



**Humber and North Yorkshire**  
Health and Care Partnership

Children and Young People's Trauma Informed Care Programme

# Annual Report

2023-2024





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## ***Our Pledge***

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***“We will work collaboratively to ensure that Children and Young People, who have or may have experienced trauma or adversity, are supported to thrive. We will do this by working across the system so everyone is supported to respond helpfully, consistently, and compassionately”***

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# Foreword



## **Michele Moran**

Chief Executive, Humber Teaching NHS Foundation Trust

Board Member for Mental Health, Learning Disabilities and Autism, Humber and North Yorkshire Integrated Care Board

Chair of the Humber and North Yorkshire Children and Young People's Trauma Informed Care Programme Alliance

The Mental Health, Learning Disabilities and Autism Collaborative has worked hard since its inception to bring together a diverse range of partners to deliver system change and improved access and outcomes for Children and Young People across Humber and North Yorkshire. The successful EOI to NHSE (Health and Justice) to secure the funding for the Trauma Informed Care Programme is an excellent example of this. The Programme brings together the expertise of a range of partners to deliver transformational system change to improve the care of our most vulnerable young people. The Programme will ensure that all professionals involved recognise and respond appropriately to signs and symptoms of trauma, resist re-traumatisation and acknowledge the differences between and within communities. It also provides opportunities to test new models of care for those young people at risk of entering the criminal justice system.

Within this Programme, as in all our work as a Collaborative, we continue to always put the people our services support first, we value every person as an individual and respect their own aspirations and priorities. That is why we have ensured that coproduction with Children and Young People is at the heart of this programme so we can continue to learn from those with lived experience to build on our successes and address any areas of improvement.

It has been a privilege to have chaired the Programme Alliance meetings over the past 18 months. Throughout this time, I have seen the Programme grow from strength to strength. The Alliance meetings have been a platform to share the progress of the Test and Learn sites and to enable Alliance members to hear about their fabulous work with Children and Young People. Over the last year, we have seen the Programme receive a really positive Annual Review visit from the NHSE national team and hold their first annual conference.

This report shares the progress made by the Humber and North Yorkshire Children and Young People's Trauma Informed Care Programme in its second full year of delivery and provides strong foundations on which to build as the Programme progresses in its deliver of the partnership strategy. It has been a pleasure to be part of the Programme throughout the first 2 years of their journey, and I look forward to the next steps moving forward.

# Introduction

In 2021, an opportunity arose to bid for funding from NHS England's National Health and Justice Team, to develop a systems approach to enhancing support for vulnerable Children and Young People, who have or may have experienced trauma or adversity, and those at risk of encountering the Youth Justice System. Led by the Mental Health, Learning Disabilities and Autism Collaborative, partners from across the Humber and North Yorkshire Integrated Care System (formerly known as Humber, Coast and Vale) including Health, Local Authorities and the VCS, worked together to develop this bid, and ensure that its aims and implementation aligns with - and compliments - the broader transformation work already underway across the geography. Our bid was successful, and we are one of 12 Vanguards delivering this work across the country. This work will be a 10-year Programme which commenced in 2022, with ringfenced funding for the programme from NHSE.

The model of the Programme has two main aspects. One is delivering system change across the Partnership, to develop and embed a consistent Trauma Informed approach across all partners, working with vulnerable Children and Young People at risk of offending. The other is to test new interventions, (known as Test and Learn Sites), which divert young people from becoming first time entrants into the Youth Justice System.

Children and Young People are often described as hard to reach, or hard to engage, when often it is the services and systems around the child and their family, which are hard to access and engage with. This work will ensure that all services working with vulnerable Children and Young People at a universal, targeted and specialist level are able to provide, a consistent Trauma Informed approach, to the care they provide and ensure improved accessibility, support and outcomes. It will also ensure that both strategically and operationally, organisations are supported to become truly Trauma Informed.

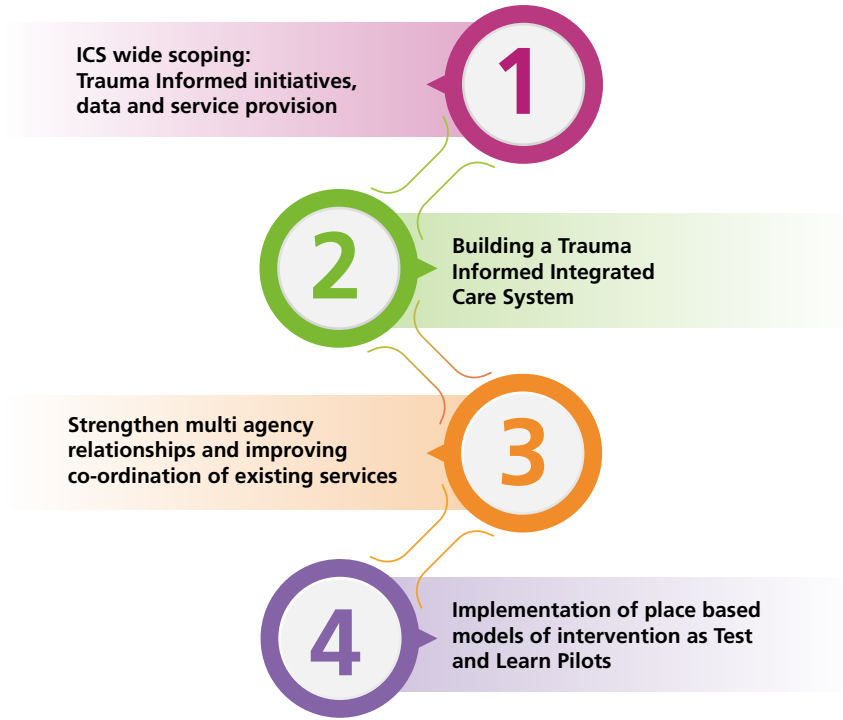
This annual report shares the progress made in mobilisation and delivery of the programme over its second year.

## Humber and North Yorkshire Region



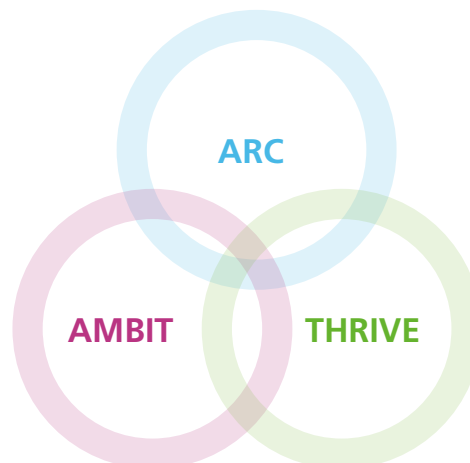
# The Programme

Our Children and Young People's Trauma Informed Care Programme, is a collaboration of partners from across our six places within Humber and North Yorkshire. The model aims to build on existing infrastructure, to strengthen pathways, and work collaboratively, while testing new models of delivery to improve outcomes. In order to meet the objectives of the framework, our phased implementation will focus and build on the following four key areas:



# Our Approach

There are three complementary, evidence-based models of care already in place for Children and Young People with complex vulnerabilities in Humber and North Yorkshire. The Programme Strategy will ensure that the Programme of work carried out over the coming years by the Children and Young People's Trauma Informed Care Programme, uses these approaches to deliver a consistent and effective system of support for Children and Young People, who have or may have experienced trauma. By training and supporting professionals, and listening to the voices of Children and Young People, we want to prevent traumatic experiences from seeding challenges that lead young people into the Youth Justice System - or escalate their involvement with these processes.

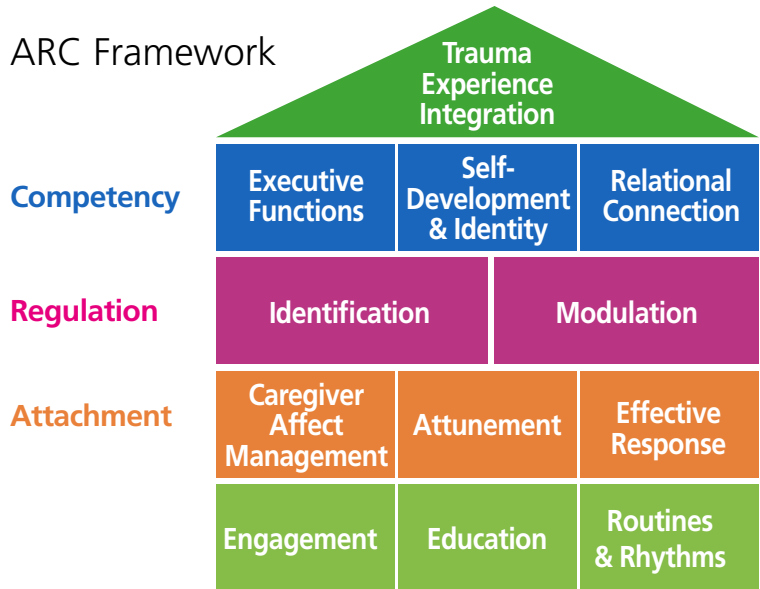


# ARC

The Attachment, Regulation and Competency (ARC) Framework offers a structure of the core components of intervention and provides a set of interventions to support Children and Young People who have experienced complex trauma, but also offers a structure by which organisations can become Trauma Informed, and deliver an integrated system of Trauma Informed Care. ARC training provides staff with a consistent understanding of how to recognise and respond appropriately to signs of trauma. The Core Team have mapped the ARC learning outcomes against other existing training, although many partners are already using ARC e.g. Humber Teaching NHS Foundation Trust.

**Attachment, Regulation and Competency (ARC)**  
A set of clinical interventions used to address complex trauma, and a framework for building Trauma Informed organisations/systems, is being developed to organisations within the partnership to enable them to become Trauma Informed.

## ARC Framework



# AMBIT

AMBIT is a mentalisation approach for teams supporting Children and Young People with complex needs. It offers professionals a framework to contextualise Children and Young People's actions within their experiences, feelings and beliefs and helps professionals co-ordinate information and integrate delivery of interventions to meet these needs. Mentalisation approaches are particularly effective, when supporting Children and Young People who have complex needs, are socially excluded, or reluctant to engage with professional interventions.

**Adaptive mentalization based integrative therapy (AMBIT)**  
A 'Mentalization based' approach aims to support the strengthening of multi-agency teams delivering interventions to disengaged youth with complex needs. The objective being to strengthen relationships between multi-agency professionals and support integration of services/interventions to improve the experience for Children and Young People or their families. Thereby increasing the likelihood of engagement with professional interventions.



# THRIVE

The THRIVE framework provides an overarching structure to delivering mental health support to Children, Young People, and their parents/carers. It conceptualises five categories of support, into which all services and all Children and Young People (whatever the complexity of their need) fall. By stressing that Children and Young People will move between different categories over time, (and may require services from multiple categories at the same time), it encourages professionals to consider the link between presenting needs and current circumstances, rather than focusing on a static diagnosis. THRIVE helps different organisations within our local system to understand their role in improving Children and Young People's mental health, and encourages them to collaborate to plan, implement and review co-ordinated packages of care.

