community providers e.g. youth services, voluntary organisations and health to provide a city wide approach to improving emotional wellbeing.

The HeadStart Hull programme is working as an integral part of the Early Help Delivery Model and through this we aim to ensure emotional and mental health has parity of esteem in our city with physical health by reducing stigma and ensuring it is seen as everyone’s business in the same way as Safeguarding is.

It also works to ensure that children and young people in our city have:

- A “Trio of Trusted Adults” – in the school, community and at home
- Aspirations for the future – Children and young people and family
- Confidence and self esteem
- Positive Peer Networks – friends they can rely on and support each other
- Stronger Family Networks

When children and young people have these five assets then they come together to form the scaffold of support (protective factors) they need to reduce risk factors and thrive, and bounce back from life’s challenges. This scaffold also supports improved academic attendance and achievement and improved engagement with community services e.g. youth services while reducing the need for specialist/clinical interventions. This enables young people to have the skills and resilience to cope

with life's challenges and to know where to access support if they (or a friend) need it at the earliest opportunity without fear of stigma.

To achieve this HeadStart Hull has put in place a number of universal and targeted initiatives which enable:

- Children and young people to be confident to discuss feelings/worries with a trusted adult and support their peers.
- Children and young people to find and access support when and where they need it
- Parents to confidently and appropriately support their children and young people with emotional health and wellbeing.
- Everyone working with children and young people to be able to identify emotional health issues early and provide effective support to young people and their families.
- Quick access to effective targeted interventions which reduce the need for specialist/ clinical services.

HeadStart has just produced their first Newsletter, please see link here:

<https://mailchi.mp/d12de0f89be0/headstart-hull-news-issue-3712365?e=786f4716e4>

and is using social media to raise awareness. HeadStart provide a range of early intervention programmes which are described below in greater detail:

[HSH Young People's Peer mentoring project:](#)

The purpose of peer mentoring is to provide one to one support to young people within secondary schools and in the community. Young people are contacted within 7 days of referral and seen within 28 days. The peer mentoring project has now achieved the approved provider standards from the Mentoring and Befriending Foundation.

Young people (Mentees) in receipt of the service work with the Mentor to identify issues impacting on their emotional wellbeing and put plans in place to address them. Mentors provide support to the Mentee in achieving their goals and provide a listening ear. The young people's peer mentor project was developed in response to consultation and engagement with over 1000 young people in developing the HeadStart Hull model. It was successfully piloted in 2014-2016.

The young people's peer mentor project recruits and selects young people to become peer mentors. Peer mentors undergo extensive training to ensure they have the skills and knowledge necessary to support other young people identified as having an emotional health need. Peer mentors are carefully matched with mentees to ensure they have a friendly face that is on the same "wavelength". Mentors can gain a level two qualification on completion of the training. Mentors are trained to provide one to one mentoring in schools or in community e.g. in youth centres.

The mentors are a positive role model to a young person who is close to their own age. The role of a peer mentor is to offer regular low level support to mentees with issues which prevent personal growth and development. The mentor will help the young person to identify goals and will support them, with action planning and problem solving, in order to achieve these goals.

All mentors receive regular 1:1 and group supervision from the Peer Mentoring Project Workers to support them in their role.

While the project has successfully supported young people in secondary schools one key development over the last year has been to liaise with primary schools to identify vulnerable young people in year 6 who will struggle with transition to secondary school. The project believes that in order to support pupils transitioning from primary to secondary school, it is beneficial to match them with a mentor during transition week. The reason for the change is that for some pupils, transition to secondary school is a difficult period but previously, young people were not identified as needing this support until 3-4 weeks after starting secondary school. This is often too late as the first few weeks are the most difficult times for these vulnerable young people. Working with this approach young people identified as needing the extra support from a mentor, would have already met their mentor and wouldn't have to worry over the six weeks holiday period about going to secondary school as they would have an identified mentor to support them through their first few weeks.

This year has also seen the introduction of 'talking tables' in the schools. 'Talking tables' is a Public Health initiative which encourages people to talk to one another to combat isolation. In 4 of the schools, peer mentors hold talking tables over lunch 1 day per week. Tables are allocated for this and anyone in the school can sit at the table if they want to talk. This has allowed for young people to talk to peer mentors in the form of a brief intervention. As a result of the 'talking tables' initiative, 297 young people have received a one off (brief) interventions. Mentors have sign-posted 20 young people into peer mentoring as a result of talking to them through 'talking tables'.

Other schools are now keen to start this initiative as they have seen the benefits and this will be taken up during the next year. Another key success of the project is the impact of being a peer mentor has on young people. This is an unexpected success as the peer mentoring project originally set out its aims to help those benefitting from having a mentor not being a peer mentor.

Peer mentors often highlight how the project has helped improve their confidence, especially communication skills, and they gain opportunities to become more involved in school life that they may never have considered before. For example, in one school, it is mentors who are selected to represent their school at young people's parliament because they are positive role models for the school. For the past two years, nominated youth parliament members have been peer mentors.

Other HeadStart Hull projects, such as the Participation and Co-production worker have also worked with peer mentors around campaigns for young people.

162 young people that trained to become a peer mentor are working towards their accredited Level 2 NOCN qualification in Peer Mentoring. Being able to add this to their C.V improves chances of getting into college or work as it demonstrates what kind of individual they are, willing to give their own time up to support others.

The service collects its own evaluation data including feedback from young people, parents and staff. The outcome star (My star) is used to evaluate the impact of the interventions.

The impact of young people's peer mentoring is also currently being evaluated as part of the independent evaluation of the HeadStart Hull programme being carried out by the University of Hull. This will collect the views of young people, staff and parents. Data will be available for the 2020 annual refresh of this Transformation Plan.

Looking forward the Young People's Peer Mentoring Project will begin the process of becoming an NOCN Accreditation Centre. This will enable the project to become an accredited centre and become self-sufficient. This will ensure all young people working towards their qualification will gain this, the project currently relies on schools, and therefore becoming an accredited centre the project will be more self-sufficient. An initial meeting with a representative from NOCN has been held and the project will be working towards the requirements needed over the upcoming year.

The project will also develop the community element; the recruitment and training process will begin for the part time staff member allocated to the community. They will link with various services across the city that works with young people to expand the project. Please find below a link to a film made by the Peer Mentors regarding mentoring:

<https://www.youtube.com/watch?v=mAHnVexiG6k>

The project will also work towards setting up talking tables in all schools, organising a focus group and planning an annual conference for mentors.

Case Study of a year 7 male pupil (mentee):

'S' was referred to the project by his primary school, requesting support for 'S' with the transition to Secondary school. 'S' was presenting as being highly anxious about everyday situations such as shopping and struggled with changes to his routine.



The project worker arranged to meet with 'S' to explain that he had been referred into the project and the reason for this. The project worker explained the project to 'S' and discussed how it could support him, S was given an information leaflet to take away. 'S' felt he would benefit from the support of a peer mentor so the project worker asked him to complete a self-

assessment to find out what he would like support with, 'S' was also asked about any interest and hobbies as this would help in the matching process.

On the self-assessment 'S' identified that he wanted support with building his confidence. The project worker went away to look at who would be a suitable mentor to work with 'S' and arranged a meeting with the peer mentor and 'S', and introduced them to each other. Working in partnership with the school, 'S' was matched with a mentor to work on confidence, but also met once a week the school nurse to work on being highly anxious over fears of getting lost/separated from mum and behaviours such as over washing of hands.

The mentor and 'S' met over a period of 13 weeks, the first few weeks was used to get to know each other and build a trusting relationship. After the first few weeks they completed an outcome star and it was identified on the start that 'S' felt stuck and needed support on four of the points, physical health, feelings and behaviours, friends and confidence and self-esteem. In the first few sessions 'S' had mentioned that he always felt 'tired' which meant he 'couldn't be bothered' a lot of the time. When the mentor discussed physical health with 'S' he said he struggled to get to sleep on a night, the mentor worked with 'S' on his 'bedtime routine' and identified that 'S' had a lot of screen time just before going to sleep. The mentor worked with 'S' on developing a new bedtime routine which included reducing screen time and replacing it with relaxation techniques and activities such as colouring. The mentor also used positive reflection to support the 'S' with increasing self-esteem. During the meeting 'S's' confidence was linked to lack of friends and being alone at break times, the mentor worked with 'S' on identifying a basketball club he would like to join and also clubs that he could do at break time.

Impact:

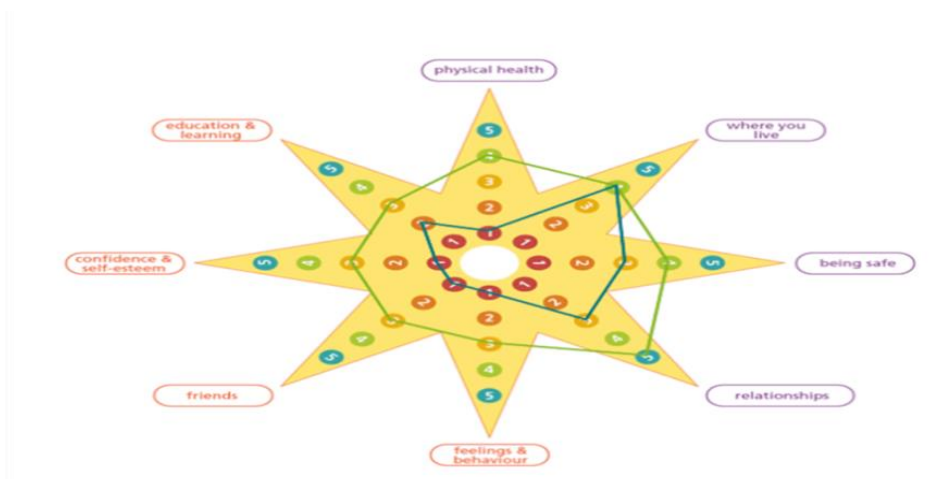
The young person said that having someone to talk too had really helped; he was now going to the library on a break and was no longer sitting alone at break/lunch. 'S' reported an improvement in physical health due to getting more sleep and using the techniques that he had worked on with the mentor.

Although the young person is still needing support, which the school has put in place, there have been improvements on all areas of the star that 'S' felt stuck on. With the support of the mentor he is now trying to help himself which at the beginning 'S' was reluctant to do.

The peer mentor explained that the progress was visible in the motivation 'S' now had to try and support himself, which at the beginning was lacking. 'S' was now bringing ideas to the sessions and discussing what was working and why. Next Steps

A staff member at the school said the mentor 'had done some fantastic work with a very complex year 7 pupil'. The young person has expressed how "useful it was to have someone to talk to and that having this opportunity to speak to his mentor has really helped".

The outcome star below shows the impact/improvements delivered as a result of the intervention:



Case study of a year 9 female pupil (mentor):

'A' applied for the peer mentoring project to be a mentor in December 2018. Initially she missed her interview, but after speaking to staff who said she would make a very good mentor, the project worker invited 'A' to attend another appointment. On 'A's application she had highlighted that she wanted "to help people establish confidence so that they did not get to the point of being completely unable to speak"... "I never want younger girls to suffer through what I suffered through being uncomfortable and lost when I began school; I want to be there for the struggling person".



'A' attended the interview and presented as a very quiet person, but articulate and positive about her wish to be a mentor. The project worker asked what 'A' wanted from being a mentor; she said "I want to feel accomplished, like I thoroughly helped someone that I'm there for people to rely on"

'A' presented as a good listener, she had an open and non-judgemental attitude, felt that her journey through her life experiences could benefit anyone going through similar difficulties. 'A' said that she had struggled initially in school with anxiety, not knowing who she was in school, and would like to help year 7's who might be struggling too.

The Peer mentor project worker delivered 5 (x2hour) training sessions in Peer Mentoring NOCN Level 2 to 12 successful applicants, including 'A'. The sessions included training in active listening skills, safeguarding, confidentiality, feedback, sign-posting, and roleplay.

'A' attended all sessions, and was a fully involved student, listened well, and gradually interacted fully with the other students, enjoying the roleplay, and the exercises. 'A's' confidence in exchanging opinions and views grew over the sessions, and on her evaluation of the training, she said that she had learnt "how to help people and felt more confident about her communication skills and knowledge"

During the training 'A' became more interactive with other students, she made friends with other mentors and became more assertive with her opinions.

At the end of the training, 'A' volunteered to be part of a planned focus group for mentors city wide, and said that she felt that she would "be able to bring different ideas for our school and

share them with others, to understand myself better how other school mentors run their Peer Mentoring”

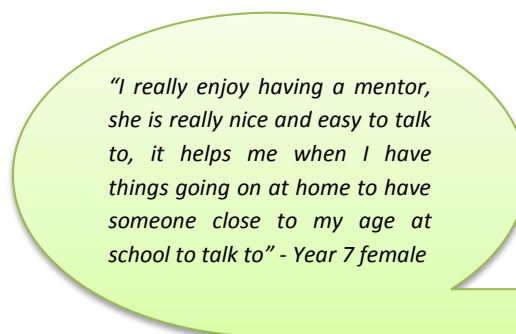
Because of this student’s skills and her positive attitude to the role, she was matched up with an appropriate mentee very quickly, and is making positive progress with that mentee and enjoying her role very much. She has stated that she is very happy to be involved with other peer mentoring activities, including Talking Tables, and is looking forward to representing the Peer Mentoring team whenever possible.

This student has grown in confidence during her time as a mentor. This has had a positive impact on her personal and home life; ‘A’s Mum recently called the Peer Mentoring service to thank the service .She said that her daughter was now going out more, socialising, and making new friends. She was now more confident and ‘generally happier in herself’.

‘A’s Mum recently called the Peer Mentoring service to thank the service .She said that “her daughter was now going out more, socialising, and making new friends. She was now more confident and generally happier in herself”.



“This student has grown in confidence during her time as a mentor, peer mentoring has had a positive impact on her personal and home life” -Teacher



“I really enjoy having a mentor, she is really nice and easy to talk to, it helps me when I have things going on at home to have someone close to my age at school to talk to” - Year 7 female

HSR Resilience Coaches:

Following a referral via the HeadStart Hull checklist Emotional Resilience Coaches meet with the young person in their family home for their initial meeting. This also gives them the opportunity to meet the parent / parents to build a communication and assess whether they require support and give an understanding of the home context and family environment the young person lives in. Where they meet for the coaching sessions is chosen by the young person, however this is usually either at the school they attend (within school time) or at a local youth centre. This year has seen an expansion of the meeting places used which has included some additional voluntary sector youth venues and an extension of home visits in some cases when the young person has initial issues in terms of leaving the home.

The predicted duration of the support given by an Emotional Resilience Coach was originally approximately 10 to 12 sessions where the young person is supported in identifying challenges and developing and testing possible solutions and strategies to address these or to manage the impact e.g. anxiety or stress using evidence based tools e.g. motivational interviewing, CBT techniques and stress management techniques. However as their knowledge of the wider youth offer increased young people were also supported to access other services earlier which encouraged the

development of a relationship with a long term trusted adult in the community whilst still receiving support from an Emotional Resilience Coach. This ensured that the young person's exit from the intervention was more likely to provide a long term positive outcome. Other developments during the year were the improved step down to the support of a HeadStart Hull young people's peer mentor if needed or the use of the Turn to Us drop-ins as a chance to chat to a youth worker if there are some issues in the future.

Relationships with schools have generally improved as HeadStart Hull has become embedded in the wider understanding. The success of the development of Emotional Resilience coaching offer has been in the direct involvement of the coaches themselves. The 3 coaches came from different backgrounds (school, youth justice and youth work/ drama therapy) and were actively encouraged by the Youth Work Manager to use their own experiences and learning to develop the role. This gave greater ownership of the role and a collective negotiated agreement in the direction of development. As the team were based together the opportunity for informal discussions and challenges enabled more immediate negotiation and agreement to resolve any issues and agree ways forward.

The Emotional Resilience Coaches work extensively in partnership with services and projects both internal and external to Head start. The coaches attend and contribute to the monthly multi –agency Early Help Action Meetings and Team around the Family meetings. Their role is integral to the wider Early Help Offer and their ability to join young people up appropriately with other support initiatives and the more universal providers is integral to the outcomes for Early Help across the City. The good reputation built by this team and the impact of this role has been widely recognised. This saw increased investment towards the end of 18/19 doubling the numbers of coaches in the team from 3 to 6.

The unique offer from the role of the Emotional Resilience Coach remains their ability to provide a very flexible response to meet a young person's needs. Choice of venue, and also provide handholding to ensure that partners services / projects are accessible to maximise the wider partnership youth offer for young people in Hull as part of exit planning from the Emotional Resilience Coach service. During 2018/19 the following numbers of people have been involved:

Number of young people Identified (referred) – 268

Number of young people recruited (appropriate referrals) –183

Number of young people taking up the service – 119

Case study of young person accessing the Emotional Resilience Coach project:

Mum and three children in the family home and father no longer in the home due to historic domestic violence which “O” was exposed to – father now has no contact with the family.



The Social Worker for the family submitted a HeadStart Hull Checklist requesting Emotional Resilience Coaching. ‘O’ presents as low in mood at school, fights with his brother and wants someone to talk to. Previous support was provided by Women’s Aid but ‘O’ felt his brother dominated these sessions, and he felt that he wasn’t able to benefit from the support provided. ‘O’ is a young carer but has not engaged with the social session for young carers at the youth centre for a year.

Support provided:

Home visit with the social worker to make the introduction to ‘O’ which was followed by 12 1:1 sessions delivered at the local youth centre focussing on behaviour and hand holding to young carers’ social session at the local youth centre.

Impact:

ERC Worker: ‘O’ presented as withdrawn during the first two 1:1s and reluctant to open up. Time was spent getting to know ‘O’ and establishing a positive working relationship which resulted in ‘O’ opening up and presenting as upbeat and animated throughout the sessions. He engaged really well. Initially, he didn’t seem invested in the support and by completion he said “it has really helped”.

Young Person: from the My Star, ‘O’ wanted to focus on feelings and behaviour which he rated as a 3 and by the end of the support he put him as a 5. ‘O’ said his feeling and behaviour are “miles better as I don’t usually get that angry now and if I do I use the stress ball. I’m managing real well now”.

Family: Mum reported noticing an improvement in “O”’s behaviour at home and was delighted when she heard that school were saying the same. Mum was glad he re-engaged with the Young Carers’ social session so he had some time to himself away from home and school environment and a break from his brother.

Mum fed back that she was very grateful for the support and said that he always looked forward to the sessions. Mum reported that she was glad that he was starting to go to the young carers’ sessions again. School reported that they had seen a change in ‘O’, his behaviour had improved and he presented as happier and if he was encountering a difficulty he came to the house team office to discuss this.

“My daughter has got better at talking to me and her temper is better. She loved the well-being pack. The support has really helped. I really appreciate your help”

“I would recommend this to a friend because some friends struggle like me with emotions when they are alone, this could help them as well. The most helpful part was doing the emotions cards. I don’t have any ideas of how we could improve this service as it is good and comforting”

"My son has really changed so much. Having help from the ERC to help with confidence. I have noticed different things in him and he has come on in leaps and bounds in confidence. He is still engaging in the youth centre and taking a friend with him which has been great. He has been a lot better thank you for all your help."

HSH Schools based group work:

The school based group work promotes resilience, self-esteem and confidence for young people to support positive mental health and wellbeing. It aims to address a range of issues such as bullying, stress, body image issues, low self-esteem and confidence, lack of aspirations and problem solving skills, lack of experience of success or achievement, lack of trusted adults in school or community, lack of wider supportive networks and changes in behaviour at school/ in community – e.g. disruptive, withdrawn, observed increase in risk taking behaviours

The group work runs one day per week for a school term, which requires the young person to come out of class for the day. Before a young person joins a group, they are visited at home by a worker who discusses their support needs with the young person and their parents. During the visit, parents are also helped to gain support for themselves if/where a need is identified.