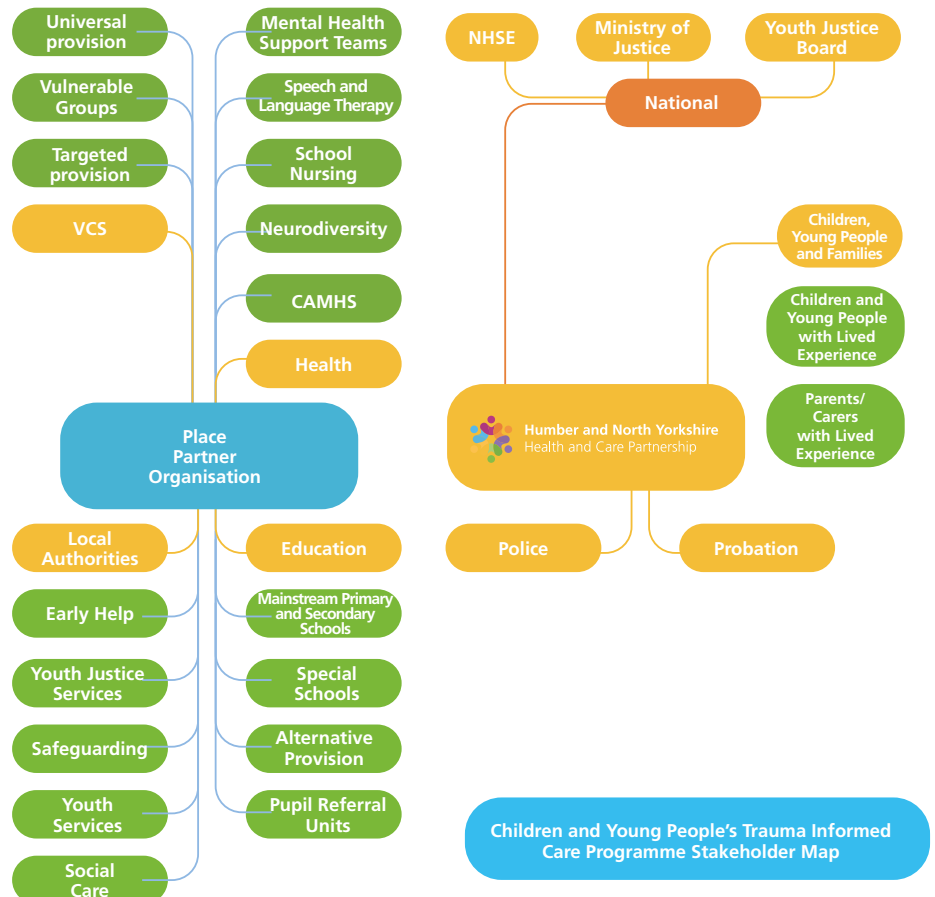
## Thrive

A framework that provides a structure to delivering mental health support to Children Young People and their Parents/ Carers. It consists of five categories of support into which all services and all Children and Young People fall, whatever the complexity of need. Services are aligned to each domain according to the level of support they provide.



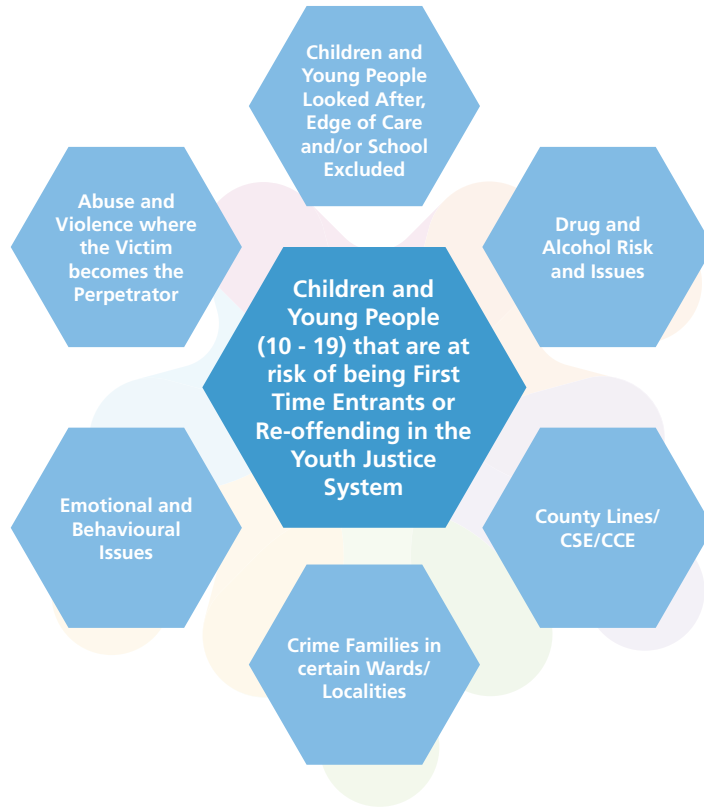
# Stakeholder Map

Over the duration of the Programme, we aim to work with many varied organisations and services across all 6 places in our ICS (North Yorkshire, York, East Riding, Hull, North and North East Lincolnshire):



# Target Cohort

The target cohort are Children and Young People aged 10-19 who are at risk of becoming first time entrants or of reoffending in the Youth Justice System:



## Delivering Transformational Change across the System

# Communities of Practice

Communities of Practice provide a space for practitioners to connect with each other. These personal connections facilitate dialogue, and increase insight into the role and function of other services. Communities of Practice create formal and informal opportunities for collaboration and assist in modelling collaborative interagency processes. It supports in moving from working in silos to sharing knowledge, solving shared problems. In using of collective knowledge, involvement in the community creates better practice.

- 18 Communities of Practice have taken place
- 80% of attendees said that attending Communities of Practice supported their professional development
- 90% felt that being part of the community helped them to share organisational or work related knowledge and join up relevant or dependent work
- 44 Organisations have engaged in Communities of Practice
- 127 People have attended Communities of Practice



The sharing and integration of different practitioner knowledge and experience, along with a common shared interest in the subject matter, can support the development of creative solutions and new knowledge about responding to people with complex needs. This supports the personal and professional development of the community's members.

We have several Communities of Practice up and running:



Over the last year, our sessions have covered many topics from staff wellbeing, speech and language and lived experience guest speakers. At our more recent meeting we had international guest speaker Margaret Blaustein, the co developer of the ARC Framework, dial in for the meeting from America and lead the community's discussion.

We have an NHS Futures page that works alongside each Community of Practice. This platform is a collaboration platform that empowers everyone working across the 6 places to safely connect, share and learn. Within the platform we work to harness and share resources, and good practice, on implementing a Trauma Informed approach. The pages have close to 260 members.

## Feedback from people attending Communities of Practice

*"Very interesting conversations and learning"*

*"Great having such a diverse range of professionals attending"*

*"Loved all the different external speakers- they have been very inspirational. We know that if we have any ideas of themes to explore, we can send them to Katy at any time"*

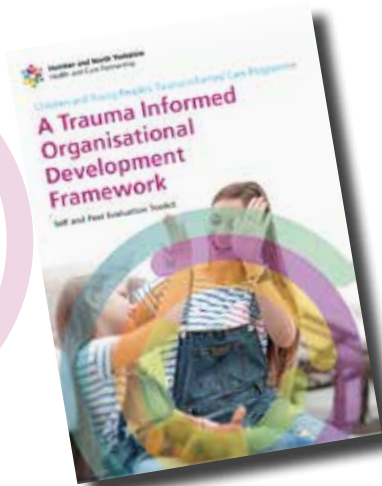
*"Please continue with the good practice and material sharing via the NHS Futures page"*

*"They give me space to think about being more Trauma Informed"*

*"I have connected with others in similar roles"*

*"Attending Communities of Practice has helped me to understand the pressures of other services"*

# Organisational Toolkit



The Organisational Toolkit has continued to have uptake and participation from services across all 6 places. The Toolkit has been pivotal in supporting those using it to embed and work towards sustaining a Trauma Informed integrated system, and developing a consistent joint approach across Yorkshire & The Humber.

11 Organisations are working collaboratively with the Core Team to undertake the Trauma Informed Care Organisational Toolkit

80% said that the Toolkit supported them to reflect on current policies and practices

100% of organisations said that the Toolkit promoted discussion about how they respond to trauma

100% confirmed that it guided them to understand the process of embedding a Trauma Informed approach

80% stated that the Toolkit had helped them to identify what Trauma Informed policies, practices and resources organisations already have in place

## Feedback from Services using the Organisational Toolkit

"This tool, coupled with input from Communities of Practice Manager and other members of the Core Team, have allowed us to develop our thinking around key topics such as our organisation's youth voice and staff wellbeing and have enabled us to prioritise our next steps"

"The Organisational Toolkit has also acted as a catalyst to begin to develop a set of next steps in order that the service continues to progress through the Trauma Informed continuum"

"Undertaking the Organisational Toolkit audit clarified where we have been, where we are now and where we want to be going forward"

"The Organisational Toolkit has been instrumental in helping to self-assess and baseline where we currently are on the Trauma Informed journey"

"I think the Toolkit has helped us as a team reflect on the process of becoming Trauma Informed - it's not a straight yes or no answer and it has enabled us to reflect on where we are along that process"

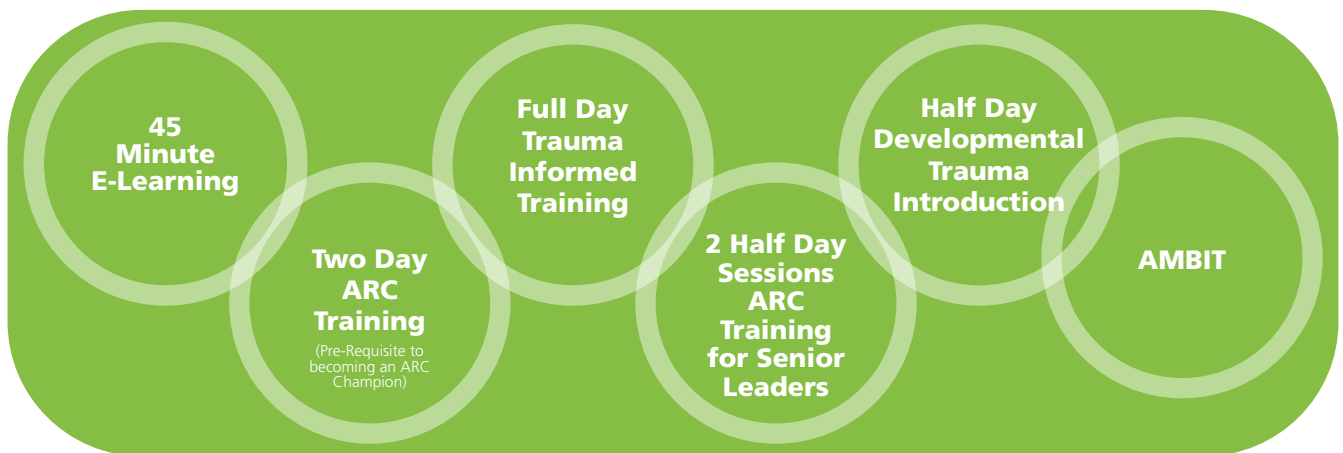
# Training

We have continued to build on our training offer over the last year. We have a Framework of Trainers now delivering the multi-agency ARC training across the ICS. We have trainers from 2 VCS organisations across the ICS and MIND are coordinating the administration and booking of the training. The ARC multi agency training sessions run across all 6 places have been really well received so far. The training schedule has been shared with all partners and organisations as well as it being promoted on our webpage. We are continuing to use the national ARC trainer, Kati Taunt, to deliver the 2 day ARC Champions training and the 2 half day ARC training for Senior Leaders.

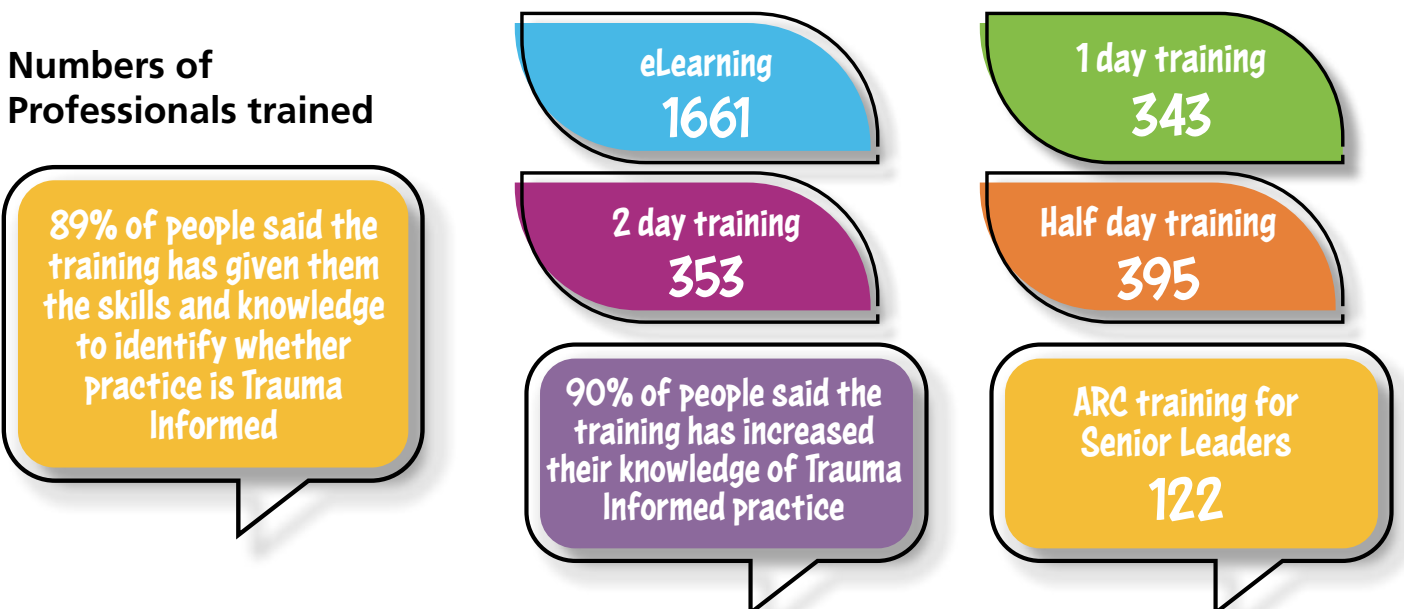
The Community of Practice Manager has worked with Hertfordshire Council to share training and learning. This has resulted in the development of our eLearning training session, which is now on our webpage. We are also sharing this with other organisations, who will also include this as part of all staff training. The training is a short targeted 45 minute training session for anyone who has direct or regular contact with Children and Young People, who may be affected by trauma (even if this is not known about). There is an option for organisations to add our eLearning to their training platforms, which some areas have chosen to do already. They will be providing us with quarterly data so we can keep track of who is accessing this training.

The Framework of Trainers completed their 'Local Facilitator' AMBIT training during November 2023. Staff from all 3 Test and Learn Sites are currently receiving AMBIT training in their teams, as are all 6 Youth Justice Teams.

The Community of Practice Manager is supporting our ARC Champions, who are delivering Trauma Informed training within their own organisations. The ARC Champions are being given ongoing support from the national ARC trainer, and have access to the ARC Champions NHS Futures page where they are able to access resources to support them in their role.



## Numbers of Professionals trained





## Training Feedback

"Trauma in practice is now a standing agenda item in team meetings, sharing how we have put learning into practice. Also it informs peer and personal supervision"

"I have been able to be more flexible in my formulation of work with Children and Young People, meaning I have been more creative with the work"

"We are looking to change forms including our team group supervision form, to incorporate more discussion around trauma and to make it more Trauma Informed for staff"



"We have used the ARC framework in discussions with foster carers, social workers and young people when thinking about the best way to support young people who have experienced complex trauma"



"The training has resulted in us sharing practice and training with colleagues and also becoming a champion to support the embedding being Trauma Informed into the service delivery"

"Our organisation has taken on a more Trauma Informed approach, not just with the young people we work with, but also with its own staff, for example in supervisions. I have used some of the techniques shown to us myself, in helping to calm a young person and also in the language I use and the approach I take"

"I have shared my learnings and thoughts about the training in a team meeting"

"I have talked to my manager about some ideas to incorporate being Trauma Informed into our documents and practice"

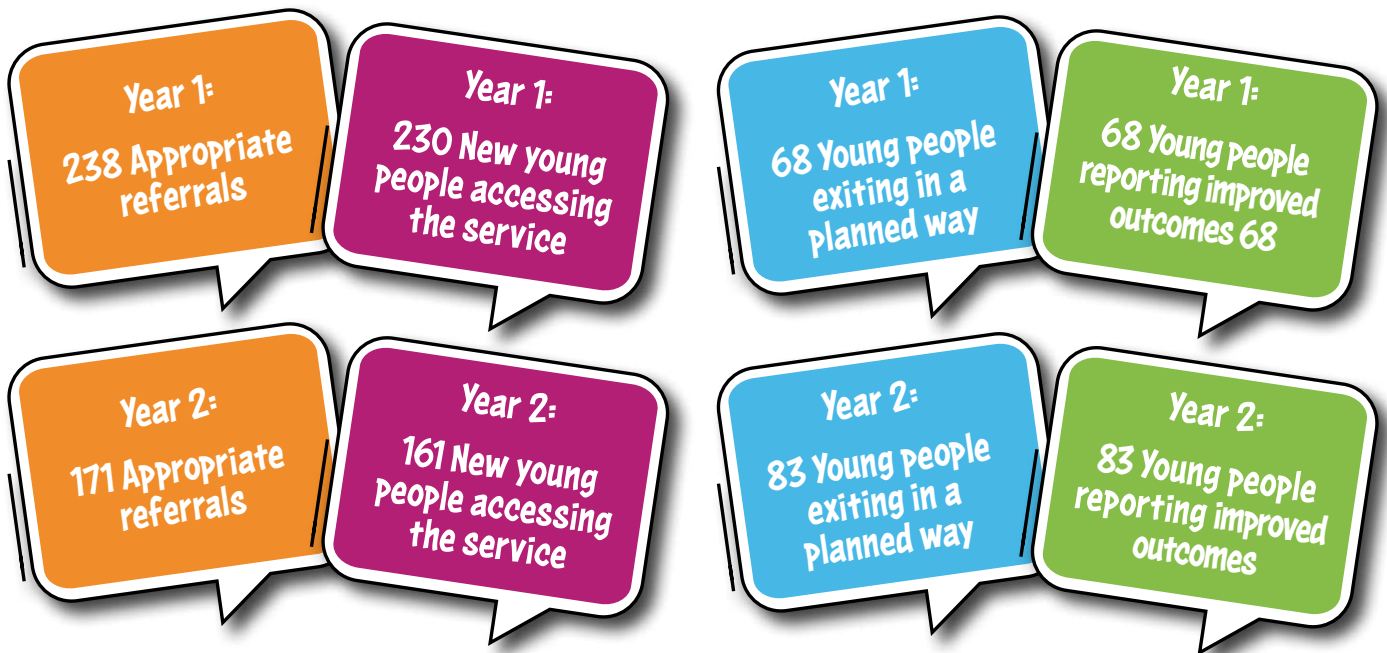
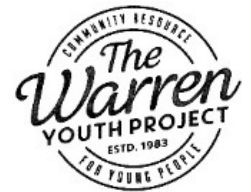
"I have taken on board the information and used this to inform my plan when working with families. I have discussed being Trauma Informed in supervisions and I highly recommended the training to other colleagues"



## Test and Learn Sites

The overall Trauma Informed approach covers the whole of HNY HCP ICS with Test and Learn Sites delivering interventions directly to Children and Young People. Our 3 fully mobilised Test and Learn Sites, whilst are different to each other to address needs at place, they all demonstrate services and organisations collaborating and working together.

## Hull



Hull is the VCS led Flipside project where The Warren and Cornerhouse work together to deliver the service. Many of the young people who entered Flipside in Year 1 of the Programme, are still in service in Year 2, due to the complex nature of their needs. This is a holistic model that delivers a range of Trauma Informed interventions including 1 to 1 therapeutic intervention and 1 to 1 and group diversion interventions to Children and Young People, to prevent them becoming first-time entrants to the youth justice system. The service has integrated into existing structures e.g. multi-Agency diversion panels which include a wide range of partners including Youth Justice service, Police and Social Care.

We work with young people aged 11-19 who consent to our support, live in a Hull postcode, and meet one or more of the following criteria:

- Involved with criminal activity.
- At risk of being exploited or groomed (criminally or sexually)
- Low level controlling behaviour to partners or family
- Young people who are Neurodiverse and are at risk of the above.

As we reflect on the past year and our work with young people it's fascinating to see how our core values around relationships continue to be our biggest strength. Continuing to have no 'cut off' time with young people, creates space for real, trusting, and nurturing relationships to form. It means we can provide interventions when the time is right, and are able to incorporate activities, with an emphasis on fun and belonging.

The past 12 months has seen the team further utilise our individual strengths for the benefit of young people. Years of youth work experience and supporting young people around exploitation, emotional regulation and working with neurodiverse young people, enables us to direct referrals to the right worker so young people can receive the most effective experience throughout their time on Flipside.

The Flipside team have continued to forge strong relationships with the professional networks around us, and often work collaboratively to provide young people with the knowledge, and confidence, to make informed choices. This includes our relationships with schools, which we continue to receive great feedback from, as we support young people to manage the pressures of the classroom. This work sometimes includes working with teachers to make adaptations for young people such as introducing 'time out' passes, or the use of fidget toys in the classroom.

This year's Hull Youth Justice report shows us that the reduction of First Time Entrants into the Criminal Justice System has surpassed the Youth Justice plan year three target. We believe Flipside has played a crucial role in this success.

## Meet the Flipside Team



JJ Tatten  
CEO The Warren



Tish Lamb  
CEO Cornerhouse

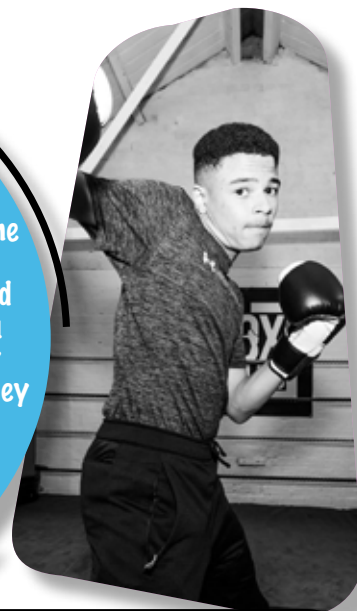
Left to right: Gemma Morfitt, Lea Spiers, Georgie Willis, Becky Braithwaite, Lydia Rangeley, Jas Guffick, Jenna Little, John Norton.



## Quotes from Children and Young People

"Being a part of Flipside is the best thing that could've happened to my mental health and emotional state. It's helped me as a person regulate my anger and taught me how to manage this anger I have bottled up inside me. They have used techniques such as taking me boxing, and the Humber night challenge. These two activities have helped me release my anger, and all this energy that rushes upon me and just helps me as a person. That's why being a part of Flipside is so important as a young person, that can't really regulate and control their emotions"

"Through Flipside I have done work around online safety. My worker has helped me understand what is safe to share online and what isn't. It's made me more aware about how to be safe online and how to report things that don't seem right. Flipside has helped me with my communication and its good because they know my triggers and what to do if I am triggered"



"Flipside have helped me by building up my confidence with boxing and they have helped me in the gym and teaching me what to do. Having a free membership has given me a new hobby, which I can put my energy into. This has been very positive for me and my mental health, and steered me away from crime"



"My work with Flipside has taught me a lot about consent and has helped me recognise what is healthy in a relationship. I've really enjoyed coming into The Warren doing all the activities. It's given me stuff to do and I've met some nice new people. I see my Flipside worker in school as I'm back in education now and I hope they can help me finish Year 11 and get through the stress with my exams"



## Quotes from Stakeholders

"Staff always contribute well to plans and bring creative and child focussed ideas. I get good feedback from children who are supported by Flipside, that they have positive and meaningful relationships with their workers and enjoy the sessions that they attend"

"Flipside has been able to reignite this young person's interest in undertaking work which will hopefully equip him with the skills and knowledge to help promote his safety. The creative has had the ability to engage a young man who can be very difficult to engage with and who remains very vulnerable. It is credit to the staff and the ethos of the project that this has been possible"

"I would like to express how important and crucial the work you do with young people is. Before this young person signed up to Flipside, they were stressed out, unable to manage their feelings, suffering with their mental health, engaging in some risky behaviours and we had concerns about how to stay safe online. They quickly developed an open and trusting relationship with you and engaged well with your sessions. They have recently told me they have been looking at volunteering opportunities. Six months ago this would not have been possible, but thanks to the help and ongoing support you have given them, this is now achievable."



## Case Study

### Scenario: Setting the scene and who did you engage with?

This young person was referred to Flipside by their VEMT (Vulnerable, Exploited, Missing, Trafficked) worker in June 2023. They were 14 and had come to VEMT teams' attention due to missing episodes and being involved in some criminal activity from 2022. They had also received a positive, conclusive grounds decision from an NRM (National Referral Mechanism) referral for modern day slavery in March 2022 due to being exploited. This young person was also open about smoking cannabis and was hanging around with people a lot older than them. He was referred to us in a hope that we could provide him with some support for steering away from criminal activity, to notice the signs of unhealthy relationships and to provide some positive activities to get involved with through The Warren's facilities.

### Actions: What did you do?

I was aware this young person could benefit from having some specific interventions from Flipside and after speaking to both parent and school it was clear this young person needed some further support and another positive relationship to confide in.

This young person was initially very hard to engage and would only see me if I met them in school on a 1-1 basis. During the break in summer holidays, the young person didn't engage in sessions and was arrested a further 3 times within 6 weeks. In this time, I spoke to Mum on a weekly basis to keep up to date and had numerous conversations with the police officers that were dealing with his cases. After the holidays, I set up consistent sessions within school and slowly this young person came to trust me and slowly opened up and engaged in conversation.