The groups are designed to help young people develop:

- emotional resilience and ability to understand their own and others thoughts, and behaviours
- positive communication and sense of belonging
- confidence and self-esteem
- social, emotional and behavioural self-management skills
- understand what impacts on emotional / mental health
- prevent / decrease troubling feelings and behaviours
- increase coping strategies / develop individualised coping plans
- increase peer and community networks
- recognise early warning signs and plan in the event of their emotional health worsening.

Group work offers an individualised approach as each young person in the group develops their own wellness plan; this promotes ownership and self-responsibility. There is also some 1-1 support for young people (and their parents) attending the groups if needed. The project helps young people to better engage in their school, community and with family and peers. A member of school staff is also part of group work delivery to maintain links when pupils are back in school.

The group work is delivering well across the city and achieving good outcomes however, it has been identified that although aimed at 11-16 year olds (year 7-11) it is predominantly year 7, 8 and 9 who are being referred. There will be a need to look at how the group work needs of young people in year 10 and 11 are met moving forward.

Complexity of need remains high and the content of delivery is regularly reviewed to meet the needs of young people and ensure feedback from young people, parents and staff is actioned. Individual action planning is threaded throughout each session and is key to ensuring that individual need is met within a group work setting. There has been increasing disclosures of self-harm and suicidal thoughts which has been a challenge for an early intervention project due to increased resource needed to support risk (risk assessments, safety plans, referrals to other agencies including safeguarding and follow-up on these).

An additional success includes the adaptations that have been made to the group work programme to support specific learning needs. For example, they have adapted group work activities to ensure inclusion of a young person with a visual impairment, young people who use wheelchairs as well as to support the needs of young people with autism. For example at Kelvin Hall School we supported a young person to attend for group work whilst having a period of absence from school due to M.E. The Lead Worker for Kelvin Hall was able to tailor the group work programme to the young person's needs. Feedback from this young person included: "I really appreciated you doing it part-time for me. The room I could rest in and the fact you let others know all helped." (girl age 11)

Another young person with a complex heart condition told us "I feel safe with all the extra stuff you have done." (Girl age 13).

The group work project has successfully supported parents of young people accessing the group work on a 1-1 basis though providing quality and effective interventions on often complex and challenging issues. For example, support for parents to hear and understand their young person's self-harming behaviours alongside their role in supporting progress.

Towards the end of the term young people on the group work are linked with other services in their community e.g. youth services so they can continue to access activities and further build peer networks.

Feedback from participants has been excellent and young people are stating that they have a better understanding of their own and others emotional health and wellbeing; and that they can now spot signs and symptoms of low resilience within their peers. Young people are self-reporting that they feel much more engaged with attending school and have better peer to peer relationships in and out of the school environment. Some young people are stating that relationships at home have improved. They share that this seems to be due to their better understanding of

positive communication. Their ability to emotional self-regulate and the fact that their families have been able to access family work to better understand them.

Case study

'L' is very sensitive and takes matters to heart; she has friendship issues and has been bullied due to her appearance and sexuality. Laura is currently living with her father. 'L' disclosed that she has self-harmed in the past, and has had suicidal thoughts. An initial visit was made to the family home to seek consents from dad.



'L' completed a My Star Assessment at the beginning of the group, and identified her goal as wanting to feel 'more confident'. 'L' attended the group work programme; initially she was quiet and sat by herself to begin with but throughout the weeks with the support of the project workers and group members Laura started to open up about her experiences. Laura started to speak to other members about her interests soon becoming more confident within the group; she joined in with the group activities and sat with other group members on her lunch breaks.

'L' worked through her triggers which she was able to identify, and these linked with the suicidal thoughts. 'L' received one to one sessions in school as well as the group work, this was to explore the suicidal thoughts and look at triggers in more detail. During a one to one 'L' disclosed that the suicidal thoughts have been daily but she could not pin point the reason behind them. 'L' made a list of all the things that were causing her stress this list included school – waiting for GCSE subjects to be confirmed and family issues which were causing her upset. It was agreed with 'L' that we would look at further support post group work. We discussed what would be appropriate agreeing on a referral to MIND and a creative arts group in her local community. The Worker also gave 'L' information on Corner house support group in relation to her sexuality.

After a community youth group attended a session to discuss what they offer young people locally the Worker arranged for the group members to attend a session at the youth club with their support. This was really positive experience for Laura she really enjoyed the session and made new friends; 'L' has continued to attend the youth club.

'L' herself has seen changes since completing the programme, she feels more confident. She has said that the suicidal thoughts have reduced a lot and she is feeling less stressed. 'L' has formed new friendships from the group, and within the community. Dad has reported changes in 'L', he has seen her become more positive and she is opening up more about her feelings at home.

"My Child has told me she gets a lot from group work and I have noticed a great change. He has opened up and been a lot calmer" - Parent

"It's helped me understand things better and helped me learn to talk about how

Jigsaw PSHE:

HeadStart Hull has worked with schools across the city to embed age appropriate emotional health education as part of the Personal, Social, Health Education (PSHE) curriculum in preparation for it becoming statutory in 2020/21. All schools have a named HeadStart Hull schools policy and practice



officer who can support them to develop inclusive policies and practice as part of a whole school approach to improving emotional wellbeing. They also have support from a HeadStart Hull PSHE policy and practice officer who can work with them to ensure their PSHE delivery is meeting the needs of all pupils.

Community organisations e.g. youth services, VCS and other community services have the support of the HeadStart Hull Community policy and practice officer to support them to develop inclusive policies and practice for a whole organisation approach to improving emotional wellbeing. This ensures young people receive consistent information and support across schools and community.

HeadStart Hull has implemented the Jigsaw (PSHE) programme which is now used in all primary and secondary schools across the city to help children and young people know and value who they are and understand how they relate to other people and the world. It offers a mindful, interactive and creative approach to PSHE that provides lessons for every year group for the whole school.

There are 6 Puzzles, each with 6 Pieces. Each Piece is based on specific learning to meet children and young people's needs as well as develop emotional literacy and social skills.

The puzzles are themed around:

- Being in my world
- Celebrating difference
- Dreams and goals
- Healthy me
- Relationships
- Changing me

Jigsaw works with every year group, for the whole school, across primary and secondary schools (from year 1 to year 11, ages 4-16) and is mapped against Ofsted criteria. The sessions promote improve peer networks and ability to identify a trusted adult and share worries and concerns. They also develop skills and understanding of empathy, emotional regulation, aspirations, coping with change and an understanding and acceptance of difference be that disability, LGBT, foster families etc.

Jigsaw is delivered to 26,429 primary aged pupils and 15,151 secondary aged pupils across the city through timetabled PSHE lessons. The HeadStart Hull policy and practice officers are specifically working with Jigsaw and the Special Schools to see how the standard pack can be adapted and used within Special schools to ensure those pupils also receive high quality PSHE on emotional health to meet their needs. Some special schools are using key stage 2 packs with older children depending on their levels of understanding while other schools have asked for specific changes or additional lesson plans/teaching tools to be made to meet their pupil's needs which are in development in partnership with Jigsaw and the special schools PSHE leads.

Multi Academy Trusts (MAT's) have encouraged any schools within their MAT who were not delivering this in 17/19 to take up delivery by the end of the academic year 18/19 to ensure a city wide approach and constant delivery of key messages and skills at a universal level. This shows ownership and commitment to embedding delivery by the Multi academy trusts which will ensure sustainability of delivery. During April/May 2019 there was 3 days of events held including workshop, jigsaw Families event and training for staff delivering Jigsaw to ensure they are well informed and confident.

"I've felt like no one was listening re the importance of PSHE for all students to access. After working with HeadStart Hull I've now got support and additional capacity in school to take the lead and embed PSHE utilising the Jigsaw resources"

"Over time it has further developed opportunities for safeguarding and wellbeing discussions to ensure that a child's voice is heard. It has given strategies for the staff to use with children to moderate

Turn 2 us:

This is an open access drop in for young people run by youth workers in secondary schools across the city, as well as Hull College 14 -16, Northcott (special school) and Ashwell (PRU – now called compass academy). Youth workers deliver a weekly drop-in which offers young people who feel a bit stressed, fed up or anxious the opportunity to talk to a youth worker in their lunch break about any worries or concerns they may have and receive support, guidance and reassurance. During the school holidays, young people can access this in their local youth centres.



The service was originally developed in mainstream secondary schools but has since extended to be piloted in Northcott special school where it ran successfully last academic year. We hope to pilot it in other special schools where appropriate

in the future. Turn 2 Us delivery and the reach it offers across the city is useful as an initial point of contact with young people. It is also used as a reassuring option or back up plan as part of a young person's step down or exit plan.

Where it is most successful is in schools which provide an appropriate space, a longer lunch break and whose staff actively encourages their pupils / students to access the service and raise the expectation of its good to talk".

The main challenge faced by Turn 2 Us was the change to much shorter lunch breaks in many of the schools. In the worst scenario the pupils are so rushed on their lunch break system that they barely have time to eat their food let alone speak about any concerns. To address this unforeseen issue where possible the number of youth workers was increased to 3 per session and in some schools youth workers have agreed a separate time to meet the young person to allow for a longer conversation.

In 2018/19 this service has provided 2856 brief interventions to young people aged 10-16.

Case History:

13 year old female 'C' lives at home with her parents, Grandma who was her rock and the person who held the family together had recently died. Father is alcohol dependant and Mum has depression. Her teacher at school was aware of the change in circumstances and noticed that 'C' was becoming withdrawn, appeared anxious and was not mixing with the other pupils. He suggested that if she didn't want to talk to him she could always have a chat with 'Turn 2 Us'. The 'Turn 2 Us' worker had a chat with 'C' and suggested that it would be nice to catch up again next week. Initially 'C' was quite shy and nervous but after a few chats she gained confidence and began to open up and talk about her lack of friends and how she had been bullied by a group of girls. Since her Nana had died she was feeling very lonely and low.



As the youth worker began to build up trust between her and the young person the bigger picture began to unfold and it was identified that 'C' was also struggling with her Father and his alcohol dependency and caring for her Mother due to lack of ability to deal with everyday household chores.

The youth worker suggested that 'C' might like to meet up with some other young people with caring responsibilities for a bit of support by joining the Young Carers group at nearby Astra Youth Centre. 'C' was interested but apprehensive, however. when she realised that the 'Turn 2 Us' youth worker also worked on this session and that she would come across to meet 'C' from school and walk with her to the youth centre and be on the session she felt much more confident.

In early May 'C' attended her first Young Carers social session. This was an opportunity for C to join in fun activities and make new friends who were dealing with similar issues.

It is nearly a year since 'C' first spoke with a 'Turn 2 Us' youth worker and she is now a far happier and more confident young person with a network of friends and the reassurance that her parents are receiving the support they need locally.

As a result of the initial chat the 'Turn 2 Us' youth worker has provided appropriate support for the whole family due to her ability to build a trusting relationship with the young person and the wider knowledge of local services which could offer the appropriate support to the whole family.

'C' now accesses the wider universal youth club sessions at her local youth centre and additional school activities including singing and performances. She is also exploring the possibility of setting up a local anti-bullying group to support other young people through challenging times.

The Play Ranger Service:

The Play Ranger service is aimed at young people aged 10-16 and their families and delivers a range of activities in parks and open spaces during school holiday periods as well as a number of city-wide/city centre based events. The Play Ranger sessions aim to improve young people's mental health by:

- supporting them to develop friendships and reduce isolation,
- supporting them to improve their relationships with friends and family,
- providing opportunities for young people to talk about any issues they are experiencing,
- offering practical solutions such as stress balls and dream catchers which young people can take away with them to use at home/school,
- sign-posting young people and parents/carers to other relevant support services,
- providing a range of games/activities to young people and parents/carers that are free or very cost effective using resources that can easily be accessed at home.

This is achieved through the delivery of activities such as:

- Sport & team games –sports such as football and rounders have been successful in encouraging people of all ages to play together, support and encourage each other, improve confidence and self-esteem and work as a team.
- Arts & crafts – these activities are great conversation starters and act as tools to enable Youth Workers to find out more about young people and any issues they may be experiencing. Arts & crafts activities also help young people to de-stress, focus on something positive and can be taken away to continue at home.
- Cycling – exercise is a good way to manage stress, is fun and as a lot of young people in the city own bicycles it is a cheap way for them to get around. The cycling sessions also show young people how to maintain their bikes,

provide safety equipment and ride safely on roads and cycle tracks, enabling them to use cycling as a means of transport so they can access activities outside of school.

- Music – music is a great way of attracting young people to our events but also provides them with an opportunity to try a new activity, develop an existing skill or share their skills with other young people.
- Fishing – this is a great way for young people to relax and share their skills and knowledge with each other, encouraging the development of friendships and improving confidence.
- Kit-Cars – young people have the opportunity to learn new skills, share existing skills and develop team building, negotiation and conflict resolution skills.
- Provision of food/lunch bags – lots of young people who would ordinarily access free school meals don't necessarily have those meals replaced at home during the school holidays. Being able to provide nutritious snacks, refreshments or lunch bags means that young people can engage more effectively with our activities and activities in the wider community.

The Play Ranger sessions are delivered by teams of experienced youth workers who are supported by sessional staff, trainees, people on work experience and volunteers. A typical Play Ranger session would be staffed by 4 people; however, some venues are busier than others so more members of staff are needed at those sessions. We also ensured that there was a sufficient number of staff at city-wide/city centre based events as we knew those events would be busy. These events also provided us with opportunities for all three organisations to work together, share our skills and learn from each other.

In 2018/19 this service has provided worked with 1649 young people aged 10-16 and 1301 5-9's. Due to the open access nature of the project although it is aimed at 10 - 16 young children often attend with an older sibling and no one is turned away.

Through the delivery of the Play Ranger programme a gap in provision has been identified for children/young people aged 0-9. To address this issue we have recently submitted a grant application to Children in Need which, if successful will enable each of our organisations to employ more staff to deliver activities to children/young people aged 0-9 alongside our existing Play Ranger sessions.

The project continues to gather feedback from young people through the use of feedback boards, comments boards and washing lines as well as through more informal methods such as discussions. Although we occasionally make slight amendments to the questions we ask young people, the methods for gathering their views remains largely the same as we have found that they work well for us.

"My son has really come on since coming to the cycling sessions. He's not good around new people but loves spending time with the staff and it's a safe environment"

"The stress balls are so good - they help because I get stressed and angry"

HSB Whole organisational approach:

(HeadStart Hull Mark of Excellence (MOE)) HeadStart Hull wants to make sure that supporting children and young people's emotional well-being is everyone's business. To achieve this the core team have developed a self-assessment tool that provides a systematic method in developing and adopting a 'whole organisation approach' and helps organisations think about the way in which they provide support. This tool is based on the guidance on whole school approach issued by Public Health England and the Department of Education in 2015. The HeadStart Hull Mark of Excellence recognises that the schools and other organisations e.g. youth services that have achieved the award fully believe in and practice the standards needed to build resilience in children and young people.

The standards are:

1. There is support for young people's emotional well-being & HeadStart Hull at a Senior Leadership Level
2. There is an ethos and environment that promotes respect and values diversity
3. Young people are supported to explore and understand their feelings and take responsibility for their emotional well-being
4. Staff are able to identify and support vulnerable young people and request additional support, where appropriate.
5. Young people are supported to voice their opinions and influence decisions
6. Parents/carers are encouraged to support the emotional well-being of their children and young people
7. Staff are trained, encouraged and enabled to support their own emotional well-being
8. There are monitoring and evaluation systems in place to effectively measure performance and evidence impact

HeadStart Hull Policy and Practice Officers support the school/community organisations to achieve the MOE, through regular support and challenge meetings.

Young people verify if the criteria has been met by visiting the setting, checking that policies and procedures work in practice including a "mystery shopper" approach where they test out scenarios with staff and award the MOE upon completion.

The application and assessment process will take around 6 – 12 months to complete, depending on the size of the organisation and the number of staff/volunteers able to support the process, and support from HeadStart Hull is available at every step in the process.

There are currently seven schools who have achieved this at the end of the 18/19 academic year (including one special school).

HeadStart Hull run a comparable scheme for community organizations e.g. youth services, VCS etc. One youth centre has achieved this.

The MOE is an audit tool which helps schools and community organisations evaluate the impact of the work they do to support young people's emotional health. The MOE was developed in partnership with schools and community organisations e.g. VCS and youth services. Young people are recruited and trained as young evaluators to ensure that the systems the organisation has in place works in practice.

32 schools are working towards this to achieve in the coming academic year. 8 community orgs are in the process to achieve this academic year.

Case Studies:

Feedback from Maybury Primary School:

The assessment tool has allowed us to adopt a holistic view. A strong working relationship with HeadStart has allowed us to be both self-critical but also celebrate the many support mechanisms we have in place. Maybury Primary school has been involved with the Headstart project for the last few years; the school is situated in one of the most deprived areas of the city and we have a wide range of social and emotional issues and ongoing problems for many of our children, which we are constantly supporting and working with. When we first engaged with Headstart, the staff in our school, including myself, were under the impression that we were already 'taking care of' our children's wellbeing- which we were- but not in a manner relevant to meet the needs of children today.



Through our involvement with Headstart, staff had begun to further recognise the importance of ensuring a child's mental and emotional wellbeing in order to support them through their learning, and prepare them for their life journey, therefore we felt that this would be a way to fully highlight and celebrate the hard work that the staff had been doing in school to promote emotional and mental well-being.

When the school was visited by Ofsted, shortly after our audit had been reviewed, it gave me peace of mind that the school was being extremely pro-active in addressing the emotional and mental wellbeing of our children and families. The standards and evidence was presented to the inspector, who recognised that this made it very clear regarding all the work that was being done and the strong links that we had with other agencies to support this.

Being involved with HeadStart has resulted in a total mind-shift within our school; it has made all staff more aware regarding the work that they do and the value of support that they can and do give. Staff have observed that children can express

their needs and concerns more, and some children are able to use appropriate strategies to better moderate their emotions. It also helped to reassure myself and my colleagues that we are actively supporting the emotional needs of our children, families and each other - (Head teacher Maybury Primary School)

Case Studies – Youth Centres:

Once the application and supporting evidence had been reviewed by the Community Policy and Practice Officer, children and young people completed the evaluation through two mechanisms. Firstly, a series of individual and small group consultations were carried out with children and young people who access services and support at Astra Youth Centre. Secondly, HeadStart Hull young evaluators were trained to ‘mystery shop’ the setting from the viewpoint of a young person who is new to the service. Both stages of the young people’s evaluation involved asking young people set questions about the service they received and then asking follow up questions to explore the reasons behind this. This process identified what children and young people most like about the service and support they receive in Astra, and whether there are any ways in which the service/support could be improved. Having completed all elements of the evaluation, Astra was assessed as meeting the required standards of the Mark of Excellence and were awarded the HeadStart Hull Mark of Excellence. Astra have received written reports that highlight the strengths of their submission, as well as some areas for future development. In the weeks since Astra were awarded the Mark of Excellence, the Youth and Community Development Worker and the Youth Work Manager have met to discuss the feedback provided and look at how the service can develop further.



Feedback from HeadStart Hull young evaluators working on the MOE project:

“For me, the best thing about being a young evaluator is that I am helping other children. Because of the things I’ve said about how the dinner ladies should be taught to talk to all the lonely children and help them find friends, I am helping lots of other children like me who don’t have anyone to play with and might feel lonely on the playground.”