In our 1-1 sessions, we had open conversations about healthy and unhealthy relationship in terms of his friendships, and explored how we can set boundaries. We also problem solved how he could rebuild his relationship with his Mum, as this was something that was very important to him. He confided in me and opened up about his drug use, stating he wasn't just using cannabis. and the group he was currently in, was providing him with 'pingers' that he described as small pills containing ecstasy. This young person stated they really didn't want to continue taking drugs, as it was having a detrimental effect on their mental health, and they were starting to have some dark and scary thoughts. The young person agreed to me referring them to ReFresh and gaining help with their drug use.

Following on for this, we had lots of conversations about the future. This young person was on his last warning before being permanently excluded from school, and was now in Year 11. He had said to me in one session early on, that he didn't think he had a good future ahead of him. From having lots of confidence building conversations and through lots of research into different courses and options, he decided he wanted to get his head down and pass his GCSE's.

Due to the nature of the referral and arrests, and conversations we had, this young person also struggled to regulate their emotions. I introduced some emotional regulation techniques within our 1-1 sessions such as breathing and grounding techniques. I had also offered boxing from the very start but it took 5 months of relationship building for the young person to agree to attend. He loved boxing so much that he also then agreed to join the gym, and partake in both activities, to help regulate his emotions, and get him involved in some positive activities.

### Success: What was the impact?

In the following months, their drug use became less, only smoking cannabis a couple of nights a week instead of every day and they had stopped taking pills altogether.

This young person has improved his relationship with his Mum and had managed to move away from the friendship that was exploiting him and getting him into trouble. He has been able to recognise more clearly when someone may not have his best interests at heart and may be using him.

He has massively improved his physical and emotional well-being, and he has a confidence in himself and what he can achieve that he didn't have when I met him last summer.

He has decided that he would like to apply for the army, stating he is aiming to be completely off drugs in the next couple of months, and is now looking forward to what he can achieve.

This young person is now partaking in positive activities within wider communities, and has also built up a good relationship with the boxing coach, who is also a positive role model for him. He will continue to attend boxing and gym sessions till he is 16 and can access The Warren facilities on his own.

This young person hasn't been arrested since September 2023.

I am assured that this young man is safer, better equipped to manage his emotions, and has more opportunities open to him due to the work he has done with Flipside.

### Issues: What barriers and challenges did you face and how did you overcome these?

With this young person, we had to make sure we were careful about how we approached the CSE conversations to make sure the young person didn't close up and refuse to talk to us. We did this through building trust and having open conversations with no judgement.

This young person does still occasionally struggle with his emotions when a stressful situation occurs, especially in school. However, he now knows the strategies we have covered and that we have put in place, and we have also communicated with school ways they can support him through this that seem to be effective.

### Lessons Learnt: What would replicate moving forward? What would you do differently based on the learning?

Becoming involved with Flipside and being able to explore interests and hobbies is a fantastic diversion from risk taking behaviour. The impact on this young person's mental health and confidence has been overwhelming, now reaching out themselves for help, and taking part in the activities we have to offer.

Specific focus from the Flipside team around healthy relationships and emotional regulation has helped this young person understand, and develop skills, that will keep them safe into their later life.

Working together with other agencies, such as ReFresh, has been positive to help support this young person's needs.

# North East Lincolnshire



North East Lincolnshire is The JEFF (Journey to Enrichment, Fulfilment, and Friendship) project, which is aimed at prevention and early intervention for Children and Young People who may be at risk of becoming involved with the criminal justice system. The project aims to engage hard to reach Children and Young People, and support them in accessing key local services. This includes The Young & Safe team, Compass Go and We Are With You. There is also a key role in the project for the wider Voluntary and Community Sector (VCS), which consists of various local organisations providing a safe place, and positive activities, for Children and Young People accessing the project. Each organisation will have a nominated champion, who will be trained in identifying Children and Young People who may need the support of the project. This is a joined-up approach, with key organisations working together, to provide a wraparound system of holistic support.



Over the last year, the project has made significant progress in addressing the impact of trauma on Children & Young People. Many of the young people who entered JEFF in Year 1 of the Programme, are still in service in Year 2, due to the complex nature of their needs.

The year began with research into Trauma Informed initiatives which lead to workforce development - upskilling the team in Creative Therapies and Dialectical-Behavioural Therapy (DBT). This helped us to develop a comprehensive offer in how we provide support and care to our young people. Based on this understanding, we have implemented various initiatives and strategies to support the wellbeing and resilience of children and young people. This has included the development and production of themed self-help and adult-led resources which are universally available and provide early help.

The project has strengthened relationships with its partners and VCS, and provided training and communication pathways so that children and young people are supported at the right time through early brief interventions (EBIs). We have been successful in diverting children from the Youth Justice System by working together and not duplicating work unnecessarily. Throughout the year the project constantly evaluated its impact and adjusted its approach based on feedback from Children and Young People and stakeholders, so that we are accessible and working with our Children and Young People, promoting wellbeing whilst empowering them and their families.

## Meet the JEFF Team

Left to right:

Jess Horsfall, Millie Carr, Lisa Brightmore, Jamee-Leigh Benson, Aimee Kirby, Lisa Young, Patrick Cambell.

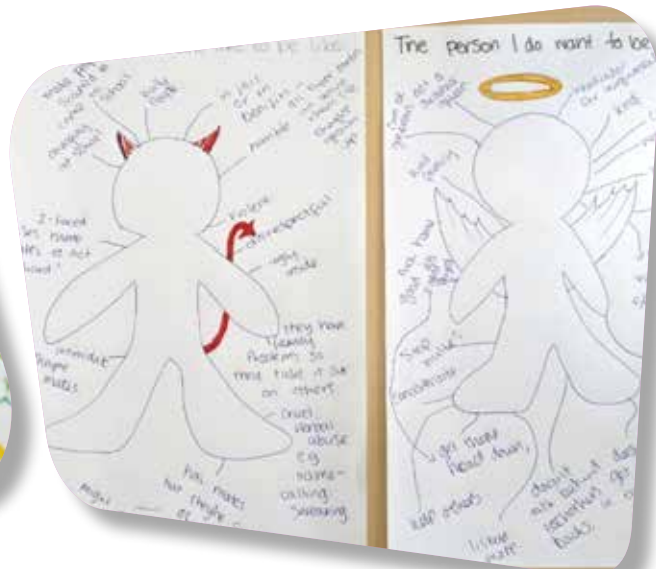
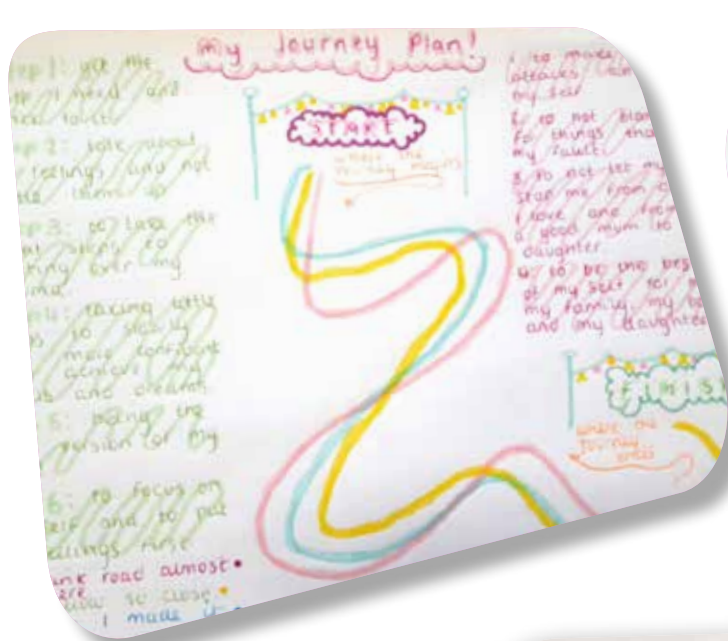
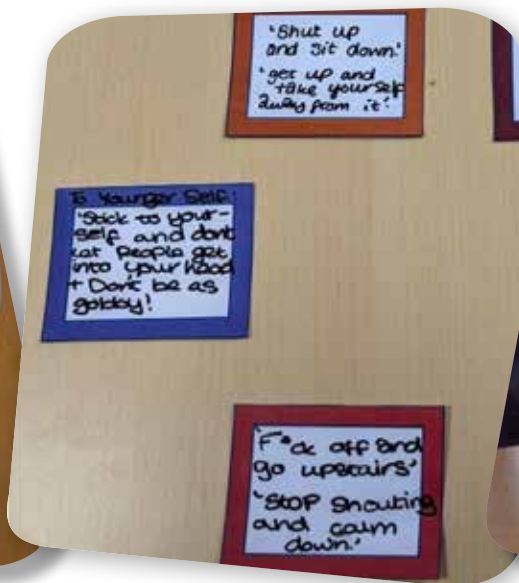


Laura Lockett  
Service Manager Compass GO...  
North East Lincolnshire Mental  
Health Support Teams



Gemma Baker  
Delivery Manager, NHS Humber  
and North Yorkshire Integrated  
Care Board (ICB), North East  
Lincolnshire Place

# Work with Children and Young People



Me	The things that matter	The person that matter
Best mates	Family	Friends
Photo happy	Energy self	Myself
Looking after myself	The things that matter	Myself
Hot youth	Concussion therapy	Myself
My hair		



## Quotes from Children and Young People

"XXX really listened to me, it helped to know that someone cared and was there to help"

"I haven't self-harmed in over 8 months, I'm not getting angry as much, I'm not using alcohol and I haven't been in trouble with the Police. I've enjoyed learning about myself, I'm able to be more open with people and having someone to talk to"

"Hey XXX I know its late, but I thought id let you know because I was going through all the stuff we did and it just reminded me to tell you. I'm now living down at my Dad's and I've secured an apprenticeship in catering. I'm working in this hotel (its got cottages a restaurant and a kitchen bit. I'm in the kitchen with 3 amazing chefs). I'm also going to college 1 day a week where I've met new friends. Thank you for everything you've done for me. It's helped a lot"

"My mum has seen I have calmed down and manage situations better. I can walk away from friends and strangers who wind me up. I feel the future is clearer after speaking about it and making it clear in mind. People have said I am more mature now"

"I don't usually like talking with people but I found my JEFF worker was kind and listened to what I had to say. We did some fun things as well as doing bits of work which wasn't too difficult"

"I liked that the appointments were close to my home, in a familiar place and I could get there easily. At first I struggled to get to them but the new place was much better. XXX gave me different options of things to try to help me calm down rather than telling me what I should do. Tensing up my body worked well, walking away from situations has helped me be less stressed and angry. I try not to take it as far now and I know when to stop"

## Quotes from Parents

"She is like a completely different kid now, the way she enjoys school, enjoys learning at school and is able to deal with situations rather than just reacting impulsively."

"He was beginning to go down the wrong path when he was referred into JEFF and I was beginning to lose all control and influence over him. However I'm quite confident now he has been working with JEFF, he is back on the right path and he listens to me and it seems like I have got my boy back"

"I felt no professionals were helping me. My JEFF worker has kept in regular contact with me and provided me lots of advice and support. My son has felt XXX is easy to talk to and he is enjoying the activities she has arranged for him to go to. JEFF project has done so much to help when we was stuck thank you we can now be hopeful about the future"

## Quotes from Staff

"The JEFF Project supports young people with diverse needs; focusing on their wellbeing and improving their self-esteem and confidence to enable them to live their best lives and always strive to be happy with themselves and value their own wellbeing"

"The JEFF Project has made such a large difference for young people accessing mental wellbeing support through Trauma Informed practice, which has had so many positive outcomes! By working in an interactive style, young people have felt more settled and at ease, which has helped them to build independence and coping strategies for managing their mental health. I can honestly say I'm proud to work for a team that is dedicated to providing the best care for those who are in need"

"I love using the Trauma Informed approach, I feel that it helps to create more equal opportunities for our young people. The project has enabled us to explore the impact this way of working can have and the outcomes evidence that it truly works wonders and actually targets those who need it most!"