“I love being a young evaluator because I haven’t had a job as important as this before”

“I enjoy being a young evaluator because I get to make school a better place for the children to learn”

“What I like about being a young evaluator is that you get to learn lots of other things and help the school and it makes me really proud”

“I’m happy to be a young evaluator because it’s fun but it’s very important as well”

“I like to be a young evaluator because we’re changing the school and when there’s bad things we’re trying to solve them, and we get to test the teachers and it’s fun”

“My favourite part of being a young evaluator is making the school a better place”

“My favourite thing about being a young evaluator is to meet new HeadStart people”

HeadStart Hull Counselling:

The counselling service provides one to one therapeutic interventions to young people and can work with them in school and in the community. The service can also deliver thematic group work where the need is identified e.g. a session on exam stress for a group of young people already accessing the service. Young people being referred to the service appear to have complex family needs and present to the service with a range of issues that they are struggling with. These can include bereavement, family break ups and family relationship issues, traumatic events, issues with bullying and lack of support from those around them.

Many of the young people seen have found it hard to separate their difficulties into separate problems and to identify one single factor that is impacting them that they would choose to work on in isolation without considering the wider impact of the other factors. In terms of providing support to those young people it means that sessions are used to explore a range of issues and the interactions between those issues to support the young people to identify ways of coping and how to manage their difficulties. This means number of sessions is often more than the initial 6 sessions that is offered. Additionally it means that a large amount of work is required outside of sessions with the family and the agencies around the young person to enable wider system family change that is stable and lasting beyond the period of intervention.

Young people are reporting that they like the flexibility and scope of the service. The service is available until 7pm so young people can be seen after school. Although young people can be seen in school and this works well for some this can be difficult due to lack of availability of appropriate rooms or that young people don’t want to go straight into lessons after counselling as they may need time to reflect on the counselling discussions.

For the cases that are coming through which require a higher level of need, we are working with the young people to develop clear ideas of the work that they feel fits them best in sessions and monitoring risk during those sessions and completing and supplementary work that is appropriate. Where referral to another specialist service is appropriate we are doing this whilst working with the young person to prepare themselves for this and ensuring that a clear referral is detailed that the young person and their family are part of. The service also runs the Step Out Group - a weekly group for LGBT+ young people aged 10 to 19 in partnership with a the local Voluntary Sector Organisation Corner house.

Young people have stated that it is nice to feel supported for as long as they need support and to know that they will be supported in locating and accessing further support if it is needed. The young people like having a choice in the service they receive and like that they have a say in what will happen in their action plan. There is also an opportunity to involve parents and carers where appropriate and this received positive feedback. In 2018/19 - 228 CYP have received counselling from the service.

"Everything was really good, it was just nice to talk about stuff. Learning to talk about things helped me with my problems. Talking helped me to accept what had happened and made sense of it."

One young person had a session that was completed with a parent as part of their goal to tell mum about what was troubling her. This session was very successful and made a big difference to the young person.

Self-care:

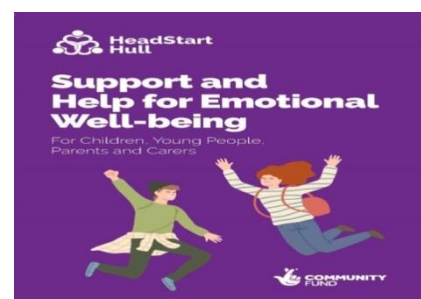
Self-care is about the things we can do to look after our own mental health. Promoting self-care is regarded as an important element of our early intervention and prevention. There are a number of ways we encourage CYP to look after their emotional wellbeing and support their understanding of how they can help themselves.

HeadStart Hull has produced a range of information literature: postcards, z cards, and information booklets, produced in partnership with CYP, and HeadStart Volunteers, that are available for CYP, parents, carers and professionals. The literature is often distributed by the HeadStart volunteers when they attend local events and is on a range of different topics all related to an emotional wellbeing theme.



There are also two very useful booklets that have recently been produced one for professionals working with CYP, and one designed for CYP parents and carers – please see the links below to both of these booklets:

<https://www.howareyoufeeling.org.uk/young-person-services>



<https://www.howareyoufeeling.org.uk/professionals>



'How are you feeling' Website:

This is a website that provides access to information and support related to emotional health and wellbeing including access to local services. The website was first established in 2016 and it was decided in May 2019 to review the site. The refresh of the site was co-produced with groups of HeadStart Hull volunteers, the first workshop established what functions the young people felt they needed and did not need, as well as the overall aim and ethos of the website. This was followed by a second session, which focused on imagery and structure.

The newly revised website is now segmented into 3 distinct sections, for Young People, Parents and for Professionals. Each of the sections contains advice and information on the services relevant to each audience, meaning each visitor will be able to find exactly what they need within just 2 clicks. Each section also contains viewable and downloadable versions of the new service guides, outlining the programme and all of the services included. There site features a password protected resources section for professionals which contains useful materials to further enhance the HeadStart Hull message and support their roles. Please find a link here: <https://www.howareyoufeeling.org.uk/>

For CYP there are links to the top tips Postcards that have been produced by HeadStart volunteers, and videos and campaign films. There is also a link to a wider list of external services.

Got Your Back Campaign:

The 'Got your back' campaign was commissioned by the CCG and is a co-produced social media brand raising awareness amongst young people on a range of health and social challenges facing young people in Hull. 'Got Your Back' is steered by an Editorial Board of young volunteers and maintains momentum through live events and social media features co-produced with 13 to 19-year olds through the city.

Based on evidence of the positive impact of young people co-creating media for awareness, and behaviour, they have supported this approach to create a platform to reach thousands of young people every month through the social media channels where they hang

Over 8,000 young people are engaging with 'Got Your Back' each month and to all young people the message is this:

'Whatever the topic, 'Got Your Back' is here for you. We aim to show life how it really is, warts and all! We create videos, blogs and post that start the conversations and debates that help protect and support you and each other'

Whilst 'Got Your Back' is predominately an online media platform, community engagement is valuable to ensure the content stays relevant to the CYP audience and reflects a range of perspectives of young people living in Hull. Attending events and engaging face-to-face has enabled meaningful connections to be made with young people across the city, increasing trust, brand awareness and providing opportunities to young people across the city. There has also been a presence at youth and community centres where CYP have had heavy involvement in content creation such as podcasting and also in consultation work relating to the health and social issues they identified as prevalent for young people in Hull.



At many of the outreach events, the team and board members have given out branded materials and interacted with young people with the "Ranting & Raving booth"; a space for young people to speak out about what is great and what is not so great about being a young person in Hull. Much of this community engagement has given an insight into the topics that should be focussed on, such as homelessness which was mentioned as a key issue at the recent Hull Pride. Below is an example of some of the events that 'Got your Back' have attended to promote CYP awareness in issues and seek their involvement:

- Hull Pride
- Humber Street Sesh
- No More Knives concert at the Bonus Arena
- World library day event at the Guildhall
- Knife angel event stall
- Bonus arena opening event
- The Got Your Back ATIK Takeover

Each month there is a different theme and this is decided by CYP involved in the campaign:

- August 2018– Homelessness
- September – Relationship abuse
- October – Stress
- November – Knife Crime
- December – Isolation at Christmas
- January – Depression
- February – Healthy relationships
- March – Body image
- April – Online influencers and consumerism

The 'Got your Back' ATIK takeover was an event held in February 2019 with over 250 young people attending the event which was held in a local nightclub between 6pm and 10pm. Throughout February members of the 'Got Your Back' team visited several schools and youth clubs to promote the event. Social media posts about the event were also boosted across both Facebook and Instagram to attract a wider audience. A range of local community organisations attended on the night which saw motivational talks on life choices, healthy relationship alongside education and information about making healthy life choices there was plenty more to get involved with including: rap, breakdance, graffiti art and DJing, all of which proved highly popular.



The staff and volunteers have found it more challenging to engage with boys when it comes to the social media content and editorial board and will be trialling new ways of interacting and engaging with male young people in the future.

Promotion of self-care within specialist mental health services:

The specialist mental health service is promoting self-care ideas by encouraging CYP to use the Anna Freud 'on my mind' website <https://www.annafreud.org/on-my-mind/self-care/> This is seen as a valuable resource to support CYP accessing the specialist services to direct them to support during the waiting time period as well as enhancing the intervention they receive. This



site helps CYP to discover activities that help them manage their mental health when they are feeling low or anxious. The website is full of really useful information for CYP and is an easy to understand and interesting format. When the specialist service attends events they have produced display boards to show CYP what the website could provide them with.

Regional perinatal mental health Service:

NHS England gave its commitment to improving access to Perinatal Mental Health (PNMH) services across the country as outlined in 'Better Births', 'The Five Year Forward View and the 'NHS Long Term Plan' so that by 2020/21 there will be increased access to specialist perinatal mental health support in all areas of England for women with moderate to severe perinatal mental health difficulties. This includes access to the right range of specialist community and inpatient care.

HCV HCP were successful in their bid for wave 2 funding and the lead provider HTFT have now extended their existing service in Hull and the East Riding, whilst providing a new service in the North Lincolnshire and North East Lincolnshire areas, in collaboration with local mental health trusts NAViGO and Rotherham, Doncaster and South Humber Foundation Trust (RDaSH), with sub-contracts in place outlining the areas of service for which they are responsible.

In line with NHS England requirements the service went live in October 2018.

Progress and achievements to date include:

- Recruitment now completed and the Team is fully staffed
- The Every Mum Matters (#everymummatters) campaign launched to support new and expectant mums and their families to be able to recognise symptoms of perinatal mental health problems early and encourage them to seek help promptly
- Tokophobia pathway launched. Event held in September 2019 which was aimed at health care professionals, GP's, midwives, obstetricians and allied health care professionals who engage with women with Fear of Birth in maternity services. Excellent feedback was received following the NHS England site visit which took place in March 2019
- Nursery Nurses providing baby yoga and baby massage either in a group or 1:1
- Hull and East Yorkshire Mind has been commissioned by the HCV HCP, through its Mental Health Partnership Board, to seek the views of people who experienced mental health problems during pregnancy or during the first year of their baby's life. They are currently undertaking a 12 months service engagement project using a multimethod approach and will include developing a

peer support model. Feedback will be provided regularly at the local Maternity Voices Partnerships.

- Maternal Mental Health meetings continue in all areas with maternity, health visiting and mental health
- For women who have been inpatients in a mother and baby unit or adult mental health unit, the specialist service provides access to high quality step down care.
- The Humber, Coast and Vale Local Maternity System website is in its final stages of development and will be launched shortly. The website has been created to support people living in our area who are thinking about having children, who are already pregnant or who have recently had a baby, and will serve as a comprehensive online guide to pregnancy, giving birth and beyond. The website has been designed to be a single point of information for people wishing to learn more about maternity services in Humber, Coast and Vale, so they are able to choose the most appropriate place to receive care based on their needs.

There is a commitment to ensuring that we learn from service users experience; both positive and negative and that service users influence and participate in service design and delivery. Service users have been on the interview panel for majority of the interviews for the service.

Better Births describes how maternity services should be co-produced with Maternity Voices Partnerships (MVPs). MVP's bring together women and their families, commissioners, maternity teams including midwives and obstetricians, and other providers, to work as a team to develop local maternity care.

NHS Hull Clinical Commissioning Group (CCG) has committed funding and support to the both the HCV MVP and the Hull MVP to ensure the national requirements are met. The Hull MVP Chair and Co-chair are both services users, and also lead the independent engagement and participation element of the programme. This ensures the voice and experience of women and their families are heard and inform the development and delivery of the programme.

The Hull MVP is made up of over 40 members, including local mums, CCG commissioners, GPs, midwives and obstetricians, Local Authority leads, mental health specialists, doulas, peer supporters and representatives from the community and voluntary sector. The aim of our MVP is to:

- Ensure that every woman in Hull, and her family, has the opportunity to have her say about their experience of the services they have received throughout their journey from pregnancy up to the baby's first year of life.

- Ensure that local women and their family are involved in shaping the future of local maternity services and leading innovation through a co-production model.

Our MVP is independently chaired and co-chaired by two local mums whose role it is to hold our MVP to account. They independently and impartially challenge the MVP to ensure that the work undertaken by the group not only achieves the objectives of Better Births, but also makes sure those local women and families are consulted and their views represented. To better develop our maternity services for the future we need to include the views and feedback of women and families who have recently used maternity services; through our Chair and Co-chair we are able to ensure that we have authentic ‘service user’ voices at the head of our MVP – they are our finger on the pulse – but we need input and feedback from other families to ensure we are focusing on the right issues. The MVP is always keen to hear from mums, and family member, who are willing to get involved in the work of the MVP and promote involvement in a number of local venues and activities.

The Perinatal Mental Health Service (PNMH) is open to women who are registered with a GP practice in the Hull, East Riding, North Lincolnshire and North East Lincolnshire areas who are in the perinatal period (during pregnancy and up to 12 months post- delivery). The service is available to women who require specialist assessment and interventions for a moderate to severe mental health problem. These include:

- Moderate to severe post-natal depression
- Anxiety disorders including obsessive compulsive disorder and panic disorder
- Eating disorders
- Post-traumatic stress disorder
- Severe mental illnesses including schizophrenia, schizoaffective disorder and bipolar affective disorder
- Postpartum psychosis
- Severe self-harm
- Suicidal thoughts

The service will also provide the following:

- Woman with pre-existing serious mental illness in pregnancy will usually be under the care of adult mental health services. The PNMH Team will either advise on management and treatment or co-work with the existing mental health team, according to individual need and choice;
- Mothers under the age of 18 if significant perinatal mental illness dominates their presentation and they are likely to be the baby’s principal carer. In these circumstances the assessment, treatment and management of a young mother should be undertaken in collaboration with CAMHS and social services where a need is identified;
- Pre-conception advice to women with a diagnosis or vulnerability to develop a psychiatric illness considering a pregnancy;

- A liaison service to maternity, primary care and psychiatric services;
- Expert advice to non-specialist health professionals;
- Assessment and care of pregnant women who are well but at risk of developing a serious mental illness following delivery;
- Women with a family history of serious mental illness;
- A serious and/or complex illness during pregnancy and the first postpartum year;
- Women with a pre-existing serious/complex illness who become pregnant;

The Team consists of:

- Advanced and Specialist Nurses
- Perinatal Consultant Psychiatrists
- Specialty Doctors
- Cognitive Behavior Therapists
- An Occupational Therapist
- A Social Worker
- Nursery Nurses

In relation to CYP Hull Contact Point is offering regular consultations with a specialist Nurse for CYP referred through from the Perinatal service who are under 18. This ensures early intervention and comprehensive assessment for a young person who may be pregnant or given birth. The contact point specialist nurse works closely with the perinatal service to ensure the appropriate support.

[Parenting Support and Early Help:](#)

[Solihull Parenting Guide:](#)

The Solihull Parenting Guide is provided by a not-for-profit NHS organisation promoting emotional health and wellbeing by supporting relationships. They have a track record of providing highly acclaimed training courses to over 25,000 professionals in over 80 areas of the UK and further afield, within Health, Education and Social care. Hull City Council have purchased a multi-user licence valid for 3 years which enables FREE access for all residents to 4 online guides for parents, parents to be and carers. The 4 guides are:



- **Online Postnatal Guide** : ‘Understanding Your Baby’
- **Online Antenatal Guide:** ‘Understanding Pregnancy, Labour, Birth & Your Baby’

- **Online Guide for Parents of children aged 6 months–18 years:** ‘Understanding Your Child’ - we now have this online guide in Urdu, Modern Standard Arabic, Simplified Chinese, Bulgarian and Polish.
- **Online Guide for Parents of Teenagers:** ‘Understanding Your Teenager’s Brain’

The Solihull Approach aims to increase emotional health and well-being through both practitioners and parents. It does this through resources and training across the child and family workforce. It provides a framework for understanding and supporting the development and maintenance of sensitive, attuned relationships between parents and their infants/children.

The Solihull Guides were launched in Hull at the end of October 2018 with a comprehensive communications plan. To date there are 811 registered learners who have accessed the guides with 12.3% of this figure being male registered learners. The most popular guide to date is ‘Understanding Your Child’ with 40.5% actual learners of the total registered learners across all guides. Below are some examples of how the online guides are being utilised to support families:

Health Visitors – promoting the guides at key visits, particularly at pre and ante natal visits and via Health Clinics, putting stickers on Red Books. Feedback from CHCP is that it is proving a helpful, easy and useful tool to support families and specific modules are being used to support presenting issues. 13% of users heard about the guides via their health visitor.

Social Workers and Family Practitioners – embedding the online guides into Child In Need and Child Protection Plans, proactively supporting parents/carers to complete. One example of a social worker’s weekly visit with dad working through the modules of ‘Understanding Your Child’ to support the CIN Plan actions

Early Help Family Support Workers – are supporting parents 1-1 in the home, helping them gain access on-line; running small groups at Children’s Centres. 34% of users heard about the guides via the Early Help team or an Early Help Children’s Centre.

Early Help Locality Events – we promote the use of Solihull with all attendees of our Locality Events, the most recent being focused on Reducing Parental Conflict and Domestic Abuse. 300 attended the 3 events in total.

Transition events – the Early Help Children’s Centres hosted the PVI/primary school transition events throughout June 2019, and we used this opportunity to promote Solihull. These were attended by 50 primary schools and 42 nurseries.

Schools – have been using the guides directly with families to support their needs via small groups and promotion at parent’s evenings. 21.5% of users heard about them through their school or nursery.

Midwives – promotional materials are used within the hospital and by community midwives at local clinics at Early Help Children’s Centres and Health Centres. Uptake of the ‘Understanding Pregnancy, Labour and Birth’ is increasing monthly, and it is promoted at the HEY Baby Carousel evenings every month at Hull Women & Children’s Hospital.

[Strengthening Families 0-14:](#)

Strengthening families 10-14 involves CYP parents/carers attending a course of 7 weekly sessions. These sessions are made to help families improve on how they communicate and relate to each other as a family. Each week is a 2 hour session which includes both individual and family time within the session. The focus for parents/carers is to learn nurturing skills, and new strategies and effective ways on how to guide and discipline their children. CYP are helped to have an increased appreciation of their parents and how to deal with stress and peer pressure. Between Jan and Dec 2018 - 24 families attended this course.



[Strengthening Families: Strengthening Communities\(SFSC\):](#)

This is a 15 week course where parents attend for 4 hours a week. This course has strategies to manage children’s behaviours, positive family relationships and other life skills that can support parents to bring up their children to become responsible happy young adults. There are also opportunities to share cultural values and family transitions as well as learn more about what is going on in the local area. This whole course is about wanting to build on family strengths and developing strategies to manage behaviour including using incentive charts, timeout and positive family communication. Between Jan and Dec 2018 - 62 parents attended this course. Feedback from a Parent who undertook the SFSC, and then went with her child to the Strengthening families 10—14 course 2018:

“Everything with my daughter was much better, there had been a massive improvement in our relationship since attending the SF10-14 together. I can’t thank you all enough for the help we have received, and it has changed our home life

[Triple P \(Teen\):](#)

Triple P is an approach that aims to help children develop to grow up to be healthy responsible teenagers and adults who feel good about themselves. It is an 8 week course for 2 hours a week and is suitable for parents/carers of CYP aged 11-18 years old who are living with them or involved in regular contact and parenting. Each week there is a focus on challenging behaviour and the parents choose the topics relevant to them. They are supported with information regarding goal setting, encouraging good behaviour, managing risk and keeping their CYP safe.

“The household is a lot calmer and I understand his point of view more as a teenager. “

[Supporting Separated Families \(SSF\):](#)

This course provides a ‘taster’ of parenting courses and runs for 4 weeks for 2 hours per week. It is suitable for parents who don’t have care of their CYP but do still have contact with them. Parents may be attending court over contact with their children and may have been asked to attend the group by the family courts, or they can attend themselves. Parents have the time to explore any challenges they are facing and learn new techniques to manage their children’s behaviour and also how to get the most of their time with their children.

[Family Links Nurturing Programme:](#)

The Family Links Nurturing Programme is a 10 week programme aimed at helping adults understand, and manage feelings behaviours, and become more positive and nurturing in their relationships with their children and each other. It encourages an approach to relationships that gives children and adults an emotionally healthy start for their lives and learning. The programme consists of 4 constructs – self-awareness, appropriate expectations, positive discipline and empathy.

[Incredible years programme:](#)

This is a 16 week course for families with children age 2-8 years old who are living with them or involved in regular contact and parent. The incredible years is a positive parenting course which is aimed at improving relationships, controlling emotions, modelling social skills and child directed play. It enables parents to understand and effectively manage challenging behaviour.

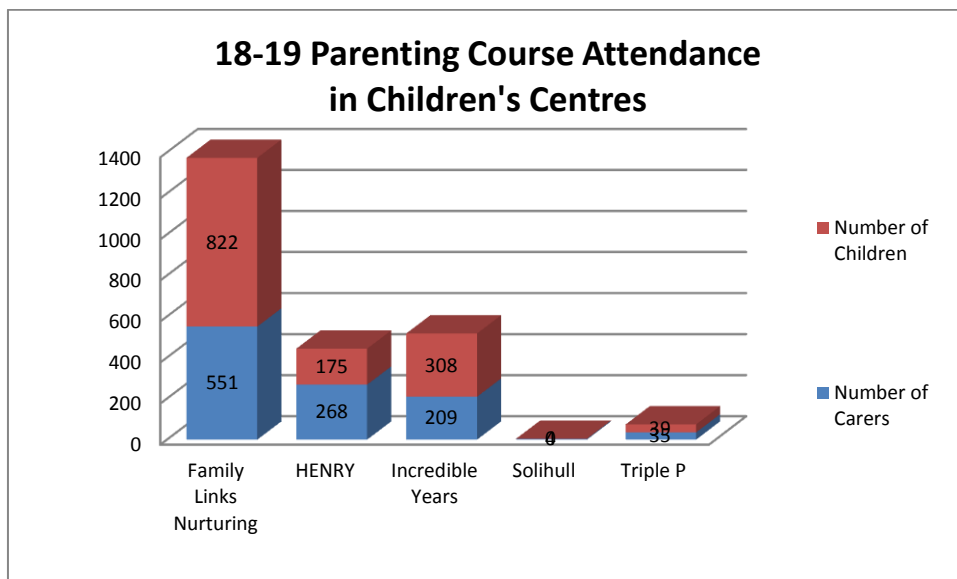
[HENRY \(Health, Exercise, Nutrition for the Really Young\):](#)

The HENRY group programme has been developed to give parents the tools and skills they need for a health family lifestyle. It is suitable for parents/carers of children

age 0-8 years old. HENRY helps parents think about how they can help their families be healthier, and more active, and cover 5 main themes: Parenting skills, how we eat, what we eat, being active and emotional well-being.

I'm so glad I did this programme. Do it!"

"This was the best thing I could possibly have done to help me be a better mum"



HSJ Parents peer mentoring:

The parenting peer mentor service recruits, trains and supports parents to be peer mentors so they can provide one to one support to other parents in the community where emotional health is an issue for the young person, the parent or the family as a whole. In addition to offering regular one to one support sessions the service also delivers parents 'drop-ins' for brief interventions and one off support. The peer mentors also co-facilitate with project workers the 'Talking Teens' parenting groups. This is nationally developed evidence based parent group work sessions with a focus on parents of teenagers.



This last year has seen an increase in the complexity of many of the referrals. The average number of support sessions has increased from 8 to 12 sessions per individual parent, with several cases receiving up to 20 sessions and over 30 hrs of support. The Parent Peer Mentor Workers are now on average managing between 12 to 20 cases. The variety and scope of the support offered by the mentors

includes the following:-

- One to one emotional support, listening and empathising.
- One to one Parenting discussions and information on different strategies.
- Encouragement to parents to access therapeutic services for their own emotional wellbeing and support to go to assessment appointments counselling and secondary mental health support
- Encouragement to make GP appointments and support to attend.
- Help with poor home conditions, support and vouchers to access the food bank and support to make housing applications or support whilst living in temporary accommodation and moving back to home address.
- Support around social isolation - encouraging and supporting parents to attend local coffee mornings, parent and toddler group for younger siblings and access Adult Education and ESOL courses.
- Accompanying Parents to Group work such as 'Talking Teens' and 'Stepping Stones'.
- Help to access on line and face-to-face Debt Advice.
- Support at the bank to open bank accounts for benefit payments.

Whilst the Mentors offer much of the practical and emotional support to the parents, the parent peer mentor staff keep an overview of each of their allocated cases which involves :-

- Initial contact meetings with parents to ensure that they have a comprehensive understanding of the service on offer and that there is a clear role for the mentor
- Joint visit with other services such as Social Care to introduce the service to parents
- Introduction meetings – a three way meeting with the Parent, Worker and Mentor before the mentoring begins.
- Supporting the mentors through face-to-face and telephone supervision.
- Partnership work with other agencies and services involved with the family including Social Care, Early Help, CAMHS, Schools and other parts of the HeadStart Hull Programme to ensure a joint up approach to the support on offer.
- Escalating case and making referral to Early Help or reporting Safeguarding concerns to EHASH (Social Care).
- Liaising and advocating for parents with services to ensure that individuals receive the support they need.

The service will continue to build partnerships with schools to offer 'drop ins' and will continue to deliver the Talking Teens workshops

In 2018/19 the Parents peer mentoring project have worked with:

Number of parents Identified (referred) – 228

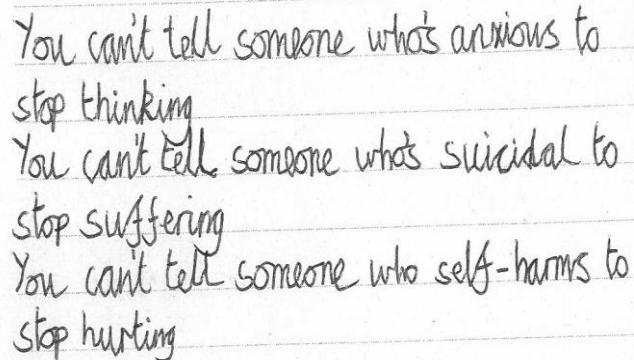
Number of parents recruited (appropriate referrals) – 166

Number of parents taking up the service – 120

IMPROVING ACCESS TO EFFECTIVE SUPPORT:

Hull Contact point:

Hull Contact Point is a single point of access for all children and young people aged between 0-18 years, experiencing emotional, mental health and learning disability difficulties. It also is the point of access for developmental assessments for ADHD and Autism. Contact point is the 'front door' to the specialist mental



You can't tell someone who's anxious to
stop thinking
You can't tell someone who's suicidal to
stop suffering
You can't tell someone who self-harms to
stop hurting

health service pathways that have always been referred to as CAMHS (child and adolescent mental health services). As part of our future service developments it is our intention to stop using the phrase CAMHS and to refer, instead, to the CYP mental health specialist service. Going forward we will be looking to change the name to something that better represents the nature of specialist mental health assessment and intervention, and the integrated service developments.

Contact Point offers an open referral system, where parents/carers and young people (over the age of 16) can contact the service directly via telephone to make a referral. For families where English is not their first language, Contact Point provides a face to face triage appointment with an interpreter. They also operate an online referral form which all professionals are requested to complete when referring to the service, this gives the referrer the opportunity to provide more in-depth information. It also provides consultation to professionals regarding individual young people to help identify the most appropriate service to provide support.

Over the past year Contact Point has further developed, and worked more closely with local voluntary organisations, and regularly attends the Early Help Action Meeting (EHAM) with the Local Authority. The service also provides supervision to the 0-19 service, emotional resilience coaches and the perinatal service. The team supports and presents at local, regional and national conferences and attends many

local events to promote the children and young people’s mental health. Early intervention is offered within Contact Point by Child Psychological Wellbeing Practitioner’s (CPWP) providing low intensity Cognitive Behavioural Therapy (CBT) to children and young people and parenting CBT groups. Hull Contact Point also continues to develop the role of the Children’s Psychological Wellbeing Practitioner (CPWP). This service is being expanded as the team currently has four trainees undertaking their training as part of the children and young people’s improving access to psychological therapies (CYP IAPT) training as Northumbria University. Once qualified they will continue to work in the team as CPWP’s.

The referral rates to Contact Point remain high and the proportion of urgent referrals has a significant impact on the front line staff as the triage of urgent referrals requires a much greater input than routine referrals. Please see below referral figures from Sept 2018 to Aug 2019:

Hull CAMHS Contact Point		As at 31 August 2019											
Referrals are shown by month received by the Contact Point team													
	rolling 12 months											01 August 2019 minus 18 weeks = 28 March 2019	
Referrals by priority	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	
Routine	191	270	237	167	240	227	224	205	237	256	240	101	
Urgent	41	63	78	47	61	74	96	64	64	55	48	13	
2 week wait	0	0	0	0	0	0	0	0	0	0	0	0	
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	232	333	315	214	301	301	320	269	301	311	288	114	

Following feedback from families Hull Contact Point have developed the option to book an appointment for a telephone triage. This has been positively received by families as they can arrange for the triage to be undertaken at a convenient time for them that works around their family.

Hull Contact Point also works closely with the CPWP’s who work for Hull and East Yorkshire MIND (HEY MIND). The HEY MIND CPWP’s receive referrals directly from Contact Point. From November 2019, as part of our integrated service developments we will be piloting MIND CPWP’s working alongside clinicians within the Hull Contact Point operational base triaging routine referrals. This will provide extra capacity to decrease the waits for routine triage even further and progress appropriate referrals to the appropriate pathways in a streamlined manner.

As part of our work towards developing a more integrated service Hull Contact Point is moving its operational base to be co-located with the Hull Early Help and Safeguarding Hub (EHASH). This move is scheduled to take place in early 2020, with the aim of further enhancing and develop closer working relationships with the local authority. This will enable families to receive a timely and joined up approach to the care and support they receive.

Once triage has taken place depending on the needs of the CYP a decision is taken regarding the most appropriate intervention to meet needs. The Contact Point Team

may liaise with HeadStart Hull to support access to one of the early intervention services described in this report, or if further assessment, and intervention, is required then the CYP will be passed through to the child and adolescent mental specialist health service. Contact point are currently piloting 'face to face' further triage of referrals considered to be urgent and safety/risk plans are being put in place following this contact. This is resulting in an increased proportion of urgent referrals being re-prioritised to non-urgent and generating a reduction in urgent referrals to the Specialist mental health service. This is allowing the service to increase their focus on the longer waiting CYP.

Referrals for long term conditions are also made via Hull Contact Point and an initial consultation by a Clinical Psychologist is undertaken. The pathway currently has a vacancy for a further clinical Psychologist which will enable the opportunity for the Clinical Psychologist to lead on development of the specialist assessments and interventions for children and young people with learning disabilities, pediatric and long term health conditions, including type 1 Diabetes and Epilepsy alongside offering support to their families and carers.

CPWP Case Study for 11yr old:

Mum and Dad separated around a year ago. 'YP's symptoms started around then, 'YP' began getting anxious on a night time. She said she wanted help and wants to go to the doctors, mum thought it might be a phase but she has been up and down.

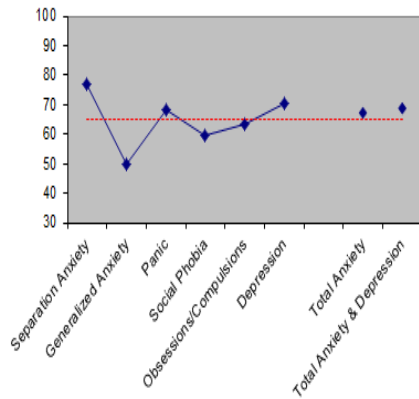


'YP' gets anxious being on her own particularly at night-time. Wanting to sleep with her Mum, she gets stressed when going to bed. Getting physical symptoms, feeling sick, her legs were twitching. Mum tried to reassure her but unsure how best to help her. 'YP' is asking to see the doctor and wants some help.

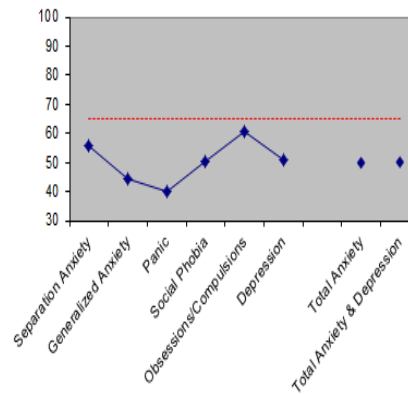
Referred into Hull Contact Point by GP via the on-line referral form. Mum is contacted for a telephone triage within 2 weeks and an intervention plan is agreed for 'YP' to access low intensity CBT sessions. First appointment with 'YP' is offered within 4 weeks at a health centre near to the young person's home. The young person and family received 5 sessions which were not weekly at the family's request and consisted of some parent work and one to one work for separation anxiety.

At the end of interventions the Revised Child Anxiety and Depression (RCAD) Scores showed marked improvements from session 1 to 5 to within normal range.

Week one:



week five:



(YP) has being spoken to with empathy and understanding. Given the tools she needed to get herself better and move on from the episodes of anxiety she was feeling. The CPWP has been amazing and changed our home life for the better (parent of YP)

[Hull CYP specialist mental health service \(previously known as core CAMHS\):](#)

This team offers assessment and intervention, both individual and family, to CYP and their parents/carers who are experiencing anxiety, low mood, conduct, and deliberate self-harm, trauma and early onset psychosis. Referrals come in via Hull Contact Point from Young People, Parent/carers, GP and other professionals.

The Team also provides consultation to other agencies like Children's Services and works closely with other statutory and non-statutory and local voluntary agencies within the Hull area. This consultation can be alongside other interventions offered to the family or young person or as the primary intervention to support the system around the young person.

The team is multi-disciplinary and has a full time Aroma-therapist who offers alternative therapies, and this helps to aid and encourage the use of relaxation and grounding techniques. There is also Play therapy, Art Therapy and Drama therapy which are very useful valued resources and non-directive therapy, which enables the younger children to be able work through their experiences in a safe, non-directive but creative age appropriate way. Interventions for anxiety and low mood for complex needs are individual Cognitive Behavioural Therapy, Interpersonal Therapy Adolescents (IPTA), Systemic Practice and Family Therapy,

There are plans in place to develop a new early intervention team in January 2020 which will provide a streamlined service for CYP with anxiety and low mood with an emphasis on self-help and early intervention. This new team will be named by CYP in the future as part of our communication and engagement plans. The Team will

work very closely with Contact Point and the aim is to prevent the need for secondary specialist mental health care. The team will include Child psychological wellbeing practitioners (CPWP). These practitioners will be trained by the Northumbria University in this evidence. The team will then also deliver the timid to tiger and boost groups which are facilitated by a specialist nurse and a Cognitive behavioural therapist, assistant practitioners and volunteers.

The successful Timid to Tiger parenting CBT group, and BOOST young people's CBT group interventions which have been provided by CAMHS for the past few years will also transfer to this new team alongside the CPWP's.

The team is looking at the development/ running of group work for young people who self-harm. It is anticipated that the group work, will include an element of psycho-education, evidenced based practices and DBT principles or Solution Focused Problem Solving Approaches to working with Self-harm. A systemic focus would also be incorporated, in terms of working with parents to support the young people attending the group.

In December 2019 the full Hull CAMHS service will be moving to be co-located in the same building as the new regional inpatient unit. This new facility provides an enhanced range of therapy rooms specific to individual therapy's and needs. Being co-located with the inpatient unit will support improved communication between inpatient and community services.

Timid to Tiger is a ten week group programme for Children under 11 who are struggling with moderate to severe anxiety, and the Boost Group provides similar intervention for teenagers. The parents of CYP attending these groups are also given an opportunity to a parents group to help them earn skills to manage groups and gain support.

Once Core CAMHS has undertaken a comprehensive assessment depending on need the following pathways are available:

The diagram shows Hull Contact Point and the range of pathways that sit within the specialist mental health and learning disability services. Following Contact Point triage if an intervention is identified the young person would be referred through to the appropriate care pathway

<p>Hull Contact Point</p> <p>Thrive groups: Getting advice and Getting help</p>	<p>Autism Assessment and Diagnosis Team</p> <p>Thrive groups: Getting advice and Getting help</p>	<p>Team One</p> <p>Thrive groups: Getting help and Getting more help</p>	<p>Team Two</p> <p>Thrive Groups: Getting help and Getting more help</p>	<p>Team Three</p> <p>Thrive groups: Getting help and Getting more help</p>	<p>Eating Disorder Service (Hull and East Riding)</p> <p>Thrive group: Getting more help</p>	<p>CAMHS Crisis Team (Hull and East Riding)</p> <p>Thrive group: Getting risk support</p>	<p>Hull Forensic CAMHS</p> <p>Thrive Groups: Getting more help and Getting risk support</p>
		<p>Pathways</p> <p>Low mood Anxiety Early onset psychosis</p>	<p>Pathways</p> <p>Conduct ADHD Long Term Conditions Learning Disability pathways: Sleep Positive Behaviour Sexual Health Knowledge</p>	<p>Pathways</p> <p>Deliberate Self Harm Trauma</p>	<p>Pathway</p> <p>Eating Disorders</p>	<p>Pathway</p> <p>Emergency Risk Assessment Time limited crisis response and support</p>	<p>Pathways</p> <p>Youth Justice Service (Hull) Specialist Children's Assessment Service for young people who are a potential risk to others (Hull and East Riding)</p>
<p>Interventions</p> <p>Telephone Triage</p> <p>Assessment</p> <p>Consultation</p> <p>Advice</p> <p>Supervision</p> <p>Low intensity interventions for anxiety and low mood</p> <p>Co-ordination of interventions across a range of providers</p> <p>Delivery of other therapeutic interventions will be provided by teams under the umbrella of Hull Specialist Children's Services or other agreed providers</p>	<p>Interventions</p> <p>Assessment</p> <p>Psychometrics</p> <p>Diagnosis</p> <p>Consultations</p>	<p>Common Interventions</p> <p>Assessment</p> <p>Consultation</p> <p>Cognitive Behaviour Therapy (CBT)</p> <p>Interpersonal Therapy for Adolescents (IPT-A)</p> <p>Systemic Practice</p> <p>CBT Groups for 11+ years (BOOST)</p> <p>CBT Groups for parents and children under 10 years (Timid to Tiger)</p> <p>Parent Group for children with anxiety and autism</p> <p>Creative Therapy</p> <p>Medication</p> <p>Multi-agency working</p> <p>Intensive Intervention outreach work</p>	<p>Common Interventions</p> <p>Assessment</p> <p>Consultation</p> <p>Diagnostic Assessment</p> <p>Incredible Years Parenting Programme (IY)</p> <p>Cognitive Behaviour Therapy (CBT)</p> <p>Systemic Practice</p> <p>Range of Psychometrics</p> <p>Creative Therapy</p> <p>Medication</p> <p>Sleep Scotland programme</p> <p>Sexual Health Education</p> <p>Understanding Learning Disability Parent Workshop (as part of IY programme)</p> <p>Multi-agency working</p> <p>Intensive Intervention outreach work</p>	<p>Common Interventions</p> <p>Assessment</p> <p>Consultation</p> <p>Systemic Practice</p> <p>Cognitive Analytical Therapy (CAT)</p> <p>Cognitive Behaviour Therapy (CBT)</p> <p>Trauma focussed Cognitive Behavioural Therapy (CBT - trauma)</p> <p>Eye Movement desensitization and reprocessing (EMDR)</p> <p>Psychodynamic Psychotherapy</p> <p>Creative Therapy</p> <p>Play Therapy</p> <p>Medication</p> <p>Aromatherapy</p> <p>24 Kit Car</p> <p>Intensive Intervention outreach work</p>	<p>Common Interventions</p> <p>Assessment</p> <p>Consultation</p> <p>Systemic practice</p> <p>Cognitive Behaviour Therapy for eating disorders (CBT-E)</p> <p>Motivational interviewing Multi-Family Therapy (MFT)</p> <p>Physical monitoring</p> <p>Medication</p> <p>Intensive Intervention outreach work</p>	<p>Common Interventions</p> <p>Crisis Assessment</p> <p>Consultation</p> <p>Systemic Practice</p> <p>Medication</p> <p>Emotional regulation</p> <p>Stress/anxiety management</p> <p>Brief psychological interventions</p> <p>Relapse prevention</p> <p>In-patient prevention</p>	<p>Interventions</p> <p>Assessment</p> <p>Range of Psychometrics</p> <p>Consultation</p>

Case History:

Since January 2019 I have been meeting with Steph for individual Drama therapy sessions. When we first began Steph was suffering from acute anxiety and depression, suicidal thoughts, self harming and sensory hallucinations.