"The Jeff Project is a successful innovative service that engages young people who are known to be "hard to reach" and offer them support they would not receive otherwise"

"The Jeff Project really is a forward thinking and child focused, Trauma Informed service, which focuses on early intervention and putting the child first. It builds their resilience and gives the young people skills to help them through their journey"

"I love working for the JEFF project. I believe that the project is so very needed in our community and gives young people the opportunity to work on their mental health and improve their aspirations. The young people who access the service would not normally have the opportunity to do this for a multitude of reasons. The Trauma Informed approach utilised by the JEFF project allows this to happen"

"I wholeheartedly believe that our project (and the other Test and Learn Sites) are pioneering and will support system change in how we all provide support and care to our Children and Young People. Using the Trauma Informed approach in our development has enabled children open to Youth Justice Services to access mental health support at the time they need it to prevent further escalation"

## Case Study

### Scenario: Setting the scene and who did you engage with?

The young person (16 year old female) was allocated to me on the JEFF Project after she was referred in by the out of court diversion team (OOC). The young person had been working with the OOC practitioner after a series of violent incidents to others, and one where she was involved in an arranged fight on a local park with another female. She had injured the girl's face and as such was interviewed for assault. Since working with the OOC practitioner, the young person had become pregnant and had been involved in an incident with her stepdad, who had sent her a sexually suggestive text message. This had caused her stepdad and her mother's relationship to end, and the young person began to suffer with panic attacks, anxiety and had stopped leaving the home due to this. The young person was also anxious about giving birth, and this was also exacerbating the panic attacks. This information was gained from the OOC practitioner, after we had met to discuss the young person. We also arranged a joint visit to the young person to begin with, so she was more comfortable meeting me. I also engaged with the school nurse, who I asked to come to a joint visit to help share some information around health during pregnancy. This information helped to reassure the young person, and help to keep her well informed.

The young person had a series of developmental traumas, including parental substance use and previously witnessing domestic violence between parents. She reported that she has always struggled with her mental health due to this, however, was too nervous to access mental health services previously.

### Actions: What did you do?

During an initial assessment, an RCADS was conducted with the young person, which showed some anxiety and panic. She informed me that she had struggled with mental health on off for long periods of her life. These results were discussed with the young person during her first session, so we were able to create a bespoke plan together to target the current mental health concerns. I have used this technique successfully with other young people, as I have found it creates a "buy in" from the young person as they have some control and a voice regarding the support they receive. In most cases the young person has wanted to complete their plan as they created it, and want to see it through. This was a technique I have also used successfully in previous job roles. The young person completed five 1-1 sessions with me which included fight, flight, freeze, the stress bucket and habituation. These were done to target the panic attacks, as this is what the young person wanted to work on first. We also looked at many different techniques/strategies, to help manage a panic attack, and in some instances prevent one from happening. We then completed some CBT interventions including, the five areas, thought court and the circles of control to reduce the young person's anxiety, so we could start some graded exposure so she could start leaving the house again. We then started the graded exposure and the young person started to for short walks near her home, and gradually increased the distance and time spent outside. This was reinforced by using habituation again. The young person was also anxious about giving birth, and was catastrophising about all of the things that could go wrong. To alleviate these worries, we spent a session looking through NHS statistics of complications during childbirth so the young person could start to see that her birth had around a 96% chance of being fine. We also filled in any gaps in her knowledge, to help her feel more informed. I also offered to do a referral to the perinatal team, but she wanted to instead stick with our work for now, and consider this at a later date. We also had a session around her Stepdad and her Mum's relationship. The young person felt that her Mum and Stepdad put her in the middle of their arguments, and this was causing her a lot of stress. We had discussions about being honest with them, and communicating how she felt. We looked at I statements to support her with doing this confidently. We also created a bit of a script together, so she knew what she wanted to say and could express herself fully. I also encouraged her to write this down in a journal, so she could put her thoughts into words prior to speaking to them. The young person shared she found journaling a useful way of managing her worries.

### Success: What was the impact?

During the young person's discharge session, another RCADS assessment was completed which showed a significant reduction in panic and anxiety. The young person reported that she hadn't had a panic attack in over a month at the time of discharge, whereas previously these were multiple times per week. The young person said that her anxiety had reduced around childbirth, and she was no longer dreading this, and was instead excited to meet her daughter. The young person's relationship with her Mum and Stepdad improved, and she no longer felt in the middle of their arguments, and feels that they now respect her feelings and leave her out of their issues. The young person is now able to leave her home without any anxiety and often walks to her friend's house on the next estate. This has drastically improved her wellbeing through more exercise and social interactions. This was important for the young person, as she was feeling isolated due to being pregnant, and was missing out on experiences such as college, parties etc which her peers were able to experience. The young person recorded in her discharge feedback; "The JEFF Project has helped me a lot and without their support and guidance I wouldn't be where I am today, they have supported me amazingly". The young person has not been involved with the Youth Justice Service since her successful intervention with her OOC practitioner and the project. The young person is now journaling regularly as a way of managing her worries. The young person has gained more self esteem, and resilience in her outlook for her future. She also had reestablished her aspirations, and was planning on her future and what she will study when she returns to college.

### Issues: What barriers and challenges did you face and how did you overcome these?

The only real barrier I had with this case, was that one worry that the young person was anxious and stressed about childbirth (which was a rational worry). This was overcome by normalising her pregnancy, and looking at national statistics of childbirth to reduce her anxiety, and putting her in touch with the school nurse. We also looked at some websites, which provided some information for her to reduce the fear of 'the unknown'. I was worried initially to be working with a young pregnant female, as I was unsure how I could help her with this worry. Moving forward, I know that it is sticking to the method which we know in low intensity mental health interventions.

### Lessons Learnt: What would replicate moving forward? What would you do differently based on the learning?

There is nothing I would do differently in this case. In terms of replication, allowing the young person to create a bespoke plan gave her some control and ownership of her treatment, which I believe made this treatment successful. I would replicate this practice again where appropriate. I firmly believe that the Trauma Informed approach is the best way to work with young people, who are on or close to being on the Youth Justice pathway, and will continue to follow this approach. Please find below the RCADS from this case.

# North Yorkshire



North Yorkshire is a tiered partnership service of coordinated early help/intervention provision, including clinically informed positive support for children engaging in risk-taking behaviour and/or with complex needs. Delivery is through a flexible, decentralised partnership model targeting areas of high need within the county, and applying a shared model of systemic, relational, and Trauma Informed practice. VCS led targeted prevention and diversion outreach will reduce entry to the criminal justice system; proven trusted relationships mentoring will support and safeguard young people who have complex needs and are vulnerable to exploitation; and statutory case management will be enhanced by the expertise of embedded clinical practitioners. A bespoke digital app called 'Xchange' was created as part of the Mind of My Own suite of practice tools, to further capture the voice, wishes and feelings of the Children and Young People. This was developed with young people and piloted in North Yorkshire. It was then rolled out to the other places in our ICS and is available nationally to other Vanguards. The app has been offered to all Youth Justice services across the country, to improve young people's ability to contribute to their case records and care planning. It is accessible to young people with communication challenges including those for whom English is not their first language or those with speech and language issues, dyslexia or who are neurodiverse. Feedback from staff and from young people is very positive.



The year has been a very busy one including a full Ofsted Inspection of our North Yorkshire Council Children & Families service, which we are delighted to report was once again graded as Outstanding in all categories. Many of the young people who entered the North Yorkshire services in Year 1 of the Programme, are still in service in Year 2, due to the complex nature of their needs

We have all 3 elements of the programme showcasing some of their great work in this years' annual report, focussing on reducing risk of entry, or re-entry, into the criminal justice system, as well as reducing risk of exploitation by others. We hope you will find our reports informative and inspirational.

North Yorkshire Children & Families Service, works to a 'Strength in Relationships' practice model that is well embedded across all parts of the service. Partnership is an important principle for us and in the context of this, our practice model provides an excellent complimentary foundation, where the ARC Framework, and the Trauma Informed Organisational Development Framework Self & Peer Evaluation Toolkit, are helping to propel us further forward on our journey to becoming a fully Trauma Informed organisation.



Throughout the year, we have made several presentations on our work to various groups. Our voluntary sector partner, North Yorkshire Youth, delivered a workshop at the first annual Conference and we provided a stall to showcase work. The Trauma Informed Framework and Toolkit has also been rolled out across our Youth Justice workforce and we are now expanding this into other parts of Early Help, with a view to further expansion across the rest of Children & Family Services in the coming months.

Through the endeavours of our Psychologically Informed Partnership Approach (PIPA), we have acquired some practical resources which frontline staff are now using in their day-to-day interactions with trauma experienced Children & Young People open to our services.

We are currently involved in AMBIT training and have 2 'mixed team' cohorts engaged in this exciting development.

Through the capacity we have, and are now able to sustain through to 2028; we are very much looking forward to continuing to make a positive difference in the lives and futures of our children, young people, and families.

## Meet the North Yorkshire Team

Paul Carswell

Group Manager Early  
Help & North Yorkshire  
Test & Learn Site  
Project Lead



Barbara Merrygold

Head of Early Help  
North Yorkshire Council



North Yorkshire Youth's (NYY) work with young people on the Change Direction Scheme, has continued to develop positively over the past year across all pilot locations. Youth mentors have developed strong relationships with stakeholders in these areas, including with the Police (in particular with Schools Liaison Officers), Youth Justice, Social Care staff, Early Help teams, CAMHS, PIPA and schools. This has resulted in a high referral rate, maximising the number of young people who have benefitted from the scheme.

Impact has been referrals to Early Help, where risk of first-time entry to Youth Justice Service is a factor. Early Help have been able to step across support to Change Direction for some young people.

Building on the Trauma Informed approach, youth mentors have continued to develop strong trusted relationships with young people. These relationships have been fostered through mutual respect, compassion, kindness and finding common interests and personal connections. This is the most instrumental factor in the significant achievements and progress made by young people on the scheme. These have ranged from small but crucial developments, such as positive changes in communication and body language, to vastly improved attendance and engagement at school, improved social relationships and wellbeing, reduction in risk taking behaviour and offending and improved future aspirations.

Utilising the unique skills of the NYY staffing team, and building on needs and interests of young people, a range of diversionary opportunities have been offered. These include fishing, songwriting, boxing, gym attendance, mountain

biking and weekly youth club. These activities give young people another and different opportunity to meet with their youth mentor and learn new skills.

In order to support young people to the fullest, NYY have dedicated time and resources to further embed the Trauma Informed approach. Key achievements have included introduction of peer coaching sessions, launch of a youth voice steering group and development work has begun on the organisation's understanding of shame and shame sensitive practice.

## Meet the Change Direction Team



Left to right  
Julie Spivey  
Keeley Smith  
Clare Yates  
Heather McCrorie  
Kerry Warner

## Work with Children and Young People



## Quotes from Children and Young People

"This young person suffered from high anxiety and struggled to regulate once in their survival brain. The soothe box made with their youth mentor allowed them to put together a collection of resources to help them regulate and restore calm. The box included smells, like perfumes/body mists, pulse point roller balls and bath bombs. Touch such as stress balls, fidget toys, soft toys and textured items. Sight such as cherished photographs, picture books and pictures of peaceful places. Hearing such as names of sounds that the young person could play to regulate them. Taste such as favourite chocolate to give comfort"

"It really helped being able to calm down and distract myself' response from a young person when they created a soothe box with their youth mentor"

"All these things helped the young person to regulate, be less anxious and ready for the next step in their journey that day"

"I wanted more ways to communicate apart from 'face to face' so my mentor gave me a selection of ideas for journaling and templates from 'on my mind'"

## Quotes from Staff

Quote from staff at school regarding the Change Direction mentor and Scheme:

"That's really lovely of the youth mentor to speak so positively about us - she is amazing and has such a lot of experience! We're so appreciative of your support with these 2 young people as they are a real worry - the Youth mentor is welcome anytime"

This feedback was in response to the youth mentor securing free gym membership for 2 young people:  
"The young people were causing ASB in their community most evenings which is why they were referred to Change Direction. After some one-to-one work exploring their interest and hobbies, the youth mentor found they had a shared passion for the gym. The young people's families could not afford this. The youth mentor approached the community safety partnership and secured annual gym membership for both young people. Since then ASB has fallen in the community for both these young people"

"Mum waved me over and said "thank you so much for what you do for X they absolutely love coming to see you and always comes home telling me what you have spoken about." I told mum we had been talking about animals as X loves animals and wants to work with animals when they are older but is unsure in what area. So, in our session I explained that there is a college called Bishop Burton we would look at in our next session. I said at our next appointment we will get the website up and have a look at it together. X seemed excited about this. Mum said oh that makes sense now because when they came home from school on Tuesday evening they asked if I could show them how to make an egg sandwich. When Mum asked why, X said to prepare myself for when I move away to college"

This young person was unsure of any post 16 plans, after discussing career choices with the youth mentor. They both agreed that the young person had a love for animals and maybe the college Bishop Burton should be explored. This was explored in the next session and the young person found some courses that would suit them and made an application to the college.