Through using creative techniques, I was able to develop a relationship with Steph and provide a safe space for her to start exploring and communicating how she was feeling, without too much talking.

Steph continued to express herself through using art, masks and dry clay, which helped her to demonstrate how her mental health was impacting on her life, with a view to look at ways she could become more self-aware and make new connections to other people, her feelings and ways to express herself.

She mentioned writing poetry in the past and it was great to hear she had started writing again. Not only did she bring her poems in to the sessions and shared them with me, she began presenting her poems at an open mike night in Hull, in front of complete strangers and was very well received. This led on to her being approached by the Warren to perform in a professional arena.

Steph said these experiences have enabled her to share her story, promote mental health issues, connect to new people and most importantly build her self-confidence and belief in herself. As well as the poetry; Steph has started volunteering for a dog day school and is meeting lots of new people whilst loving spending time with the dogs.

She was recently nominated as a finalist at the Hull heart awards 2019 sponsored by Trident, who were so impressed that have asked her to be a Mental health champion which includes talking to their staff and they are helping her to put together an anthology of her poems.

Being able to share Steph's journey with the commissioners has made us both become aware of how far Steph has come in such a short time and how powerful the use of creativity helps in someone's recovery (Drama therapist Hull CAMHS).

Please find below a poem called 'listen up' that Steph wrote and was directed at her best friend at school who became a bully, and how that experience had a devastating impact on her emotional health and lack of self-esteem:

Listen Up

Listen up

For too long you have been stuck
in my mind
Your poisonous words repeating
themselves
Like a broken record
"Fat
Ugly
Attention seeker
Stupid"

You were the devil disguised
as a girl
Who could do no wrong
In crowds, you were a sweet
cherry pie
That everyone loved
But when we were alone
You turned sour and rotten

Yet I ignored it, because I loved you

I remember once in PE
When my team beat your team
And in retaliation you said,
"At least my dad's not dead!"

And that time you put your hands
on my throat
Squeezing tighter and tighter
Just because I was sat where you
wanted to sit

You'd abandon me for "better friends"
And acted as if I didn't exist
But you'd come crawling back when
that didn't work out
And I'd just let you back in with
open arms

You see, in my mind that didn't

matter to me because
We used to mess around on Videos
Creating our own music videos to da
tunes
We had sleepovers nearly every week
We went horse riding together
We'd laugh at random things that
nobody else understood
You were like a sister to me!

But ^{once} I finally opened my eyes
To see your true colours
And saw that the feeling wasn't
mutual
Your horns emerged
And your tail grew

Yet for some reason
I could never fight back
Because, even after everything
I didn't want to upset you

To this day I am still haunted by you
I find it hard to make friends
Because I'm petrified that in
the end
They'll be just as cruel as you

It's so difficult to trust people
Because I trusted you
And look what happened there

I was silenced into fear
I didn't want to lose a friend
But I was never a friend to you
was I?
Just a punchbag who allowed every
punch to happen

But now I've come out stronger
And I aren't taking anyone's bullshit
any longer
I'm just going to speak my truth the

only way I know how
Because I'm a writer, not a fighter
And for once
You will hear me

Young Peoples Psychological interventions service:

Hull and East Yorkshire (HEY) Mind provide this NHS funded service that was redesigned in October 2018 for delivery across Hull and the East Riding. This replaces the previous counselling service which had been in place since 2015 and 2016. The aim of this service is to support children and young people to develop coping strategies using evidence based therapeutic interventions and to assist children and young people to address emotional issues that negatively impact their

lives. Taking referrals from Core CAMHS as well as directly from Contact Point triage they deliver a range of IAPT approved low intensity interventions for young people aged between 10 and 18. In addition they deliver interventions to parents of children between the ages of 5 and 12 and both individual and group interventions.

Totals from October 2018 – September 2019 Hull	
Total referrals	659
Total therapy sessions attended	2923
Total number of families referred for groups	20

Over the year HEY MIND has also provided young peoples’ groups in Hull that consist of 26 weeks of Psychoeducation on a range of topics, relationship development and confidence building. The groups are open to all young people between the ages of 11-18. The topics covered in the groups include food and mood, self-esteem, healthy relationships, exam stress, self-harm. The aim of the groups are to help people at risk of, or showing signs of development of mental health difficulties and provide the young people with the skills to manage their mental health more positively reducing the need for specialist mental health support. During the groups the attendees develop their skills and put them to the test at the end with a graduation event in which they challenge themselves to complete a group activity. Challenges they have selected and completed include ice skating, laser quest, attending a restaurant and ordering and eating a meal.

Other activities that the young people groups have undertaken in the group include yoga, mindfulness and rock climbing.

Over the last year 82% of young people accessing HEY MIND psychological interventions reported better mental health and wellbeing across the range of areas that were targeted and measured.

[CAMHS Crisis Team](#)

The CAMHS Crisis Team provides a 24/7 service for young people in crisis across Hull and East Riding providing assessment and support. The service works closely with the all ages Mental Health Liaison Service that provides assessment to young people presenting at Hull Royal Infirmary following self harm and with the wider CAMHS teams. The aim of the service is to:

“Provide the right care, in the right place, at the right time to promote safety and recovery from crisis”

The Crisis Team is normally a 24/7 service for under 18’s who are experiencing and struggling to cope with acute emotional distress leading to a high level of mental health risk in particular those who:

- Are at risk of immediate and significant self-harm

- Are an immediate and significant risk to others
- Are being considered for admission to a mental health inpatient unit

The Team respond to the immediate needs offering short term help in the home or community. They will stay involved until there is a resolution of the immediate crisis which is usually within 72 hours but may be up to a week. Following on from their immediate intervention the Team will ensure the ongoing needs of the young person are met by coordinating the handing over and referring or sign-posting on to other relevant professionals, services and agencies.

Over the last few months there has been a number of vacancies within the services and recruitment to the team has been very challenging, despite the service being creative in recruitment, appointing Specialist Nurses, Specialist Practitioner’s (Social Workers) and Developmental Specialist Nurses to complement the team. All staff recruited to the service have been appointed with input from either young people or parents being part of the interview. In order to manage the recruitment challenges the service has had to transfer from midnight to 7am to the adult crisis service. The service are working closely with the adult service to ensure timely follow up if a through the night contact is made. This is a temporary arrangement and it is anticipated the service will revert back to normal in January 2020.

Further changes to the model are being planned. E.g. the pilot of all crisis calls going directly to the Crisis Team 24/7 instead of within 9-5 Monday to Friday hours being triaged through the Hull and East Riding Contact Points (single point of access services). This is planned for summer 2020 to enable the team to embed the new staff and plan for the pilot. Please see below the referral rates into the service:

CAMHS Crisis - Hull patients **As at 31 August 2019**

Referrals are shown as month received by Crisis Team - usually directly. Shown as accepting priority (i.e. not original priority).

Referrals by clinical Priority	rolling 12 months							31 August 2019 minus 18 weeks = 27 April 2019				
	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Crisis - Emergency	7	10	8	5	12	12	16	7	23	16	11	11
Crisis - Urgent	23	34	37	36	31	31	29	42	38	31	29	22
Routine *	2	0	0	6	5	4	3	3	2	0	1	1
TOTAL	32	44	45	47	48	47	48	52	63	47	41	34

* 'Routine' referrals are those that have been received as urgent or emergency but have been re-prioritised to routine when accepted following triage.

Family and Friends Test for 2018/19 was 94.7% positive for the Crisis Team. Please find below some comments from CYP and their families:

“We needed help and they were there to help us every day”

“A quick response and intense support”

“The team listened and attended our home the same day”

“They have been very supportive and have made regular contact to make sure that I am well”

Transitions:

For the past two years Hull CCG, in partnership with East Riding CCG and HTFT, has had a transition CQUIN (Commissioning for quality and Innovation) in place. The CQUIN aimed to ensure that every young person would have a transition or discharge plan in place by 17 years and 6 months old. Clinicians from Adult Mental Health Services (AMHS) and CYP services meet to improve joint working across service boundaries, promote best practice and build working relationships. With the work that has been taking place in relation to the transitions CQUIN and the NHS plan, 18 is becoming a much less fixed point. There is much more flexibility regarding when, and where, support will come from.

The formal monitoring of the CQUIN has now finished however, Team Leaders from CAMHS and Clinical Leads from AMHS continue to meet on a quarterly basis to review the transition process and share experiences. This has helped to develop stronger working relationships between the two services. Team leaders in CAMHS use supervision to complete case note audits to ensure that transition process is followed.

Service Managers and Team leads in CAMHS use the transition dashboard to identify upcoming transitions to ensure that the teams have enough capacity to support. The CQUIN is no longer in place and the policy that was established as part of the CQUIN is now embedded as good practise and continues to be monitored by the service lead.

Eating Disorder Service:

The CYP Eating Disorders Team is a joint Hull and East Riding multi-disciplinary service provided by our lead provider Humber NHS Teaching Foundation Trust (HTFT). This service provides evidence based treatment for Anorexia Nervosa, Bulimia Nervosa and other related eating disorders. The service aims to see urgent cases within 5 working days and non-urgent cases within 20 working days. Referral rates fluctuate from month to month - the following table shows referral information for April 2018- March 2019:



Month	Hull GP
April 2018	3
May 2018	2
June 2018	7
July 2018	3
August 2018	3
September 2018	8
October 2018	9
November 2018	6
December 2018	3
January 2019	6
February 2019	3
March 2019	2

In January 2019 a QNCC (quality network for community eating disorder services) review took place which included a self-review to assess and rate the team against a set of nationally agreed standards; this included a peer review where a visiting team supported the Team to identify our strengths and areas for development. The feedback from this review was as follows:

The following strengths were identified:

- Being responsive and flexible to the needs of the patients i.e. offering clinics in the first instance or going to visit them in their home if needed.
- A good comprehensive holistic assessment in place.
- There is good joint working with paediatrics
- Feedback is gathered and actioned on a regular basis.
- The participation worker ensures that there are different ways to gather feedback i.e. paper, online, iPad
- The service is working well to ensure transfer of care is managed well.
- Multi-agency partners were pleased with the input received from the service in supporting patient care.
- There is a heavily involved participation worker who is embedded in the team and looks at areas for the service to be developed.
- The team base is quite central to Hull and East Riding which makes it easier for young people and parents/carers to access the service.

Service Developments and achievements during 18/19:

- Assessment clinics have been restructured to allow for ease of booking in, ensuring they are multi-disciplinary and helping to meet national waiting time standards
- Team days held in order to review clinical developments and develop a service vision with identified values
- Parent support groups held with more currently being planned
- Staff completed IAPT training (systemic)

- Recruitment of a Family Therapist to help guide the systemic team model
- Training to the GP PTL was held. The team also attended and presented at school training events
- Active involvement in the regional CYP ED collaborative to support the development of consistency and high standards of care. This forum also developed the primary care information leaflet to again ensure there is support and consistency in the identification of young people with a possible eating disorder and advice on steps to take.
- Following many meetings the teams Dietitian now holds an honorary contract with the inpatient Paediatric team at Hull Royal Infirmary and takes a lead on dietary management of young people admitted with an eating disorder. This is in its early days but is helping to shape consistency and work towards shorter and more focussed admissions and seamless discharges to the community.

This year the Team has been working closely with the Adult Eating Disorder service in Hull to develop a transition protocol. This protocol applies to patients registered with a Hull GP and who are being treated for an eating disorder within the CAMHS Eating Disorder Service and have been identified by the CAMHS service to require treatment for their eating disorder beyond 18 years of age. This is a newly implemented protocol that will be reviewed in October 2020 that has been developed between the adult and CYP eating disorder service over a period of time.

Early intervention in psychosis (EIP):

PSYPHER (Early Intervention for Psychosis Team) is commissioned to provide services to residents within the boundary of Hull and East Riding for people experiencing a First Episode of Psychosis or “At Risk Mental State”, the service takes referrals for people age 14 plus.

The EIP service is a multidisciplinary community mental health service that provides treatment and support to people experiencing or at high risk of developing psychosis. This support typically continues for three years. The defining characteristic of an EIP service is its strong ethos of hope and whole-team commitment to enabling recovery through the provision of individually tailored, evidence-based interventions and support to service users and their families/carers.

Below is a summary, based on NICE guidelines, of the key components of a high-quality EIP service from the perspective of service users and carers/families:

- Swift assessment through a readily accessed point of contact by a practitioner competent in recognising first episode psychosis
- Staff who build up trust and confidence
- Provision of good information to help them to understand psychosis and treatment options
- a care coordinator who will support them throughout their time in the service, including helping them with self-management skills, social care issues such as housing or debt management, and relapse prevention work
- A choice of psychological and pharmacological interventions
- Support, information and advice for families and carers, including carers' assessments where required
- Support with employment, training and/or education
- Regular physical health checks, monitoring and appropriate treatment, with support and/or education
- Regular monitoring of risk
- Routine monitoring of other coexisting conditions, including depression, anxiety and substance misuse, particularly in the early phases of treatment
- A crisis plan and prompt service response to help them to manage when in crisis.

The core aims of EIP services are to:

- reduce the duration of untreated psychosis, including support for people with an at risk mental state, and for some, prevent transition to psychosis
- produce effective outcomes in terms of recovery and relapse rates.

In 2018/19 there were just under 125 patients referred and seen by the service from Hull CCG, of which 16 were under 18.

CARING FOR THE MOST VULNERABLE:

[Progress on Development of the Inpatient Unit:](#)

NHS England has commissioned Humber Teaching NHS Foundation Trust to provide 13 CAMHS inpatient beds to support 4 local areas, including Hull. Named 'Inspire' - a name chosen by CYP - the new CAMHS inpatient unit is due for handover in November 2019 and expected to be operational December 2019.

The service will provide 4 Psychiatric Intensive Care beds and 9 General Adolescent beds from a brand new purpose designed building located in the centre of Hull offering both inpatient support, intensive day support and outreach to support meeting the needs of our young people.

The service will offer an innovative approach that will work in collaboration with the young person; their family and other organisations that support their mental health, to deliver needs led service that essentially enables young people to remain connected to the people and the systems that promote their recovery. The Inpatient service will be fully integrated with, and supported by, the local Child and Adolescent Mental Health Teams and partner agencies, and will provide a whole service, community and multi-agency approach informed by the THRIVE model.

The newly appointed operational Team continue to communicate with Cornwall Foundation Trust (FT) who opened a 14 bedded unit in September which is nearly identical in size and bed configuration. Cornwall FT and HTFT have an agreed joint work plan incorporating eating disorders, intensive care, service model and ethos, workforce competencies and recruitment.

There also continues to be a Partnership with Anna Freud Centre (THRIVE). Two of three case studies on the unit have been developed showcasing how service development has responded to the young person's voice, unit design, and model of service. Case studies are available on the national Anna Freud web site.

Recruitment of the workforce has been led by young people and involved all applicants being interviewed by a panel of young people, the scores from which were added to the professional's interview. The young people's panels were made up of young people who have experienced inpatient care, those who are interested in changing services and students of 6 form colleges.

The staff team have received initial training in the ARC framework, a trauma informed approach that will guide the care provided on the unit, alongside further training in working with families, understanding autism, working with eating disorders and deliberate self harm. There has also been an extensive package of mandatory training completed which includes all staff being trained in De-escalation Management, the use of the Mental Health Act, Mental Capacity and consent, and additional relevant physical health skills.

[AMBIT\(Adaptive Mentalization-Based Integrative Therapy\):](#)

Following an investment by Hull CCG we are in the process of commencing the AMBIT 'Train the Trainer Programme' delivered by the Anna Freud National Centre for Children and Families to 25 staff working within health, youth justice and the local authority across Hull and the East Riding.

(AMBIT) is a mentalization-based team approach for services working with hard to reach young people with multiple difficulties- including mental health problems. Many of the young people who are the focus for AMBIT trained teams have life's, and context, with frequent upsetting and risky incidents i.e. running away from home, using dangerous substances, breaking the law which tend to dominate the focus of efforts to be helpful to them. Ambit sits with any model of therapy and build relationships across agencies, and a supportive team around an identified key-worker.

In Hull one of our key challenges across the system is how we work together to develop a better co-ordinated approach to some of our very vulnerable CYP. Staff can often spend many hours liaising with each other and trying to engage with CYP and their families or carers. These young people often become known to all of us for a long period of time and can often lead to high levels of stress among professionals and for the young person and their family.

Historically we acknowledge that this puts additional pressures on staff and has an impact on the time they have available for other CYP requiring assessment or intervention.

A consultation day took place with Anna Freud trainers on 3rd October 2019. The purpose of the consultation day was to reach a shared understanding with commissioners, CAMHS, Local Authority and front line practitioners regarding the training objectives, and from a multi-agency perspective what the priority and focus needs to be following the AMBIT training. Time was spent with commissioners and service leads for the first half of the day, before meeting with practitioners over the second part of the day. Staff from a range of services attended including, safeguarding teams, residential and care homes, LAC team, In-patient CAMHS, YOT, care leavers service, general CAMHS, The young people missing vulnerable and exploited service. The Anna Freud trainers plan to collate the information from the day and send a summary report to commissioners and service managers and Commissioners.

AMBIT is a good model to use for hard to reach CYP - it is not a therapy – it's a framework for organising care in relation to how systems organise themselves and it offers a system framework with 4 different domains (AMBIT WHEEL):

- Working with your CLIENT
- Working with your TEAM (Team around the worker)
- Working with your NETWORKS
- LEARNING at work (manualised approach)

The five day AMBIT Train the Trainer programme is scheduled to take place in November 2019. A training schedule will then be established to roll the training out to relevant staff and Lead Practitioners will then be identified across the system to keep AMBIT as a focus across agencies.

The Ambit wheel highlights the key themes of the team approach:



Looked after children (LAC):

In 2018 and 2019 in response to the high numbers of LAC in Hull the CCG and HCC have jointly commissioned a new LAC service. The new service was commissioned using a wealth of data to demonstrate the local profile of need among children and families:

- In 2017, Hull had double the rate of LAC per 10,000 compared to the English average, and its rate was slowly rising. In addition to the growing rate of looked after children as a proportion of the 0-17 population, there is an increasing number of children starting to be looked after.
- Hull has a higher proportion of 1-4 year olds being taken into care compared to the English average, which may support the increased presence of abuse/neglect and family dysfunction as categories of need.
- Hull has a higher proportion of 1-4 year olds leaving care – likely related to the higher commencements within that age group.
- Hull has a higher rate of children in need (CIN) than comparators – in 2017, it was almost double the English rate.

	numbers		rates per 10,000	
	2017	2018	2017	2018
Yorkshire and The Humber	7,720	8,190	67	71
Barnsley	291	310	58	62
Bradford	926	986	66	70

Calderdale	316	297	69	64
Doncaster	514	569	78	86
East Riding of Yorkshire	287	312	46	50
Kingston Upon Hull	694	753	124	133
Kirklees	699	674	71	68
Leeds	1,252	1,271	76	76
North East Lincolnshire	297	354	87	103
North Lincolnshire	226	227	64	64
North Yorkshire	424	437	36	37
Rotherham	485	619	86	109
Sheffield	585	628	50	54
Wakefield	520	562	74	78
York	205	195	56	53
England	72,590	75,420	62	64

Being in care is associated with poor outcomes. Young people who enter care during teenage years traditionally spend considerable periods in residential care often without sufficient planning and support to re-engage in family arrangements or forming strong relationships with their new carers. They are more likely to have placement breakdowns and develop a self-preservation mechanism of distrust. They can follow a path of multiple placements and a series of changing relationships follow each placement breakdown.

Some young people develop multiple vulnerabilities through:

- Offending behaviour
- Substance misuse
- Disengagement from education
- High risk taking behaviour such as repeatedly going missing

As at 6 September 2019 Hull has:

Looked after children	791
Males	424 (54%)
Females	367 (46%)
LAC CYP with a disability	14%

Upon referral to the Hull LAC team, an initial consultation appointment is offered to the Social Worker and foster carers/key workers. The initial consultation provides an opportunity for all to think about and make sense of the current difficulties, and to discuss 'what next?'

The LAC Team work closely with HCC to review and prioritise referrals coming into the team. The LAC Team provide support and intervention to looked after children presenting with emotional and behavioural distress. For young people presenting

with a specific mental health condition or requiring developmental assessment e.g. ADHD and Autism this is not provided by the LAC CAMHS team but by the wider CAMHS and neuro development pathways.

Following the initial consultation, if further support from the LAC CAMHS team is deemed appropriate, one of the following interventions may be offered based on the needs of the child/young person:

- Psychological and Systemic consultation to foster carers and professionals
- Therapeutic Parenting Support for Carers
- Specialist Assessments of the individual child/young person and/or assessments of the carer-child dyad
- Therapeutic Interventions
- Art Therapy
- Psychotherapy
- Play Therapy

Since the LAC Team began offering therapeutic interventions and assessments in May 2018, there have been 138 referrals to the service. 89 Children and Young People residing in care used the service between April 01 2018 and March 31 2019.

Case History:

Most recently, a foster carer and Social Worker provided the following feedback regarding Art Therapy and Aromatherapy Intervention provided to a child in foster care:



When I was told 'X' had a place to do art therapy I initially wasn't sure how this would help her, I thought she would be drawing stick men. At first everything seemed a little overwhelming the mass of glitter and resources where maybe a little too much for 'X'. She was moved onto the play therapy room where 'X' could just be herself and this was just what she needed. This helped me build an attachment with her I could see what her anxieties were through her role play which was always expertly guided by (art therapist) at times I would come away thinking what has happened but (art therapist) would always follow up with a telephone conversation at the end of the day to help me make sense of what we had witnessed in the session. We continued to see 'X' let out anger but also her need to regress and revisit all the things she had missed as a baby, seeing this helped me make the right choices at home as I was beginning to understand why certain behaviours would show themselves, this was how 'X' was communicating her needs.

'X' has had the opportunity to then attend aromatherapy. This again has helped me find ways to settle 'X' at home and I can see it really works. 'X' can be anxious in the sessions and this is when she will regress but it's a great way for 'X' to build trust with me and feel safe. We've been shown breathing exercises which I feel are going to really help in difficult situations and just before bed I find it relaxes me too. I've been impressed with the resources we have been given for example oils, CD, stones all of which has made it easier at home to complete the massage in the same way as the sessions. (art therapist) has attended

meetings with us which has been vital in putting the attachment/therapeutic message across to 'X's school, and for this I'm extremely grateful. (Foster Carer)

Mental Health provision for care leavers:

A multi-agency task and finish group has recently been established to review the current mental health provision for care leavers. This is following feedback from young people that it was sometimes difficult for them to engage with services once they had left care. The group will be undertaking a mapping exercise of all the current support to include understanding the effectiveness of services including looking at pathways and identifying gaps. This work will also look at the relationship the justice service and the need for improved liaison between prisons and leaving care service, and between youth justice and probation. Discussions will take place regarding exploring the extension of the LAC attachment pathway to care leavers.

Edge of Care:

The Hull 'Edge of Care' project involves the identification of children who are considered to be on the verge of being taken into the care system (or, in some cases, who are already in care but where there is considered to be the potential for the child to return home). To support at risk children in staying with their families and avoiding statutory services, through activities such as therapy, family counselling and targeted educational support.

Child Clinical Psychologist Role:

This is an essential role in helping CYP to access mental health services and accept that they may need professional support; the stigma associated with therapy can be a significant deterrent for service users and the psychologists are trained in supporting users through the process.

The key tasks of the role are:

- Provide specialist psychological assessment of clients with highly complex conditions
- Recognise the potential for or signs of client harm, abuse or neglect
- Undertake multi-agency risk assessment and risk management for individual clients and provide specialist advice to other professionals on psychological aspects of risk assessment and management
- Formulate plans for highly specialist psychological therapy and/or management of mental health conditions based upon appropriate conceptual frameworks and evidence-based practice
- Implement where appropriate a range of highly specialist psychological therapies for individual clients, carers, families and groups, adjusting and refining psychological formulations as required
- Undertake highly skilled evaluations and make decisions about treatment options

- Provide highly specialist psychological advice, guidance and consultation to other staff
- Address the difficulties associated with accessibility, such as not locating service users in proximity to mental health services
- Overcome other barriers to effective treatment or service use, including the stigma associated with receiving therapy from a psychologist by building and developing trusting relationships

Specific to the Therapeutic element of the Edge of Care Project:

- Provide a menu of appropriate interventions, including individual and group programmes
- Provide a screening and therapy service for the project, including related settings where required
- Work closely with Hull LA to provide a strategic role in regard to monitoring and reviewing service needs for children on the edge of care
- Working with colleagues in CAMHS LAC when YP on the edge of care become looked after
- Working with CAMHS Inpatient Unit when YP are identified with complex trauma and staff teams may require additional training/consultation/support
- Provide consultation to Local Authority Mainstream Residential Children's Homes as required

Send Inspection:

Between 9 October and 13 October 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Kingston upon Hull to judge the effectiveness of the area in implementing the reforms. Although recognizing many positive developments, Inspectors also identified a number of areas of concern resulting in the local area having to submit a Written Statement of Action. The key areas for improvement were:

- Strategic leadership and governance of the SEND reforms in Hull;
- Families are involved in decision-making about the services and support they need and are aware of the resources available to them in the local area;
- Improve self-evaluation of service quality and impact and focused improvement planning to facilitate better provision and outcomes in the local area for children and young people who have SEN and/or disabilities;
- There is an effective strategy in place for jointly commissioning services across education, health and social care.

Since the Inspection we have been working hard to improve these key areas with work streams meeting regularly and reporting into the SEND Accountability Forum (SAF) with the involvement of CYP, parents and carers. At the time of writing this report there was a re-visit and we are yet to receive formal written feedback.

Learning Disability:

The Hull Learning Disability (LD) Team is multi-disciplinary and includes LD Nurses, Clinical Psychology, Art Therapy and a Consultant Psychiatrist. The Team work very closely with a range of other services including education, social care and the voluntary sector to understand a CYP needs in all of their different settings to support a CYP achieve their identified outcomes.

The Team can help with:

- Behaviour – including emotional wellbeing, anxiety, anger, low mood, unsettle or disruptive behaviours and repetitive behaviours or routines
- Sleep – they offer an evidenced based sleep workshop
- Understanding learning disability
- Sexual health knowledge that cannot be met by the young person's school

Neurodevelopmental service is a developing service that provides the following pathways:

- ADHD
- ASD
- Learning Disability
- Paediatric long-term conditions, (including type 1 Diabetes and Epilepsy)

Referrals for ADHD and ASD can be made via contact point from Speech and Language Therapists, Paediatricians, Portage workers or SENCO's. The service has developed a neurodevelopmental checklist for SENCOs to complete at the point of referral. The pathways have worked closely with SENCOs in developing this checklist as well as regularly attending SENCO forums to support with referrals and to offer advice.

Once a referral is received at contact point a specialist nurse will offer a triage assessment over the telephone to families. This ensures that young people are gaining the right support for them. Once triaged a referral is either discharged with advice or offered a neurodevelopmental face to face assessment. There continues to be a high demand for this service and the CCG is working closely with HTFT, the lead provider, to review current provision and demand.

Differently Abled Conference:

The second Differently Abled event was held on 14th February at the new Bonus Arena in Hull. The event was made possible by a wide range of community, voluntary and statutory organisations. Over 3000 service users, carers, families and professionals attended the event which showcased over 200 different services across for people with learning disabilities across Hull and the East Riding. Feedback was very positive in particular from patients and families who fed back that

there was lots of useful resources and information that they had not been previously aware of.

Children's Neuro-disability Delivery Group:

The CCG continues to lead work to create a single care system across three main providers, primary care and two CCG's known as the Hull and East Riding of Yorkshire Children's Integrated Care Partnership (ICP). Operationally this work is being led by the Hull and East Riding Children's Neuro-disability Delivery Group who have responsibility for leading the development, delivery, monitoring and review of the system transformation programme for children with neuro-disability conditions and their families.

The Delivery Group will take forward the agreed priorities, and operational planning, for the delivery of care for CYP across Hull and East Riding with neuro-disability conditions, within an agreed and defined scope set by the Hull and East Riding Children's Integrated Care Partnership (CICP).

In addition there has been considerable stakeholder work over the last 12 months, led by the CCG's with a clear view from commissioners, young people and families that they would like to see the development of a single neurodevelopmental service across Hull and East Riding. In particular families are keen to see improved access and a more consistent service offer, which, when seen in the context of the workforce challenges we have, would seem to make good sense.

To support the development of this work two new posts have been created and appointed to in recent months:

1. Neurodevelopmental Service Manager and Clinical lead
2. Clinical lead for Sensory Processing

Both of these posts are joint with East Riding CCG so will support the further development of the CICP.

Autism:

In the last year the Autism service has received significant additional investment of £670K (which enhances the existing £320K per annum to a total recurrent annual investment of £990K) due to the high waiting list and the continuation of high referral rates for assessment and diagnosis. A new service specification has been put in place with a revised service model and clinical pathway that is delivered through a multi-disciplinary Team. A waiting list trajectory is in place that will evidence the waiting list reduction and is monitored by the CCG with HTFT the lead provider once a month at an Autism performance meeting. This is a long term project with the trajectory being expected to be achieved by summer 2021. Key milestones within the trajectory are 25 weeks, 20 weeks and 18 weeks compliance.

The waiting list is now beginning to reduce even though referrals to the service continue to be significant. In 2018/19 there were 629 referrals into Contact Point, an average of 52.4 per month. The highest was 75 referrals in one month. So far in 2019/20 this has increased to 54.8 referrals per month.

The Autism pathway sits within Contact Point and from May 2019 referrals were no longer accepted from GP's or parents unless the young person is home educated where in these cases additional information will be collected from professionals – this has been discussed with GPs who are in agreement to ceasing referrals for Autism and ADHD. Communications took place with Primary care regarding the change including updates in GP Newsletters, at Practise Time for Learning (PTL), and the referral process was updated on the GP Information portal (PiP).

SENCO's who work in schools are now able to make the referral for both Autism and ADHD, and they have received training and support to undertake this process. This is still relatively new and further training is planned to help embed the new process further in schools. A communication was sent out to GP practices in Hull in May 2019 and the GP Portal for Hull was also updated to advise that referrals for ADHD and Autism for children would only be accepted by a SENCO and GP referrals would cease with the exception of children not in school. The additional investment will both increase current service provision to meet increased demand, and reduce the current waiting list over the next year, this is a long term plan to achieve a significant reduction in the waiting list.

The other key changes that have taken place are:

- There is a significant increase in workforce from 4 to 16, and CYP or parents have been involved in recruitment of all new staff
- 74 assessments have been commissioned by Healios – a face to face on line healthcare company with qualified clinicians offering Autism assessment to CYP within their own homes via a secure platform that works similar to Skype or Face time - assessment is being offered where appropriate to support reduction of the waiting list with consent from parents
- Pre-screening of all referrals for Autism assessment is now taking place by specialist Nurses in contact point – this ensures that CYP are not placed on the Autism assessment waiting list unnecessarily and primary needs are picked up more effectively and there is a seamless pathway to the correct pathway.
- Following communication with all parents of CYP on the Autism waiting list a data sharing protocol is now in place with Hull City Council Early Help Team. This data is being cross-referenced with Schools, LAC services, Youth Justice, Early Help and will enable a better understanding regarding which CYP are already receiving support during the waiting time period and will facilitate better co-ordination of support offered.

- The newly developed Neurodevelopment checklist is now embedded and is used by SENCO's in the completion of referral information
- A Communication and Engagement plan is in the last stages of being finalised which will support further co-production and awareness raising
- The Hull local offer information has been improved, and now includes specific information on services that support CYP with Autism

ADHD:

In March 2019 Community Paediatricians in Hull ceased providing an ADHD assessment and diagnosis service and all young people are now referred to Contact Point with the Community Paediatrician caseload transferring to CAMHS in April 2019. The CCG has undertaken a full service review of the current model of service delivery and agreed with our HTFT, our lead CAMHS provider that going forward the new ADHD team model will have a Psychology led ADHD assessment and diagnosis service – from Autumn/Winter 2019. SENCO'S will complete the new online CAMHS referral form including the completion of the neurodevelopmental checklist. Other referrals will be accepted by Paediatricians, SALT and Education Psychologists if they contain sufficient information to process the referral. This is an improvement over current practice as it ensures mental health resources are not expended re-collecting information that is available and re-assessment will therefore be avoided

Until the new model is fully operational the CCG has also agreed waiting list initiative monies to support the reduction of the waiting list.

Current Workforce – funded within the existing block contract

Consultant Psychiatrists	0.4 wte
Band 6 Nurse	1.0 wte
Band 4 Assistant Psychologist	1.0 wte
Band 4 Assistant Practitioner	1.0 wte
Band 8b Clinical Psychologist <i>This post will be redeployed once the new Band 8C is in post to support other CAMHS services</i>	0.2 wte
Band 8a Clinical Psychologist	0.2 wte

Agreed new investment and additional workforce:

	Hull		Cost
8C Psychology <i>Likely to be recruited November/December 2019</i>	0.8	wte	94,749

Band 7 Nurse prescriber	1	wte	70,844
Band 6 Nurse	2	wte	120,203
Band 5 Nurse	1	wte	48,290
Band 4 Psychology Assistant	1	wte	37,804
Total			370,890

In addition to the CCG has agreed the following additional costs:

Kids Charity – Parenting Support Hull CCG in Partnership with HeadStart Hull	20,000 Per Annum
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The additional resources will be used to have a Consultant Psychology led multi-disciplinary team discussion which will determine if a full ADHD assessment is appropriate and aid in the seamless integration of assessment of ADHD, ASD, LD and mental health services for a population who experience high levels of comorbidity in all these areas. This will reduce the number of full assessments; increase the timeliness of assessments and intervention and start to work towards the development of a neurodevelopment pathway which will include Autism, ADHD and LD. It will also improve safeguarding in a vulnerable population by allowing early identification of social issues and difficulties.

[Parent Support for parents of CYP with additional needs:](#)

This is a jointly funded service between Hull CCG and Hull City Council other HeadStart Hull and is available to families with a child 5-16 (5-9 is funded by CCG and 10-16 is funded by HeadStart Hull). The service was expanded in 2018/19 to cover the additional age range (5-9) following identification of need which couldn't be met elsewhere and consultation with parents.

The service provides a range of group work delivered across Hull, offering parents/carers guidance and practical support, such as:

- Stepping Stones Triple P (children aged 5 -14)
- National Autistic Society Teen Life (children aged 10 – 16)
- Balancing Act (children aged 10 – 16)
- Autism Awareness Training for parents
- Autism awareness training for professionals

For those parents attending the group work the service also provides up to five one to one sessions to ensure parents are ready to access the group work and five after the group work to ensure the parents are supported to put into practice techniques they have learnt in group. This group work can be accessed with or without a SEND diagnosis. Parents have told us these interventions can help with issues related to parenting teenagers with a disability and lack of supportive family networks and good child-parent relationship. Families also comment on feeling more empowered,

confident and able to deal with their family's issues after getting more information and initial support to understand service provision in the city.

Working with families in a wider age range of 5-16 supports a whole family approach to early intervention. The team work in a flexible way to develop pathways so each family can be supported in the most effective way which has lessened the long term support needs of these families once this support has been completed. These pathways are not delivered in isolation and are, where appropriate, co delivered with other parenting services, other early help services, children and young people's disability team, SENDIASS, and information on the Local offer provided. The different support pathways for families depend on the SEND of their child.

For instance, if a child is on the Autism assessment pathway we would suggest they are offered the ASD and Sensory processing workshop followed by the Stepping stones training and Visual support workshop and if they have sleep issues continue on to access support on this. This pathway aims to support the parents to understand why behaviour is happening and with the support of the worker address the area difficulty. Once this is supported other interventions and routines parents can use to support the child.

The project also works closely with the HeadStart Hull Parent Peer Mentors to support parents accessing group work where social anxieties and lack of confidence would have previous been a barrier. This approach to family support is working very well and has very positive outcomes for the families who will then receive further or extra support where necessary.

The service collects its own evaluation data including feedback from young people, parents and staff. The outcome star (Family Star) is used to evaluate the impact of the interventions. The impact of the emotional Parenting project is also currently being evaluated as part of the independent evaluation of the HeadStart Hull programme being carried out by the University of Hull. This will collect the views of young people, staff and parents. Data will be available for the 2020 annual refresh of the LTP.

Going forward the service is planning to add the Early Birds Plus pathway to the training offer, support the Sleep team in Clinics and workshops and run Visual support sessions for parents attending the Stepping Stones training.

Case History:

Mum was living on her own and has two boys age 14 and 11. The 11 year old boy has learning difficulties and both children were in foster care due to neglect issues. The children are under LAC services and the family were having LAC reviews regularly.



Referral came in to HeadStart Hull services from Social Care due to neglectful home conditions, inappropriate use of physical chastisement, and volatile relationships between family members.

Mum wanted for the family to get back together in a cleaner, calmer family home. The worker attended the LAC reviews and discussed prioritising training for mum. Mum was referred for counselling, a housing support worker was identified and a referral for parent peer mentoring and talking teen's course was made.

Mum was invited to an autism awareness workshop. Initially mum did not attend the first training offered. It was discussed that mums social anxiety was the issue and the next training offered included the support of the Parent Peer mentor service. Mum attend both courses with the peer mentor and completed these. She fed back she felt more confident in her approach to the children's behaviour.

During the time mum received support from the team the housing support team found new, more appropriate housing for the family and the children returned home. Mum and both boys are now in a calmer, cleaner household. Mum feels she is in a better place and she is still being supported by Parent Peer Mentor service. The Housing support worker has supported with new accommodation and grants for carpets and decorating. The final family star was completed and this showed improvement in all areas. Mum was really pleased with this. The worker also spoke with the children and they feels settled at home. They feels having ground rules is good and he knows what consequences are for poor behaviour and rewards for positive behaviour.

Comments from other parents who have received intervention:

"I have learnt why my child does certain things and learnt a lot about her meltdowns"

"I found the session relating to puberty really informative and helped me to understand my grandson."

"The anxiety area made me realise some of the issues my son is having and how to help them. I understand why certain behaviours my son displays occur now"

Specialist Child Assessment Service (SCAS);

The SCA Service operates two days a week and from 2004 to June 2018 provided consultation and assessment to young people under the age of 18 in Hull and the East Riding of Yorkshire displaying behaviour that was considered a serious risk to others were there were questions surrounding mental health, learning difficulty or disability. Serious risk presentation to others included: violent behaviour, harmful sexual behaviour, animal cruelty and fire setting.

Due to the implementation of a regional Forensic CAMH Service in February 2018 the SCA Service (since June 2018) has concentrated specifically on supporting young people under the age of 18 who have displayed harmful sexual behaviour were there are questions surrounding mental health, learning difficulty or disability.