## Case Study

### Scenario: Setting the scene and who did you engage with?

The young person (aged 13) was referred to Change Direction by school. The reason for the referral was that they were regularly getting into trouble outside of school, and this was increasingly involving the police. The young person was on an ABC which they had broken their contract for. Some of the young person's peers that they chose to hang around with, were a negative influence. The young person was in the alternative provision at the school for a few months, on a split timetable with the main site as a preventative measure for them to avoid permanent exclusion. The young person is very easily led and appears to follow the behaviour of others. They can use a poor choice of language, and can use racist slurs. The young person needs information in small chunks, and responds well to rewards and incentives. They have a short attention span. The young person rarely engages in lessons and has little work to show for the last year. The young person joined the alternative provision on a split timetable to try and make a more positive effort at main site. School discussed lessons/teachers the young person liked and disliked, and came up with a timetable in which they would be most successful. The young person likes the alternative provision and wants to be there more.

In the initial meeting, the young person checked in as a 5 on the wellbeing scale, (where 1 is poor and 10 is great). The young person engaged well and spoke openly and honestly to the youth mentor. The young person spoke about school saying they wanted to get their head down and do better. They spoke about the ABC and how they had breached the rules but wanted to adhere to the contract. The young person also spoke about their aspirations to work in building/construction. After this initial session, there was a period where the young person was not in school due to multiple exclusions and school refusals. The youth mentor spoke to school about this, as it was felt that excluding the young person was the easier option, and if they were in school that work could be done with the young person around behaviour, aspirations, self-control and coping strategies. The youth mentor had messaged the young person on their phone, but they did not respond. Mum had been contacted but did not respond. The next meeting was 4 months after the initial meeting. This meeting took place just after school had suspended the young person, and fortunately the youth mentor had arrived for their meeting just as school were asking the young person to leave. School allowed the young person to meet with their mentor. This meeting identified some reasons behind behaviour. The young person struggles on the main site at school, and feels judged and unable to be themselves. They felt like everyone was watching them. They had just been suspended because they were doing CPR training and they felt too embarrassed to do the procedure so were immediately suspended. The young person also spoke about their brother in this session, who had taken an overdose and died some years ago. It was unclear whether the young person had processed this life changing event. The youth mentor spoke to school and suggested that the young person spends more time in the alternative unit. From this time on the young person was seen weekly by the youth mentor.

### Actions: What did you do?

During the next visits, the young person identified with the youth mentor that they are much more able to regulate their behaviour in the alternative unit, class sizes are smaller and teacher/pupil relationships are stronger. The young person had concerns surrounding taking their options and the youth mentor and young person spent some time looking at this, and how it would work for the young person. Another issue that was discussed, was life at home with their brother who they argued with. The youth mentor and young person worked on ways to avoid arguments, and to remove themselves from the situation before it escalated. This has helped to improve tension at home.

The young person also acquired a dog which was difficult to control. The youth mentor has dogs and shared with the young person the need to train dogs and spend time with them. The young person has a new focus on training their dog, this is keeping the young person out of trouble as they spend more time in the house training the dog and spending time with it.

The youth mentor and young person did some work around friendships, and how sometimes peers could influence their choices and decisions. The young person agreed that they do make some poor choices for themselves based on the views and ideas of others.

### Success: What was the impact?

This young person is still actively working with their Youth Mentor of the Change Direction programme so there is still work to be carried out.

Success so far has been:

- The young person has been asked to join the KS4 group in school. This is a higher set which acknowledges how hard the young person has been working in the alternative unit.
- School attendance is above 90% and there has been no exclusions since Oct 2023
- There has been no police involvement for 3 months
- There is a meeting with the police to congratulate the young person on the progress they have made recently and to finalise their ABC. This meeting will look at next steps for the young person as the ABC ends and reinforce the importance of not returning to previous behaviours. Feedback from police was "we have seen a huge positive change with respect of involvement in crime/ ASB, we will be giving the clear message that they should not revert to previous behaviours as they are progressing so well, and it would be a shame to have to take any further steps"
- The young person and youth mentor are visiting the Skills Village to look at the construction and building courses to see how this might benefit the young person.

### Issues: What barriers and challenges did you face and how did you overcome these?

Suspension, exclusion, not being able to meet with the young person outside school.

The young person and parent not responding to calls and messages from the Youth Mentor, this means that contact was on hold for a short time.

### Lessons Learnt: What would replicate moving forward? What would you do differently based on the learning?

Replicate: Don't give up on the young person because they are hard to contact. Young people have chaotic lives and really need the ongoing support of professionals.

Meet young people weekly to review progress and put next steps in place.

Help the young person to recognise and reflect on the things that are holding them back or getting them into trouble.

Do Differently: Work more closely with schools to understand the needs of the young people and look at the reasons behind poor behaviour.

# TRUSTED RELATIONSHIPS



The Trusted Relationships service North Yorkshire has shown itself to be a busy and productive service over the last 12 months. Our evidence based practice, tells us that the longer we stay connected to a young person and build upon a trusted relationship, then, the better the outcomes appear to be for the young person and their family. Last year we have seen a 61% reduction in CE (criminal exploitation) for all the young people we have worked with, and only an increase of CE by 5%, with 27% showing no change. We 'stick' with and work alongside the young people on their journey, often through several changes in accommodation and circumstances. Our evidence shows that it is this 'stickability' that develops trust and consistency required to enable change.

Building upon a foundation of positive outcomes, we continue to evolve our service. We have begun to develop new links with schools, and we are keen to develop this further. The Trusted Relationships service in North Yorkshire inspires to offer Trauma Informed practice in all of our interventions. We have taken part in a full-service assessment with an organisational Trauma Informed Toolkit with an agreed action plan. We continue to offer a two-tier approach to working with young people and their families from service connected restorative practice workers who can offer authentic life experiences, to a family network coordinator who works holistically with the family and wider networks

This coming year when we are looking to develop a fully Trauma Informed service from referral to closure. We want to further develop our work in community working with groups of young people within schools and the community, as well as exploring opportunities to work with perpetrators of criminal exploitation.

## Meet the Trusted Relationships Service Team



Simon Saxton

Michael Lord

Karen Rawlinson

Karl Dales

## Quotes from Children and Young People

"I'm buzzing things are going well with me and Mum, I have much more respect for her now we're in this better place"

"I can talk to my Trusted Relationships worker about anything"

"I don't like having to change workers so it was good to be able to still keep one person that I knew"

"I hate people but I wouldn't be sat here with you now if I didn't like you"

"It's nice to have someone to speak to". Grandparent gave positive feedback about the aims and objectives of the service and Trusted Relationships intervention"

"The Trusted Relationships worker gets things done"

## Quote from a Mum

"As a parent, I have found the services of Trusted Relationships invaluable in the support of my child. I feel sometimes there are discussions to be had with your child, but your child would honestly prefer to have those with someone who is not their parent. For a child who has real problems with peer relationships, having a mentor they can trust is so important for their mental health and well-being. I have found that the relationships my child has had with their mentor has really helped him through difficult times and he looks forward to their meetings every week. It has been a stable and trusting relationship for him and he speaks extremely highly of the two mentors he's had. Having a consistent relationship with the same person is also extremely important I feel, particularly for a child who does not respond very well to change. I have also had regular communication with my child's mentors, which has been immensely important to me. I honestly don't know where we would be without their help and support"

## Quotes from the Family Network Coordinators

" Young person reports that the relationship with Mum is going from strength to strength, which is fantastic. It is still early days with the return to school, but I have offered support to Mum and young person to ensure that we can offer support and solutions for any upcoming challenges. Young person being at school will help to improve the relationship further"

"The young person and his family thanked me and the service for all we had done and were looking forward to their time free of services involvement"

"The child and family are grateful for the level of support they have received from the Trusted Relationships service and value it greatly"

"The family are grateful for the support they are receiving from the Trusted Relationships service. Mum has said the young person likes their workers and is comfortable speaking with them which is rare"

The family are grateful for my support and consistency, the young person thanked me and was happy to have one less professional in his life"

"This young person may struggle to say it, but I know he is grateful for the support he has received from his professional network. He shows this by respecting me and being present in our sessions"

## Case Study

### Scenario: Setting the scene and who did you engage with?

This young person is a 14 year-old male whose risk to exploitation at the time of referral was scored as medium. The risks to this child were seen as being in the community rather than the home, and consequently he was not in education and his support network was strained.

### Actions: What did you do?

I worked closely with his core group of professionals, which consisted of education providers, children's Social Care and 'Parents Against Child Exploitation' workers in order to ensure we were all working together with the same goals. It was important to me that the goals for this family were set by themselves, and that they had autonomy to achieve them. Services support would be tailored to help them achieve their goals in a safe and structured way.

I spent time building up a trusting relationship with the young person and their family, and saw how hard they worked to pull together for him. It was my opinion that the young person was not at serious risk of CCE, but I felt that some work on his confidence and support with transitioning back to education would go a long way.

We discussed his worries, his future dreams and who he is as a young man, informally planning a roadmap of what we could do together so he could have less worries and be who he wanted to be.

This planning worked very well and worked even better when we broke each task down to the bare bones, so he felt he was making immediate progress, rather than fixating on a long term goal. I supported the young person with education meetings where a managed move was arranged to an alternate school, and made sure to advocate for him throughout.

An example of our planning was when his place at the new school was confirmed. It required an early start and getting a bus, which were two things he felt unsure about. We broke it down into a night time routine and a morning routine which when followed would allow him to wake up feeling less tired and more likely to have a positive day. He took to the task very well and could feel the difference his planning was having on him; his family also saw the difference.

### Success: What was the impact?

This young person now has a permanent place in this new school, has made some positive friends there and some new local friends as well. He is confident going out into the community and feels safe doing so; his family feel he is safer and more confident as well.

Additionally, he has expressed a desire to be a painter and decorator and plans to talk with his school about further education plans in this subject. He has an evening job with his brother-in-law cutting lawns near his home, which allows him to buy clothing and games and his risk status has recently been scored at low, signalling a reduction.

### Issues: What barriers and challenges did you face and how did you overcome these?

One barrier I faced was geographical. The family lived a good distance away and consequently I felt I could not deliver the same level of service as I could to a family closer to my base. This however turned out to be an assumption, speculating on my part. In fact, the family were happy with the service they received, and I maintained weekly or two weekly visits by making calendar alterations.

The other barrier I faced was that the young person was quite shy, and it took several weeks to build up a trusting relationship with him. I think the breakthrough was when I suggested we walk his dog. We spent a while walking

### What would you do differently based on the learning?

Having the patience, and a willingness to take the time to really understand what is going on in a person's life. Ensuring they had autonomy and actively supporting and advocating for their wishes also went a long way. I try and replicate this in all my work.

### Child / Young Person / Family Quotes and Feedback

"Thank you for all you have done. You have made a really positive difference and we are looking forward to being free from the involvement with services."

# PIPA (PSYCHOLOGICALLY INFORMED PARTNERSHIP APPROACH)

PIPA is an established psychologically informed and formulation based service.

The service is relationally based, flexible and accessible. PIPA uses a systemic and organisational approach determining complex solutions to complex problems with the perspective of the young person at its centre.

We have been using the Trauma Informed Organisational Development Framework Self and Peer Evaluation Toolkit with the Early Help and Youth Justice Service teams across both localities. The feedback from this Toolkit has helped guide our priority areas with the teams; thinking about ways to move from a trauma aware, to more trauma sensitive and responsive position. In the East, we have set up monthly webinars. These webinars focus on different topics, which have been requested by the teams, and cover different areas of Trauma Informed practice and the ARC model. We have recently ordered a variety of Trauma Informed resources for workers across Early Help and the Youth Justice Service. Each staff member and base will have access to these resources.

We have set up monthly meetings to offer support and guidance to the existing ARC Champions within North Yorkshire. We bring together the different Champions from across the localities, providing a space to think about how they can support their teams embed the model, and think strategically about embedding Trauma Informed practice into our organisations. We are also in the process of pursuing ways to develop educational videos with young people to demonstrate the use of the Trauma Informed resources.

PIPA is now well embedded across Early Help and the Youth Justice Service, offering consultations to individual workers and the wider professional network, and regularly support group supervisions with the teams. The group supervisions have been adapted to incorporate more reflection, mirroring a systemic family therapy team, and embedding Trauma Informed principles alongside the ARC model.

Finally, we have created an interventions folder that includes a variety of videos, activities and resources to use in sessions with young people and families. These approaches are helping to embed Trauma Informed practice on a more systemic level, as well as helping the teams understand the link between trauma, threat and survival on risk and offending. It is enabling the teams to approach their work with young people from a stance of compassion, understanding and openness, and educating young people, their families and other services about what is underlying the risk behaviours we're seeing.