Social Workers, Youth Justice Workers and CAMHS workers can make referrals by contacting Hull Contact Point and the referrer will remain the main case holder throughout the intervention period. Referrals can be made to the SCA Service if a young person has displayed harmful sexual behaviour and there are questions around mental health, learning difficulty or learning disability.

Upon referral to Hull CAMHS, the Specialist Child Assessment Service (SCAS) offers professional consultation to agencies to discuss a young person's current risk, presentation, developmental history and what may be needed to reduce the risk of recidivism in addition to supporting them with their difficulties.

Following an initial professional consultation or additional consultations, if further assessment from the SCA Service is deemed appropriate one of the following assessments specific to harmful sexual behaviour may be undertaken:

- Juvenile Risk Assessment Tool - Assessment of Risk for Sexual Re-offense (J-RAT)
- Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II)
- Aim2
- Assessment of Sexual Behaviour Problems in Children (ASBPC)

Additional psychological measures may be incorporated into assessment to aid understanding and assessments may make recommendations around risk management, supervision, placement appropriateness and intervention options.

At present efforts are being made to propose a SCAS intervention service for young people who require interventions around their harmful sexual behaviour. The following interventions would be offered based on the needs of the child/young person.

- One to one therapeutic intervention with the young person
- Systemically informed therapeutic intervention.
- Attachment informed therapeutic intervention.

For young people who are involved with the Hull Youth Justice Service who have displayed harmful sexual behaviour but display low level mental health difficulties supervision is provided to Youth Justice Officers to enable them to deliver low level interventions.

To promote and aid multi agency working monthly 'pop in' sessions for the Hull Youth Justice Service are provided to discuss potential CAMHS, FCAMHS and SCAS referrals.

[Yorkshire and Humber Forensic CAMHS \(FCAMHS\):](#)

The Yorkshire and Humber Forensic Child and Adolescent Mental Health Service (FCAMHS) are an NHS service that helps young people who are displaying behaviours that may be putting others at risk. The Service became operational on 26 February 2018. A phased implementation took place during year 1, with a formal launch event held on 25 September 2018, in Wakefield. The Hull element of the

service became operational on the 19th June 2018

HTFT is now one of four trusts working together to provide a Yorkshire and Humber community forensic CAMH service:

- South West Yorkshire Partnership NHS Foundation Trust.
- Sheffield Children's NHS Foundation Trust.
- Tees, Esk and Wear Valleys NHS Foundation Trust.

Forensic CAMHS takes referrals for young people under the age of 18 about whom there are questions regarding mental health or neuro-disability who present with high risk of harm towards others, who are in contact with the criminal justice system or are likely to enter secure care due to behaviour/presentation that can't be managed elsewhere. Example presentation may include violent behaviours, arson/fire setting, harmful sexual behaviour which occurs in conjunction with other risk behaviours.

Referrals are made to a single point of access in Wakefield. Initial advice is given regarding supervision and risk management. If it is felt further involvement is needed by the service a referral is transferred to one of the appropriate NHS Trusts dependent upon referral location. A consultation with the Forensic CAMH Service will then be offered to professionals to discuss a young person's current risk and presentation, developmental history and what may be needed to reduce the risk of recidivism and support them with their difficulties.

Following an initial professional consultation or additional consultations, if further assessment from the Forensic CAMH Service is deemed appropriate then risk assessments will be used. Additional psychological measures may be incorporated into assessment to aid understanding. Assessments may make recommendations around risk management, supervision, placement appropriateness and intervention options. Therapeutic interventions may include:

- One to one therapeutic intervention with the young person
- Systemically informed therapeutic intervention.
- Attachment informed therapeutic intervention.

The following qualitative feedback was submitted by referrers, in regards to Y&H FCAMHS direct case involvement:

- *Very professional and clear communication*
- *Found formulation very helpful. All staff agreed, using it visually will be really helpful.*
- *Excellent service – long may it be funded!*
- *Useful, informative service that has helped formulate plans and intervention*

If necessary if a CYP requires access to other pathways due to their individual needs this will be facilitated by the forensic CAMHS staff member, for example if access to the trauma pathway following sexual assault is required this will be arranged.

The Forensic CAMHS team will also support CYP transitioning from secure estates anywhere in the country to local community services in Hull. In these circumstances they would also support the local services who are continuing to work with the young person.

The CCG continues to be a member of the Hull Youth Justice Board, and has developed strong links with members of the Board. Through this work we have supported the Youth Offending Team (YOT) in developing a Speech and Language Team (SALT) service specification and securing advice, training and workforce development for SALT. This is provided by an independent organisation and jointly commissioned by the CCG and HCC. A key element of this work is ensuring that the YOT have access to range of tools, and resources, in particular ensuring that the young offender has the support to understand court reports, and the processes that they are experiencing.

We have been work with the Board in preparation for inspections, and supporting equality of access to appropriate services in Hull. We have recently supported the Board in relation to developing a Service Specification for a Speech and Language Therapy Service, as this has been identified locally as a key issue for CYP coming through the Youth Justice System.

Transforming Care Programme:

The Transforming Care Programme, based on the documents “*Building the right support*” and “*Supporting people with a learning disability and/or autism who display behaviour that challenges*”, is a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a comorbid mental health condition. This includes bed closures and transfer of resource from NHS England Specialist Commissioning to local commissioners.

The performance of the TCP is judged primarily on the achievement of two key targets, the number of people with a learning disability or autism in CCG-commissioned beds (such as those in LD assessment and treatment or rehabilitation units) and the number of individuals with a learning disability or autism in NHS England-commissioned beds (such as those in low, medium or high secure hospitals, or children and adolescents in CAMHS inpatient units). It should be noted that this is not restricting access to physical healthcare in acute hospitals.

Hull CCG has been working in partnership with East Riding, North East and North Lincolnshire Councils and CCGs since 2016, and attends the TCP Board that monitors timeliness and quality of CETRs to ensure patient and family involvement in decision making and a person centred approach to care planning. The CCG is also represented on the TCP Operations Group. There is guidance which requires

CTERs to be completed every 3 months for inpatients: these will be arranged by case managers from NHS England Specialised Commissioning, and the CCG and local Authority will ensure appropriate participation.

Central to the achievement of this programme is improved planning for individuals. This is supported by the development of Dynamic Support Registers (DSRs), which are held to identify those individuals who are at risk of admission to hospital or placement breakdown.

When an individual child or young person is identified as needing more support, this can be implemented more quickly because of the early discussions. If it is considered that an admission to tier 4 CAMHS is likely to be required, the CCG will arrange a community Care, Education and Treatment Review (CETR) which identifies what else could be done to support the young person in the community or recommends that inpatient treatment is in the young person's best interests.

In addition to seeking to ensure the care package is sufficient to support the child or young person safely in the community, the meetings where the DSRs are reviewed allow for better forward planning with adult services to improve the experience of transition.

[Children and Young people Dynamic Risk Register:](#)

The Hull Dynamic Risk Register has been developed in partnership between NHS Hull CCG, Hull City Council Children Directorate and Humber Teaching NHS FT during 2018/19 and is in keeping with the work led by the local Transforming Care Partnership Board (TCP) described above. The Risk Register is held on the CCG secure database and is reviewed at each monthly Hull Children Young People Complex needs panel and updated according to information shared by partner agencies on the current needs of the young person.

The Dynamic Register is for children and young people with Learning Disabilities and/or Autism, who might be at risk of going into a specialist hospital and/or educational or residential setting because of a mental health problem, or behaviour which is seen as challenging. They may also be at risk of coming into contact with the criminal justice system or at risk of a breakdown in care at home, school or other setting, as a result of the above presentations.

The register is to support individuals' care team be informed so they can respond quickly if services are not meeting their needs and help inform what changes can be made to help with this, with the overall aim to stop children and young people reaching crisis point. It helps services work together with the individual and families to decide what support may be required going forward. The register is reviewed monthly at the Complex Needs Panel

Complex Needs Panel:

The purpose of the CYP Complex Needs Panel is to facilitate joint planning and commissioning for children and young people in care with complex needs. The primary aim of the panel is to ensure the CYP's education, health and social care needs are met and approve requests for resources that are responsive to assessed need.

The Panel also aims to make the most effective and efficient uses of available resources, taking into account the needs of children and young people in Hull. Funding arrangements are made within financial protocols agreed by partner agencies. The Panel considers provision for children and young people who have significant and complex health, education and social care needs and where current services are:

- Facing significant challenge providing for their needs and are/or are considering change to current provision, and/or
- Needs cannot or are not being met within existing resources.
- The panel will also monitor and update the children Dynamic Risk Register

The Panel ensures provision is used in a timely and planned way to maximise value for money and recommends the level of each agency's contribution to any proposed package and/or personal budget. Any proposed funding split between social care, health and education will be appropriate and proportionate to the child/young person's assessed needs and outcome-based care plan. The partner agencies will not make a commitment to a package/personal budget on behalf of any other agency or service. Emergency placements will need to involve commitment in principle of all partner agencies.

The panel will agree plans, the provision of care, future care and risk agreements.

It will be attended by the appropriate budget holder and an officer who can make recommendations to the appropriate budget holder/organisation decision maker in accordance with that organisations financial delegation. The panel is a key aspect of integrated working and is it important therefore those members attend all meetings or ensure that their nominated deputy attends in their absence. This is to ensure there is no unnecessary delay in decision making.

Personal Health Budgets:

As part of the SEND improvement work the CCG put forward a bid to NHS England by Hull CCG for £10,000 to be used to test a proof of concept. This proof of concept will be for eligible to CYP who meet the follow criteria:

- Have a diagnosis or clinical suspicion of Autism, ADHD or Learning Disability

- Are aged 0 – 18 years old, (or 25 if still in education) and has/or has requested an EHCP
- Have an unmet need confirmed by a professional (Education Psychologist, Occupational Therapist, Community or Specialist Paediatrician etc)
- The CYP has been assessed by a recognised professional and has an appropriate care and support plan in place

This would entail the CCG providing a Personal Health Budget for health needs and outcomes that would be identified within the EHCP where there is currently no commissioned service through which these needs could be met. There have been approximately 8 cases over the last 12 months where an unmet health need has been identified whilst a child or young person has been undergoing a statutory assessment for special educational needs via the EHCP process.

Through this process, the aim is to provide Children and Young people and their parents and carers with increased choice and control over how the outcomes can be met. In addition, this project will provide the CCG with the opportunity to establish if this model of provision could be appropriate means through which these services may be delivered in the future as part of local transformation.

One example of where it is envisioned such a process will be applied is when a Sensory Processing Disorder is identified; in addition to this affecting the child or young person's fine and gross motor skills leading to difficulties with every day activities at home and school it can also impact on their social and emotional well-being can also be affected. At present NHS Hull CCG does not commission a Sensory Processing Disorder Specialist Assessment and Support Service however this need is regularly identified through EHCP's. Through this project we will provide the children and young people with a Personal Health Budget for them to choose their own means through which they can have a targeted assessment and support plan. This support plan can then be used within the school and home environment and will provide the tools through which the people who are supporting the individuals have the specialist skills and expertise required.

ACCOUNTABILITY AND TRANSPARENCY:

Children and Young People involvement:

Hull CCG has a grant agreement with Hull KIDS to fund support and help facilitate the engagement and participation of parents of children with SEND known as The Parents Forum. The funding also adds to the capacity for the employment of a parent on a sessional basis to coordinate participation activities.

The Parents Forum has been able to provide trainers, venues and refreshments to host parent train, helping them gain knowledge and inform and strengthen their participation and involvement. Parents and carers have had the opportunity to attend focus groups and attend strategic meetings in the last year on a wide range of service areas enabling them to participate, and have a voice to influence operational and strategic decision making in the following areas:

- Short breaks
- Sensory processing
- Personal Budgets
- Personalisation
- Speech and Language
- Transport
- Transition
- New neurodiversity service planning
- Workforce development
- SEND conference planning
- Reviewing the SEND written statement of action

Loud Mouths:

The parents Forum have also received some funding from the national lottery to set up and develop a young people's engagement group. This brings opportunities for participation through co-location with advocacy and parent/carer participation. The group initially worked on developing their identity and name themselves Loud Mouths. They are a group of young people aged 14-25 year old with special educational needs and/or disabilities (SEND). The aim of Loud Mouths is to have a voice, to shape and influence service delivery in the City and support young people to be champions of co-production and participation.

The group covers a variety of topics, from those which effect individuals to strategic local consultations as well as national consultation work. Examples of recent meetings are:

- Consultations around short breaks service review
- Work around transitions, sex and relationships and bullying

Young people have found ways to actively express their thoughts and feelings in creative exploration such as a poetry workshop, flag making and these creative opportunities have allowed the young people to explore their own identity and gain a sense of expression, independence and ambition.

Loud Mouths also links up with HeadStart Hull through attending regular youth volunteer meetings and there are plans in place to work together on different projects. Loud Mouths have also visited Youth Parliament and afterwards arranged a meeting with the organisers to give them some feedback. The activities were not

accessible for young people with disabilities and they found it quite a stressful experience. Activities are accessible and all information is sent to the coordinator to prepare and share with young people before attending. This has led a a great relationship with the youth parliament and the Loud Mouth members feeling valued and included.

HeadStart Hull Volunteers:

At the heart of the HeadStart Hull programme remains our commitment to co-produce developments in the programme with young people. This has been achieved in a number of ways: HeadStarter volunteers are representative of communities across the city in terms of postcode, age, gender, BME, young carers, LAC, LGBT etc. and act as an advisory group for the programme as well as leading on a range of activities e.g. campaigns, grant making, evaluating the summer programme etc. Young evaluators in community and in schools have helped co-produce improvements to systems and are part of the 'Mark of Excellence' whole organisation approach described earlier in this refresh. Young people are co-producing resources e.g. postcards, Z cards, 'how are you feeling website'. They have also represented HeadStart Hull in media interviews for print, radio and TV as well as speaking at events and conferences and running workshops to adults on issues impacting on young people. Having now had our co-production running for two years we are working with the HeadStarters to review the opportunities to be involved and will be recruiting additional volunteers to get involved in this work. We will also be working with these young people, and other groups, such as school councils and our Hull Young People's parliament to discuss sustainability and shaping the model for the future so it continues to meet need.

HSY Young People Led Campaigns:

Below is an update on HeadStart Hull's campaigns which are in development, currently running or have been completed in 18/19:

“You Are Not Alone” Suicide Awareness campaign – Phase three

Following the success of this campaign on the Humber Bridge in March/April 2018 and on the Pier by the Hull Marina in September/October 2018 young people identified the need to repeat the campaign for the final time on the bridge over the River Hull during December 2018/Jan 2019. The HeadStarters hoped that by having the soundscape on the bridge during this period it will spread hope to people experiencing depression and social isolation over Christmas and New Year, which can be such a difficult time for many. Unfortunately the equipment was vandalised in early January and the installation had to be brought to an early close. This is the last planned installation site for this campaign for the time-being. However, we do have a portable listening post that plays the soundscape through three sets of headphones, which can be used in future workshops and at events. However, the HeadStarters still have the postcards with information of support services, a portable

listening post that plays the soundscape through three sets of headphones, which can be used in future workshops and at events. They also continue to work with 'Papyrus' to deliver additional training on the issue as the training evaluated well and they have had requests for additional sessions. This will ensure more staff who work with young people are confident on how to talk to young people about suicide and where to refer for further support.

[HSH Transitions Campaign:](#)

Work has been undertaken with one of our HeadStart Secondary Schools, The Marvell College and school-based group work project to make the short film for the Primary to Secondary Transition element of the overall transitions campaign. Filming in a school was challenging as it required communication with a range of different school departments which meant there was limited time to film the young people involved. However, the young people were brilliant and bravely shared their experiences of transitioning to secondary school. The filmmaker has now edited the footage to create the short film which we will upload of our YouTube channel, to be used as a resource for anyone transitioning from primary to secondary school. This final edit is now complete and the film was here <https://howareyoufeeling.org.uk/1144-2/> on the How Are You Feeling website. HeadStart Hull's Communications & Marketing Officer and Service Support Officer have worked together to promote the film to schools, asking them to share it with students, parents and carers, and through their social media channels. The filmmaker has also finished the gender transitions film which was made in the community with a group of LGBT young people. Once this has been finalised it will also be uploaded to the HeadStart Hull You tube page.

[HSH StereNOtyping Campaign:](#)

A small group of HeadStarters have been working to plan the StereNOtyping campaign. The aims of the campaign are to challenge stereotyping, to educate both young people and professionals about contemporary stereotypes and hate crime, and to encourage victims of hate crimes to report to the police. The HeadStarters have created some resources for activities to challenge stereotypes which were launched at an event in May where young people delivered the workshops to multi agency staff. They are running this campaign in partnership with East Riding Voluntary Action Services (ERVAS), Humberside Police and the office of the Police and Crime Commissioner. Humberside Police delivered a session to the HeadStarters about Hate Crime, so they can confidently encourage victims of Hate Crime to report to the police.

[HSH Being Safe Event and Top tips postcard:](#)

HeadStart Hull's Participation and Co-production Officer was asked to attend an event organised by Hull's Safeguarding Children Board. The event took place at The Greenway Academy and was attended by pupils from over 30 different primary

schools from across the city. The Participation and Co-production Officer worked with youth workers from Hull's Youth Service to facilitate a workshop on the children's experiences of feeling safe. As part of that workshop we asked the children for their top tips on staying safe online. The Participation and Co-production Officer then worked with designers to create a postcard from these top tips. Following several weeks of consultation with children and young people locally about the design for top tips for staying safe online postcard, neither of the designs were preferred and children and young people fed back that they liked elements of both designs and also disliked elements from both. The Participation and Co-production Officer collated the feedback and went back to the designer and asked them to incorporate aspects from both designs for the final postcard. The final design was sent to Hull's Safeguarding Children Board and to partners from the Youth Service, who were involved in the event, to check they are happy with it, and have now been printed. These postcards are currently being circulated across the city in schools and in community venues.

[HSH Houses of Parliament Event:](#)

HeadStart Hull took a group of young people to the Houses of Parliament HeadStart's Parliamentary event. They were able to network and hear from young people engaged with the different HeadStart areas about the projects they were involved with and the differences those projects have made to their lives. The HeadStarters spoke to young people, professionals and MP's about the campaigns they had worked on and what they have planned for later in the year.

[Differently Abled Conference Event:](#)

The Participation and Co-production Officer and the HeadStarters were asked to attend the event to staff a stall and speak to young people who are differently abled about volunteering for HeadStart Hull. For the event we learnt Makaton for the 'This Is Me' song from The Greatest Showman, which was performed by lots of young people and professionals from across Hull and East Riding.

[My HeadStart Journey – by Ryan](#)

I first got involved in HeadStart Hull when I was at East Park at a City of Culture Cube event and I was invited me over to their stall to share some sweets and they asked me questions about what I thought about the City of Culture . I started talking to Claire, and got to know her a bit. I was going through a rough patch in my life with bullying and I was feeling that I couldn't cope. When I met Claire I had a pot on because the bullies broke my fingers. It happened a few times when they hit me. It was bad and I used to be really anxious and didn't want to go to school. I used to hide in the car and I'd refuse to go in school and teachers would have to get me out the car.



Claire wanted to know more about my problems and what it was like for me at school and she said if I was interested if I could volunteer for HeadStart Hull to help other young people who are going through similar issues, so I signed up. I used to be really anxious and I

wouldn't get into a taxi or anything. I talked to Claire and got to know her and she had a DBS check so I trusted her.