## Meet the PIPA Team

Left to Right -  
Dr Shevaun Carter (Principal Psychologist)  
Dr Katy Phillips (PIPA Clinical Lead),  
Frances Lelli (PIPA Team Manager),  
Benjamin Hoskins (Advanced Practitioner)





# Work with Children and Young People

## Example 1

All of the cards are what the young person sees as her strengths. This opened up conversations about her experiences as a child of receiving praise and compliments, how she experienced compliments now and how this makes her feel.

We noticed the cards that the young person did not want to use contained questions about things which make her feel uncomfortable, like receiving compliments or talking about memories from the past. This opened up discussions about what happens inside her body when she feels pushed outside of her comfort zone, and how this links with some of the risk behaviours.



## Example 2

We watched Dan Siegel Video explaining 'hand model of the brain' with pauses so I could ensure he understood the concept etc. We copied what Dan Siegel was doing in the video. We decided to call the Neo cortex the 'thinking brain' and the emotional brain the 'alarm'. We discussed examples of when he was 'in thinking' and when he was in 'alarm' and he grasped the idea.

I asked if he could draw what he had learned, he chose the pens.



## Quotes from Children and Young People

"Some people don't want to get to know me because of my criminal record, they just see the violence in my past. The PIPA staff and all the others from the Youth Justice Service) have stuck around. They respect me as a person and have got to know me...I trust you to do what you have said you were going to do, and I know you have my best interests at heart"

"It's been calm. I've known people from the Youth Justice Service for a long time and trust takes time. Everyone in the Youth Justice Service talks to me in the same way, with respect. You have not let my history get in the way of seeing me as a person. I'm more likely to listen to the advice... it played a big part in me not getting arrested in more than 7 months"

## Quotes from Staff

"We're really starting to see a change in how the young person works with me. I've listened to the things you've said and really tried to put them into practise with her".  
Feedback from Early Help locality following an introduction session on trauma informed approaches.

"In the consultations, S\* has helped me reflect on the young person's relational experiences as a child and how these experiences influence his current ways of relating to himself and others now. The young person and his family have been involved with Children's Services many times over the years and many approaches have been used with little effect. This new approach is working better, the young person and his mum are responding to this, and he is opening up more in our Youth Justice Service sessions together. We recently developed a storyline with the young person and Mum to look at significant events in their lives. This had been very useful with the young person and it helped him acknowledge how difficult his life has been at times and has helped him develop in terms of his self-esteem"

North Lincolnshire

# North Lincolnshire Council



RETHINK! is a multi-agency team to identify and support children (10-19) in North Lincolnshire, and their families who have experienced trauma and are at risk of entering or re-entering the Youth Justice System. The children in scope will be identified as being on the edge of exclusion from education, either attending an alternative provision, or at risk of suspensions and exclusion due to poor attendance or behaviour. Our overall ambition is for children to be thriving in their families, achieving in school, flourishing in their communities.

Following an initial consultation, a psychological formulation will be completed in collaboration with the family, those working to support the family, and the RETHINK! team to aid the understanding of the possible impact of trauma on behaviours presented. Direct and indirect input to other professionals will be offered to advise on derived formulations to enable others to develop Trauma Informed responses and understanding. Where additional need is identified, further intensive support and intervention will be offered through the allocation of a RETHINK! Practitioner to work with the individual, family and school, providing advocacy, positive role modelling and reflection opportunities across all settings.

The project hopes to achieve an increased sense of self-worth, increased stability within Education, and a reduction in challenging behaviours for the Children and Young People involved. Through a three step approach to formulation, the young person and their family will also understand their own presentation and gain an increased sense of control over their lives.

Initial engagement is aimed at spending time with the young person and their family, to hear and understand their story and identify adverse experiences. The project recognises that the strongest relationships can take time to build trust, but once built creates the conditions for change. We do this by building upon strengths, finding solutions in families and communities, and taking a relational and Trauma Informed approach. This will include direct working with children, families, and professionals collaboratively which will to promote stable home environments, supporting nurturing and responsive attachment relationships, support to reduce sources of stress and strengthen core life skills and build aspiration and resilience.

## Meet the North Lincolnshire Team



Left to right: Diane Corcoran, Nicola Whittle, Darren Brierley, John Jackson, Chris Dale, Sarah Gant, Anna Surygala



York Youth Justice Service fully support a Trauma Informed approach and inclusion to the Humber and North Yorkshire Children and Young People's Trauma Informed Care Programme Pilot Project, has enabled the service to consider the broader concept of Trauma Informed practice. This will also enable us to focus on specific areas to develop, such as the intergenerational transmission of trauma and complexities associated with parenting.

To improve our service provision, York Youth Justice service identified the need to focus on parental trauma alongside working with Children and Young People in a Trauma Informed manner. Practitioners have completed ARC training and are due to complete AMBIT training in the near future.

The City of York Council aim to truly embed Trauma Informed practice within services, alongside the Signs of Safety strengths-based model of practice adopted by York. To achieve this vision, the Youth Justice Service have recruited a Trauma Informed practitioner, who will align and work with partners to ensure collaboration and a wider reach. This practitioner will ensure that Trauma Informed practice is embedded, through assessing the current position of Children's services, compile a training needs assessment and undertake policy and procedure development. The role of this practitioner, is also to conduct direct work with Children, Young People and parents, through therapeutic intervention and strengths-based interventions. This practitioner will also work closely with the Youth Justice Service Victim Liaison Officer, to ensure that a Trauma Informed approach is applied to working with victims of crime. Through this focused work, we aim to reduce recidivism within the city through ensuring that underlying and often unnoticed needs are met.

We will require regular reviews to ascertain improvements in York's approach, with a goal of ensuring that the City of York Council are Trauma Informed, evidenced through policy development and most importantly through service user and staff feedback



**Sara Orton**  
Service Manger  
Youth Justice Service,  
York City Council

## Case Study

### Scenario: Setting the scene and who did you engage with?

The York Youth Justice Service have been working with a teenage female, who is known to the service for offences of violence. In 2023, she appeared before the courts for a further violent offence, though it was apparent this offence correlated with her being a victim. This placed the service in the position whereby she could be considered both the perpetrator of an offence, but also a victim. She worked directly with the Youth Justice Service Victim Liaison Officer to address being a victim of crime, alongside her Youth Justice worker to address offending behaviour.

As this young person is known to the service, we were aware that she had previously found significant difficulty in engagement and has a history of walking out of sessions when she felt overwhelmed. Within the arena of Youth Justice, engagement is a crucial element to ensure compliance with a statutory order, therefore these types of behaviour can essentially lead to further criminalisation of a young person through the breach procedure. With this in mind, the work with the Victim Liaison Officer was paramount to ensure that positive relationships were formed and the trauma relating to being a victim of crime was addressed, heard and she had a safe space to discuss the impact of this event.

### Actions: What did you do?

The Victim Liaison Officer recognised the importance of considering how sessions with this young person were facilitated, to ensure she felt safe and to understand the nature of her trauma. The Victim Liaison Officer felt it would be beneficial to address the young person's emotions, through identification of her feelings and recognition that self esteem was an area for consideration.

### Success: What was the impact?

This young person now has a permanent place in this new school, has made some positive friends there and some new local friends as well. He is confident going out into the community and feels safe doing so; his family feel he is safer and more confident as well.

Additionally, he has expressed a desire to be a painter and decorator and plans to talk with his school about further education plans in this subject. He has an evening job with his brother-in-law cutting lawns near his home, which allows him to buy clothing and games and his risk status has recently been scored at low, signalling a reduction.

### Issues: What barriers and challenges did you face and how did you overcome these?

The barriers with Youth Justice can be the statutory nature of court orders and the implications for non engagement. To overcome this, the change of approach proved beneficial to this female. Though she was still required to undertake sessions relating to the offence, the additional support provided a clear improvement for engagement.

### Lessons Learnt: What would replicate moving forward? What would you do differently based on the learning?

When considering the learning, it is clear to see that a focus on trauma and relationship-based practice proves beneficial to address needs and promote engagement. The involvement of the victim liaison officer alongside the Youth Justice Practitioner provided improved support for the young person. Equally recognising a young person as a victim, alongside one that has perpetrated an offence is paramount to ensure that a holistic and Trauma Informed approach is adopted.



**Pilot  
Project  
East Riding**



East Riding Youth Justice Service is one of the Children and Young People's Trauma Informed Care Programme's Pilot Projects. We are looking to recruit a Speech, Language and Communication Therapist, and also support a current member of the service, to undertake the assistant role which will formulate part of the interventions work with young people identified as having a Speech, Language and Communication need.

East Riding Youth Justice Service will have access to Speech and Language Therapy. This will support with early screening, and identifying young people for Speech, Language and Communication Needs. This would then lead to in depth assessments of need, so that suitable interventions can be delivered. This provision will be based at the Kastor Centre in Hull, over a 12 month period from April 2024 – March 2025.

East Riding Youth Justice Service currently do not have a dedicated Speech and Language provision. The latest data (April 2022 – March 2023) shows that over half of the cohort of children within East Riding Youth Justice Service have SEND needs. 71% of these young people are subject to an Education Health and Care Plan, and 29% receive Special Educational Needs support. However, it is known that many young people entering the Youth Justice System may not have had their Speech, Language and Communication Needs identified at school, and many may not be in formal education at all.

Increasing Youth Justice Service Practitioner's awareness of Speech and Language is also a critical part of this project, and specific training for practitioners would be beneficial. It would also be relevant to note that all of the documentation (i.e court order leaflets, letters, panel contracts) sent out to the young people despite best efforts to make child friendly, may not be accessible to all young people with Speech, Language and Communication Needs. A Speech and Language Therapist, would ensure that all documentation is suitable for young people with identified Speech, Language and Communication Needs.

If Speech, Language and Communication Needs are not appropriately addressed, and/or relevant provisions made for within the Criminal Justice System, the interventions delivered as part of a young person's order, for example, may not be able to reach their full potential. This is in respect of changing and reducing subsequent offending behaviours of the young person, due to a lack of being able to understand and/or fully engage with the intervention on the part of the young person. Engagement in this sense, not only relates to ensuring that all young people have access to Criminal Justice Services, but that they are empowered through the notion of being able to effectively engage in changing their offending behaviours. This project will reduce first time entrants into the Youth Justice System, reduce reoffending rates and potentially reduce breach of orders too.



**Rachael Shleicher**  
Area Manager  
Youth Justice & Making a Change  
Targeted and Intensive Services, East Riding  
of Yorkshire Council

## First Annual Conference

Our inaugural Humber and North Yorkshire Children and Young People's Trauma Informed Care Programme Conference was held at the MKM Stadium in Hull on Tuesday 5th March. We were delighted to welcome over 200 colleagues to come and learn more about the considerable progress made by the Programme since it began.

As the movement for Trauma Informed Practice across the system builds within front-line services across Humber and North Yorkshire, this conference presented an opportunity to share and consolidate learning and good practice, across diverse sectors within our ICS, as well as with our colleagues regionally and nationally.

The conference was attended by a wide range of stakeholders, that we have worked with over the first 18 months of the Programme; those who can initiate system change at an operational and strategic level, and those working within systems to support young people who have or may have experienced trauma. We wanted to share our work on transformational system change, as well as to give our Test and Learn pilot sites the opportunity to showcase their excellent work, and the positive outcomes and impact on Children and Young People.

Highlights included:



- **An overview of the national picture given by Andrew Nichols-Clarke, Senior Development Lead - Health & Justice Children's Programme, NHS England**

"It was a privilege to be asked to present at the Children and Young People's Trauma Informed Care Programme - First Annual Conference. It was amazing to see so many people in the room learning and sharing practice in Trauma Informed Care. The conference was an opportunity for me to present the national programme and how Humber and North Yorkshire's programme fits into this giving more evidence of best practice in this way of working with vulnerable young people."

- **A range of interesting and relevant workshops delivered by a range of professionals, including Kati Taunt, on 'How Trauma impacts whole systems.'**



Kati Taunt MA, BSc, PGDip leads Trauma-Informed Practice UK Ltd. She is a Clinical Social Worker, Cognitive Behavioural Therapist, Systemic Practitioner, Licenced ARC Trainer and Consultant and Therapist. Kati delivers a range of training on the Programme

"It was an enormous pleasure to be part of this conference. So many great presentations and it was wonderful to see far the project had come since the start. This time the focus of my presentation was on the impact of trauma on systems as a whole. Everyone seemed very able to make the leap from thinking about trauma-informed care at the level of service and service users to broadening their gaze to look at the impact on staff, teams and ultimately whole organisations and systems. This allow us to reflect on how we need to design trauma-informed services so that we are able to offer effective and attuned interventions and support to children, young people and their families."