The first thing I did with HeadStart Hull was going to an event to see Depart (an acrobatic performance) in a graveyard for City of Culture. I met some other volunteers and got talking to them and started to feel more confident. Volunteering for HeadStart Hull was really interesting and I was learning two things at the same time, I was learning about my own mental health and was helping other people at the same time. Learning about other people's mental health has helped me to understand my own. And I'm helping my friends, they text me if they're feeling down and I give them a HeadStart Hull Z-card with all the numbers on. My life is very different now to how it was when I first started doing HeadStart Hull. I'm still doing work with HeadStart Hull and I take part in lots of other things. I volunteer at a youth club and I'm a student rep at college. Students come to me and I take their issues to the Head of Department. I also play football in two teams now. HeadStart Hull has boosted my confidence. Now I speak up for people and I share my ideas at youth club and speak to the young people there, and at HeadStart Hull, college and my mates, I help them all. I even talk to other HeadStart groups online. I know I make a difference with HeadStart Hull and I want to keep doing it".

Feedback from Ryan's Dad:

"My words cannot convey the gratitude we owe to you and your colleagues. I only wish that all the kids were able to receive the support you offer. The sad fact is that people shy away from the youth of today and don't interact with them. No child is worthless or born to be bad but in today's society it's often the case that is the perception. I used to worry a lot about Ryan's future but I worry a lot less after the experiences you have given Ryan he has been very lucky to benefit from your support"

Youth Parliament:

Hull Young People's parliament meets three times a year with young people (elected by their peers) representing schools and community groups from across the city. The young people attending parliament are aged 10-16 and they discuss the priorities, develop resolutions and vote on them. Any resolutions are then sent to Cabinet who task council officers to support the young people to make the resolutions happen. For example in the past a resolution was to deliver more training to teachers and



schools staff on mental health which has been done through HeadStart Hull.



Each year the young people across the city vote to identify three priority issues through the “make your mark campaign”. Make Your Mark is the UK’s largest youth consultation. Young people from all across the UK are asked to vote on the issue that is most important to them. The top five issues across the UK will then be debated at the House of Commons in November. In Hull the top 3 issues were “Protect the

Environment”, “Put an End to Knife Crime” and “Mental Health”. These will be the issues debated and addressed by Young People’s Parliament over the next year. Mental health has been a priority for the last 4 years.



DEVELOPING THE WORKFORCE:

The CCG will continue to work closely with HCC to develop the workforce and one of our priorities in our new THRIVE Strategic Development Plan will include producing a workforce development plan. We are hoping to work, at scale on this plan with East Riding CCG as part of the New Models of Care pilot that HCV will be leading.

Training across all agencies:

HeadStart Hull produces a multi-agency annual training diary, which offers a range of training opportunities aimed at improving the knowledge, skills and confidence of staff working with children, young people and families across the partnership. The offer embeds emotional well-being as ‘everyone’s business’ and enables individuals

to take on varied roles to build an overall framework of support for children and young people within their organisations. The training is provided at 4 levels:

Respond:

People who are not in a position to provide a lot of support for emotional well-being, but who young people might chose to confide in, are trained to;

- Spot the signs and symptoms of emotional difficulties
- React appropriately if a young person approaches them with concerns
- Understand how day-to-day practice impacts on emotional well-being

Initiate:

People who have strong working relationships with young people and are able to provide general support for emotional well-being, such as youth workers or teaching assistants, are trained to;

- Spot signs and symptoms and initiate discussions
- Discuss issues and concerns relating emotional well-being
- Support young people to access additional support or services, where appropriate

Intervene:

People who are employed to provide specific emotional support and interventions, are trained to;

- Understand issues affecting emotional well-being
- Deliver evidence-based interventions
- Provide intensive support and guidance

Influence:

People who are involved in planning support for emotional well-being and shaping the work of colleagues, are trained to have an in-depth understanding of the issues young people face and support available to help staff teams choose and use approaches that meet the needs of their young people

Central training is available to any staff or volunteers working CYP in Hull. The programme also offers outreach training to organisations signed up to the HeadStart Hull programme which provides delivery sessions to staff teams within their own settings e.g. training for schools on inset days or in twilight sessions. This has

included training for Special schools and also the IPASS team and the Virtual school. The training includes a range of courses including:

- Youth Mental Health First Aid (2 day, 1 day and half day (lite) courses),
- Self Harm (awareness and response),
- Identifying and talking about suicide,
- Applied Suicide Intervention Skills,
- Attachment and Nurturing,
- Supporting Transitions,
- Managing exam stress
- Supporting young people's emotional regulation.

In addition to the multi-agency training offer HeadStart Hull also facilitates two forums to improve and share good practice. One is the HeadStart Hull schools resilience network (cluster forums) which is well attended by schools across the city. The other is the VCS resilience network which supports staff working with young people in the Voluntary and Community Sector.

Over the last years HeadStart Hull has delivered training to 561 members of staff across a range of organisations including Schools, Youth Service, Social Care, Health, Early Help, Voluntary and Community Sector, Girl Guides etc. for this year's Training offer, following consultation with multi-agency staff, we are also introducing additional training including training on Sleep which covers the science of sleep, why sleep is important for good emotional wellbeing and how to improve sleep. This will benefit staff working with mainstream young people and those with additional needs (SEND). Please see below some feedback following attendance at training sessions, and at the school cluster meetings:

"Before the training I wouldn't have had the confidence to approach a young person who was clearly distressed, but, because I'd had the training, I felt confident and the conversation flowed very naturally. The training made the difference" – Community worker

"Although we did not really know what to expect, the session was very helpful and informative, and will certainly help us to deal with any situation that may arise at our weekly meetings and events." Girl Guide volunteer.

"Attending the school cluster meeting is a priority for our school. It has given me the opportunity to link with other schools and share good practice" – School primary pastoral lead

CYP IAPT training:

Since Hull became a CYP IAPT area in 2015 the following CYP IAPT training has been undertaken:

- Systemic (Deliberate self-harm and conduct) – 3
- Systemic (Eating Disorders) – 3
- CBT – 4
- IPT-A – 1
- Parenting Interventions (Incredible Years Parenting Programme) – 2
- Supervisors – 4
- Service Leads – 3
- CPWP – 5 (1 completed, 2 completing Jan 2020 and 2 in October 2020)
- CPWP (MIND) – 4
- Counsellors – 3 in training this year

We have maintained an ongoing commitment to the programme and current training plans include:

- CPWP 2 completing in Jan 2020
- CPWP 2 completing in Oct 2020

RISK REGISTER:

Area of Risk	Detail	Mitigating Actions	Timescales
Autism Spectrum Disorder	There continues to be a high number of CYP waiting for Autism assessment – this is reducing but the referral rates remain high	Following a substantial increase in recurring baseline budget the CCG continues to be closely monitored waiting list will be closely monitored and meetings with Service Managers will continue to ensure the agreed actions are implemented in a timely way. The CCG is working with HCC to gain a better understanding of why the referral rate is so high, and what we need to do as a whole system to address this.	A trajectory is in place which will see the waiting list reduced to under 13 weeks by 2021

FINANCE:

	CCG Name	Hull CCG		Actual Spend				Planned Spend 19/20 **				Actual Spend 19/20**				Commentary (including details of any slippages against plan)
		Local Priority Scheme (LPS)	Local Priority Scheme (LPS)	Funding Source/Stream	15/16	16/17	17/18	18/19	Planned Spend Q1 19/20	Planned Spend Q2 19/20	Planned Spend Q3 19/20	Planned Spend Q4 19/20	Actual Spend Q1 19/20	Actual Spend Q2 19/20	Actual Spend Q3 19/20	
	Reference / number *	Description*														
1	2	IAPT Training	CYP - IAPT Funding			£108,550	£46,950	£0	£0	£0	£0	£0	£0		£0	
2	2	Autism waiting list	LTP Funding	£88,942	£316,284	£316,917	£316,916	£81,289	£81,289	£81,289	£81,289	£81,289	£81,289		Annual recurrent spend in baseline contract £325,157	
2A		Additional Autism Assessment and Diagnosis funding agreed					£102,950	£112,950	£112,950	£112,950	£112,950	£112,950	£112,950		Additional annual recurrent baseline spend £451,800	
2B		Additional waiting list/post diagnostic support service					£45,500	£55,500	£55,500	£55,500	£55,500	£55,500	£55,500		Based on achievement on waiting list trajectory £222,000	
3	2	Interventions/therapies commissioned delivered by Voluntary sector	LTP Funding	£50,000	£50,550	£50,049	£50,100	£12,851	£12,851	£12,851	£12,851	£12,851	£12,851		Annual recurrent spend in baseline contract £51,402	
4	2	CAMHS waiting list initiatives	LTP Funding	£94,000	£95,034	£95,129	£168,396	£24,425	£24,425	£24,425	£24,425	£24,425	£24,425		Annual recurrent spend in baseline contract £97,700	
5	5	Eating Disorder Service	ED Funding	£154,000	£155,694	£155,850	£156,006	£40,016	£40,016	£40,016	£40,016	£40,016	£40,016		Annual recurrent spend in baseline contract £160,062	
6	6	CAMHS Crisis Team	LTP Funding	£270,000	£272,970	£273,243	£273,517	£70,157	£70,157	£70,157	£70,157	£70,157	£70,157		Annual recurrent spend in baseline contract £280,628	
7	8	Children and young people's learning disability waiting list	LTP Funding				£0									
8	1	Workforce - self-harm training	LTP Funding				£0								Hull CCG pump primed funding 16/17, go forward funding from Headstart Big Lottery funding	
9	3	CYP emotional and mental health website development	LTP Funding				£0								Hull CCG pump primed funding 16/17, go forward funding from Headstart Big Lottery funding	
10	3	Young People's mental health film	LTP Funding				£0									
* Please ensure the LPS reference/number and description entered above matches the details in the latest version of your LTP Plan ** Please note cells for planned and actual spend have been restricted to a maximum £500,000.																

DATA:

NHS Digital collate the Mental Health Services Data Set (MHSDS), which contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services.

Hull CCG continues to work with their lead provider, HTFT, in the submission of the required data collection for the MHDS including the annual 'one off' collection. Hull and East Yorkshire MIND, one of our local voluntary providers is also now successfully flowing their data after resolving the challenges that many other voluntary services have also experienced with the IT systems in submitting data. Some of MIND'S figures are, therefore, included in the most recent 'one off' collection and we expect that collections going forward will represent a more accurate figure of the total access information.

In the 2017/18 the total number of CYP aged 0-18 receiving two or more contacts were 1765 CYP. In 2019/19 this number has risen to 2075 with an access rate of 33.7%. The CCG will continue to work closely HTFT and other providers to ensure accuracy of the data provided.

PLANS FOR 2019/20:

On the 19th May 2020 the National Children's Bureau facilitated a one day event attended by partners involved in delivering mental health and emotional wellbeing intervention for CYP in Hull. The purpose of the event was to review the LTP priorities, celebrate our success, reflect on our journey to date, identify areas for further joint work and agree a way forward to further enhance and improve overall mental health and wellbeing of CYP within the City of Hull.

From the day it was clear there is a comprehensive range of pathways available to CYP, parents, and carers in Hull, including early intervention and prevention. All partners are working to develop innovative solutions to build capacity – but we acknowledge that our lead provider HTFT continues to receive a high referral rate to Contact Point, including urgent referrals, and we know at times, the current pathways to assessment and intervention can appear frustrating for CYP, their parents and carers leading to them having to experience further waiting times when referred on to different services to meet identified needs.

In addition to this the funding for HeadStart Hull will cease in 24 months, therefore there is a need to consider the sustainability of early intervention and prevention, and the whole school approach beyond 2021.

There is a strong desire across the partnership to further develop an integrated service, in particular, ensuring CYP get to the right service to meet their needs as soon as possible.

We are now in the process of developing a new 'THRIVE' Development Plan' that will take our plans for transformation further. A key element of this will be to work more closely with CYP, parents and carers and a communication and engagement plan is being developed alongside the Development Plan. Please find below a copy of our draft plans, which are currently 'under construction', and will be subject to further amendment and agreements at our partnership meetings, we are planning to hold another review day in May 2020 to evaluate progress and plans:

Service Analysis	start	Review date
<p>Review all interventions, service provision and pathways (complexity, related to the THRIVE quadrants and how they link together) including current referral routes.</p> <p>Use findings to create a detailed service map against THRIVE and show the full story of service use mapping the CYP's journey.</p> <p>This work should include:</p> <ul style="list-style-type: none"> • Identifying what services or support CYP are accessing whilst on all current waiting lists • What support those CYP are receiving elsewhere? • Which front door did they come through? • Where are they going to? 	01/11/19	30/03/20
<p>Task and Finish group to be established to undertake a gap analysis of provision against the 4 THRIVE quadrants for ages 5-9 year olds, including mapping current provision.</p> <p>This will be reported back to the THRIVE Strategic Group for review and agreement regarding further actions required.</p>	01/11/19	30/03/20- for reporting back
<p>Task and finish group to be established to map current provision and undertake a gap analysis for provision against the 4 THRIVE quadrants for ages 16-25 year olds, including mapping current provision.</p> <p>This will be reported back to the THRIVE Strategic Group for review and agreement regarding further actions required.</p>	30/10/20	30/03/20 For reporting back
<p>Strategic parenting group to map current support and undertake a gap analysis for parents of CYP with poor mental health.</p> <p>This will be reported back to the THRIVE Strategic Group for review and agreement regarding further actions required.</p>	02/01/20	30/03/20

Data Analysis		
<p>Undertake a full data analysis of volume of flow through current services including referrals (appropriate and inappropriate), take up, completion and impact, onward referral, waiting list times etc.</p> <p>Breakdown should include age, gender, disability, ethnicity, school and first three letters of postcode. Analysis of source of referrals and where referred onto will also be required. This will map levels of use and improve efficiencies in the system.</p> <p>This information will be then be reported back to the THRIVE Strategic group and used to inform plans for service development.</p> <p>Review existing IG/Data sharing and consent policies and develop new protocols as appropriate.</p>	01/12/19	30/05/20
HeadStart Hull performance and evaluation sub group to transition into the THRIVE performance and evaluation sub group.	01/12/19	01/12/19
Undertake an analysis of adult services to identify what proportion are parents (including those who have children and young people living with them (young carers) and those who have contact with their children.	01/12/19	30/05/19
Develop a THRIVE performance framework so that all data from thrive quadrants can be reported on a quarterly basis to the THRIVE Strategic group.	01/12/19	30/05/20
CYP Voice and influence and co-production		
Establish a Task and Finish group whose role is to develop and implement a plan for ensuring CYP voice, influence, and engagement is embedded in the development of the Hull THRIVE model.	30/10/19	30/03/20
Map existing voice and influence structures across the system, and identify any gaps which need to be addressed so there is regular access to relevant groups of young people to inform ongoing developments.	01/12/19	30/03/20
Task and Finish group to produce a plan for communication and marketing for THRIVE - for both service users and professionals working within the system.	Jan 20	Review March 20
Embed consultation using, and building on, existing systems with CYP and families around development of services and pathways including how, when and where services should be accessed.	Jan 20	Review March 20

Involving CYP and families to develop an integrated system using a range of engagement methods. This will include consideration of : <ul style="list-style-type: none"> • Name of current Contact Point • Name of service to replace title 'CAMHS' • Vision for integrated service • Outcomes of service and CYP Charter (working on a bigger front print with East Riding, North East Lincs, and North Lincs in line with the NCM project). 		
Embed THRIVE approach in Hull		
Establish monthly THRIVE strategic group.	01/09/19	ongoing
HeadStart Hull operational sub group to transition into the THRIVE operational subgroup.	01/12/19	ongoing
Plan and hold Anna Freud event and subsequently develop training and awareness raising plan for staff across the system Support dissemination of the THRIVE approach and implementing THRIVE using the i-Thrive toolkit http://implementationthrive.org/implemented/toolkit/	Jan 20	On-going review march 2020
Fact finding/lessons learnt trips to other areas who have successfully implemented THRIVE e.g. Kirklees and trailblazer sites.	Jan 20	On-going review march 2020
Build a system based on THRIVE - consideration of whole system approach to stream referrals into appropriate 'universal' services	Jan 20	On-going review march 2020
Multi-team training of AMBIT	Oct 19	Review progress march 2020
Hub core team development		
Co-working plans - Contact point to co-locate with EHASH in Kenworthy House.	02/01/20	1/02/20
Development of the structure of the hub, considering a triage coordinator role.	01/12/19	Review march 20
Consider information sharing implications and HR implications for staff moving permanent work bases within LA and CAMHS.	01/12/19	March 20 – for review
Consider how to further involve Voluntary sector	01/12/19	March 20 – for review
Develop one agreed consent method	01/12/19	March 20 – for review

Communications and engagement		
Develop a communication and engagement strategy regarding supporting GP's and other agencies understanding the new integrated service developments		
Produce an information leaflet to be distributed within primary care to support 'self-care' and sign-posting for CYP and their parents		
Develop a clear communication and marketing plan to support the implementation of THRIVE.		
Work-force development		
Develop a written work force development plan that will include directing THRIVE training across the whole workforce.		
Map existing workforce development and training, and undertake a gap analysis.	01/12/19	01/06/20
Map out current workforce and review skill mix required going forward.	01/12/19	01/05/20
Collate whole system training available.	01/12/19	01/06/20
Work in partnership with other areas (HCV HCP)	01/12/20	On-going
NHS Plan		
<p>Earlier in 2019 NHS Hull CCG and NHS East Riding CCG commenced negotiations with Humber Teaching NHS FT to explore the opportunity for CYP mental health to extend to age 25 for specific patient groups:</p> <ul style="list-style-type: none"> • SEND Co-hort • EHCP plan in place from age 19 - 25 • Looked After Children • Learning Disability • Life limiting conditions (would have other co-morbidities and under Paediatrics) <p>It was agreed that each young person's care needs would be reviewed to ascertain the future care pathway post 18th birthday either remaining in CAMHS or transferring to adult mental health services.</p> <p>The CCG will continue to work with East Riding CCG to progress this work.</p>	June 19	March 20 – for review

'Mirror'

Mirror concentrates on the dark thoughts most people might go through in regards to their own negative image and insecurities. It also explores perceptions we all have and how they can prejudice us in our view of mental health by Steph (age 17) during her Drama therapy treatment.

Mirror

Mirror, mirror on the wall, what's the sense of them all?
Maybe someone fancy, someone tall
Someone who's got their eye on the ball
But certainly not you dear, didn't you know?

Some people believe that our reflections reveal our true selves
Those people clearly haven't encountered a reflection like mine before

When I look in a mirror, I see me
But not as you see me

My reflection has taken off its suffocating mask that hides evil within
My reflection has uncovered the scars of its own making
My reflection no longer keeps quiet

The very essence of my reflection and its allies is hard to explain
Which is why I avoid telling people who have half a brain
But to keep it plain, I'm different

My mind is attracted to negativity like a magnet
And some of you may be thinking
"Well it's simple, just stop doing that..."
(You're the ones with that half a brain I mentioned)
Simple is the polar opposite to the reality, it

You can't tell someone who feels odd to stop feeling
You can't tell someone who hears voices to stop listening
You can't tell someone who hallucinates to stop looking

"You've gained a few pounds haven't you?
Someone complimented you today? Big woo
You're not so stupid as to believe it's true
You think you have friends, well who?
Nobody wants to be associated with a freak like you!"

My reflection has become best buds with Tom
(Tom is a voice I hear by the way)
Together, I drown in a sea of nothing but hatred and negativity
And the worst part is what they say is true

You could say a solution is just to avoid mirrors completely
But my reflection is smart
A shop window, a puddle, a phone screen
My reflection is like a magician who's just mastered the reappearing trick
There's just no escape!

You can't tell someone who's anxious to stop thinking
You can't tell someone who's suicidal to stop suffering
You can't tell someone who self-harms to stop hurting

IT'S NOT THAT EASY!

There are people out there
Who pretend to care
But when it comes to the "deep stuff"
They'd rather be anywhere
Than stand in your corner

And all I have to say to them is
Have you looked in the mirror lately?

Hull Thrive Strategic Group Governance arrangements