- **Keynote Speaker, Gavin McKenna, Founder and Director of Reach Every Generation:**



Gavin is a youth worker at heart, who has a passion and determination to see the lives of young people transformed through targeted and bespoke support. Having lived experience himself, he is able to share where things went wrong but also, how services failed him along the way. Using this experience helps to put right what went wrong for him on his journey and helps those listening to see it from the young person's view, whether a senior leader or frontline practitioner.'







# Coproduction

## Nothing About Us Without Us



This section of the Annual Report highlights the progress and achievements made in advancing Children and Young People’s Engagement and Coproduction across Humber and North Yorkshire, as part of the work to improve Children and Young People’s Mental Health and embed a Trauma Informed Approach. Over the past year, we have made significant strides in ensuring that the voices of Children and Young People are heard and valued in improving and shaping mental health services and support. Through collaborative partnerships and a commitment to inclusivity, we have made excellent progress towards our goal of improving access and outcomes, reducing the impact of health inequalities, and providing equitable and accessible care for all.

It has been a very exciting year for the development of Children and Young People’s Engagement and Coproduction across Humber and North Yorkshire (HNY). With the support of a growing network of Children and Young People, and a wide range of partners, Nothing About Us Without Us (the Humber and North Yorkshire Children and Young People’s Mental Health Advisory Group) has gone from strength to strength.

The work of the HNY Children and Young People's Mental Health Engagement and Coproduction Manager, and the Nothing About Us Without Us Children and Young People's Mental Health Advisory Group, aims to deliver the United Nations Convention on the Rights of the Child (which the UK signed up to) specifically:

- **Article 12:** Children and Young People have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.
- **Article 23:** Disabled Children and Young People have the right to active participation in their community.

**We Commit to Adequately Resourcing Effective Children and Young People's Engagement and Coproduction because...**

**Article 12**  
United Nations Convention on the Rights of the Child

Children and Young People have the right to be listened to, and taken seriously

When adults are making decisions that affect us, we have a right to say what we think and be listened to

We have a right for our views to help inform decisions about what happens to us, at home, at school, in our community, and in our country

Adults should support us so that we can give our views in a way that best for us

**12**

**RESPECT FOR CHILDREN'S VIEWS**

Humber and North Yorkshire Health and Care Partnership

It also delivers on the NHS commitment to embed Coproduction throughout work to improve access, outcomes and experience.

**“Coproduction is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Coproduction acknowledges that people with ‘lived experience’ of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, Coproduction helps to ground discussions in reality, and to maintain a person-centred perspective. Coproduction is part of a range of approaches that includes citizen involvement, participation, engagement & consultation.”**

The statutory guidance for Integrated Care Boards, NHS trusts, Foundation trusts and NHS England, supports effective partnership working with people and communities to improve services and meet the public involvement legal duties to ensure that people are appropriately ‘involved’ in planning, proposals and decisions regarding NHS services. A blended approach to working in partnership with people and communities is required, and a number of approaches are identified, including Coproduction. It is important to have clarity regarding the rationale for the chosen approaches. Our work incorporates all these approaches.





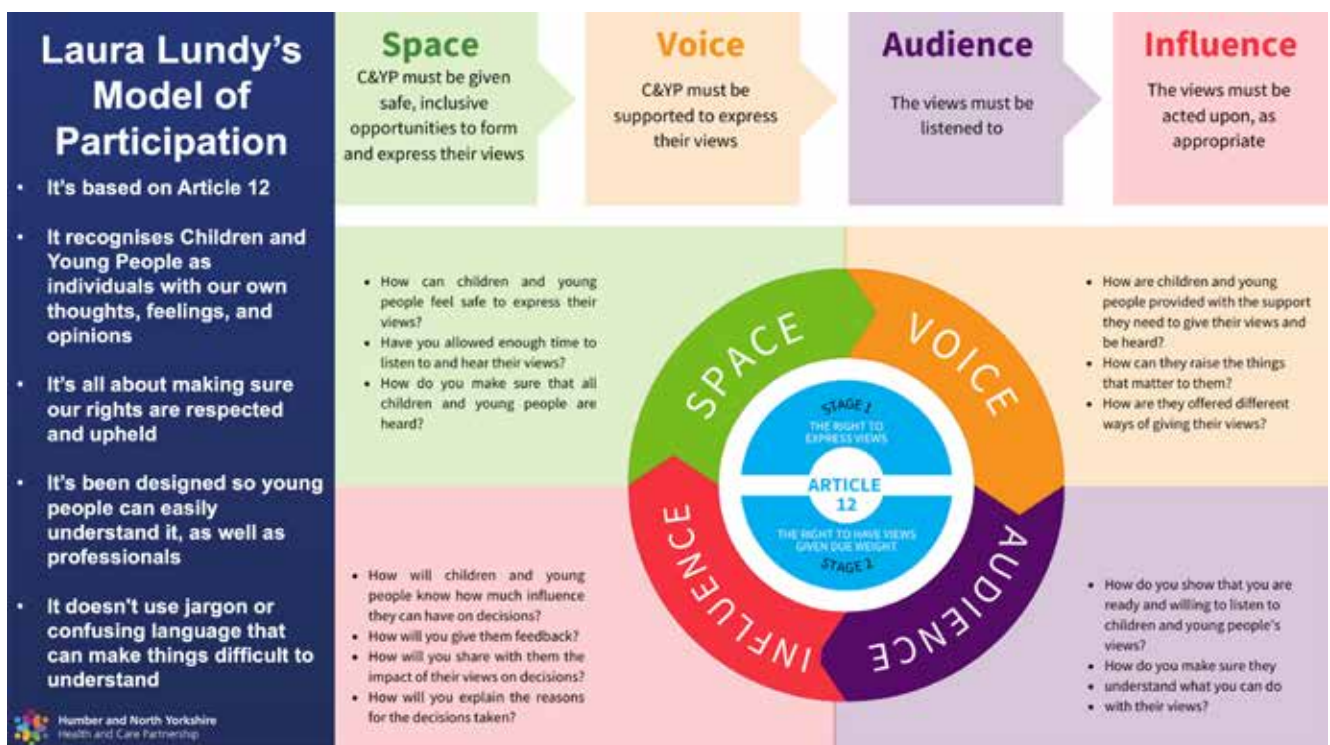
Within all these approaches we aim to embed the following values:



## Key Priorities and Achievements across Humber and North Yorkshire in 2023-2024

Improved Engagement and Coproduction with Children and Young People is one of 6 priorities in the Humber and North Yorkshire Children and Young People’s Mental Health Strategic plan. Within this priority there are 4 key deliverables. Below we set out how we have achieved these over the last year.

**Establishment of Engagement and Coproduction Strategy:** The Humber and North Yorkshire (HNY) Children and Young People’s Mental Health Engagement and Coproduction Manager has spearheaded the development of an ICS wide Engagement and Coproduction strategy and workplan (working in collaboration with the national organisation Young Minds as well as a wide range of partners across Humber and North Yorkshire including Health, Local Authorities, VCS and Children and Young People). This comprehensive framework, builds upon existing place based activity to develop a consistent approach across the system and aims to capture and measure the engagement of Children and Young People and the impact of their involvement. This work also includes the development of a HNY CYP Engagement and Coproduction data dashboard. Robust systems have been put in place across partnerships, to ensure that Children and Young People with lived experience, are able to influence provision across the Thrive Framework. Engagement and Coproduction with Children and Young People with lived experience, now features more prominently in processes, fostering shared learning and strategic support, to celebrate successes and address joint challenges and gaps across the Humber and North Yorkshire geography. The “On Your Terms” Children and Young People’s Engagement and Coproduction strategy, is now being finalised and is set to be completed by the end of June 2024. The “On Your Terms” strategy promotes a Trauma Informed approach to Children and Young People’s Engagement and Coproduction and promotes the Lundy model of participation which is a national model of good practice. “On Your Terms” will support individual place based strategies to complement a system wide approach.



Multi agency partners and Children and Young People, agreed the following in developing the strategy.



**Coordination of Communities of Practice:** Recognising the importance of consistency and peer-to-peer support, we have implemented regular Communities of Practice/networks with place based Engagement and Coproduction leads/workers across the ICS partners. This coordinated approach, supports work to reduce duplication, and ensure that findings from previous engagements and consultations are shared across places. This addresses feedback from young people, that they are often asked the same things repeatedly in consultations without seeing their views and recommendations being actioned. By fostering shared learning and strategic support, we empower partners, to embed Engagement and Coproduction in all processes effectively and avoid tokenism. Over the last year the HNY Children and Young People's Mental Health Engagement and Coproduction Manager, has undertaken an extensive mapping project to identify a wide range of partners, involved in engagement activities with young people. With a network of over 240 staff now established, we are poised to facilitate regular network meetings and Communities of Practice, promoting consistency, and reducing duplication across the ICS. Our current focus is promoting and embedding the national Lundy model of participation and Trauma Informed principles across the system, facilitated through newly developed multi-agency partnerships.

*"It's been a truly valuable support having Nothing About Us Without Us (NAUWU) to work with in the East Riding around youth voice and influence, particularly in regard to improving services and support around youth mental health and emotional wellbeing, which The East Riding Youth Council has identified as a priority area of work for young people. Clair has regularly attended the East Riding Youth Council meetings, along with young people from NAUWU, as well as the Youth Voice Steering Group in East Riding and a variety of other meetings to move forward on youth voice around mental health. She has invited and worked with young people across our area, as well as provided professionals with updated information, in regard to the Coproduction strategy being developed. This was agreed by our members as the strategy we would work towards in the East Riding, rather than create another one, which would be unnecessary duplication. It is exciting to see how future developments of NAUWU in the East Riding are starting to take place by working in closer partnership, to ensure that we can reach more young people across all localities of our large geographic area, as well as raising awareness of effective youth participation, and involvement, by working together to promote the Lundy Model across the wider Humber area."*

Detty Tyler

Community Vision – East Riding VCS provider

**Consultancy, Advice and Guidance Provision:** The HNY Children and Young People's Mental Health Engagement and Coproduction Manager provides consultancy, advice, and guidance to a wide range of place based services and partners, supporting the embedding of evidence based practice and enabling sustainability of delivery. By sharing resources, skills, and knowledge across the ICS, we empower partners to effectively engage and coproduce with Children and Young People and their families. Over the last year initial workshops and training sessions have been delivered to 49 partners in June/July 2023 at place and at an ICS wide level, laying the foundation for ongoing support and consultancy. This training included:

- **Enhancing participation and involvement of young people**
- **Involving young people facing marginalisation and barriers**
- **Involving young people in strategy and governance**
- **Creating a participation strategy and evaluation framework**

The HNY Children and Young People's Mental Health Engagement and Coproduction Manager has also worked with a range of partners and organisations across Humber and North Yorkshire, providing tailored guidance to ensure consistency of approach and good practice in delivery.

This work has also facilitated opportunities to bring together strategic leaders, operational staff and Children and Young People to coproduce solutions to issues identified in consultations. These Nothing About Us Without Us events have been system wide and at place to ensure Children and Young People's voice and influence is embedded throughout developments and improvements.

*"I had the privilege of attending a NAUWU session recently, and it was such an energetic, engaging and productive use of time. The group was facilitated brilliantly, participant led, inclusive, and had some very helpful things to say and input into the topic I asked for their views on. A real asset for the city and for the wider system around Children and Young People's mental health."*

Peter Roderick FFPH,  
Director of Public Health, City of York Council

*"Nothing About Us Without Us is a fantastic initiative. In a time where young people don't have many spaces to have their say on what support and services there are for them, NAUWU gives young people a voice and place to not only be listened to but where they are genuinely heard. The scope of what NAUWU can achieve is huge."*

Chris Klays  
York Mind

The training was extremely useful and engaging, allowing a lot of reflection into my current work and the work happening around the community to support Children and Young People. I found most beneficial the development of a model based around the different perspectives and expectations for reaching the companies aims and goals, referring this to each level of participation. I just recently started my role so this enabled me to gain insights into these different perspectives to reflect on my current and future participation. It was also delivered in an engaging manor with lots of peer support opportunities in both, small groups (4) and larger groups (16-20). The appreciation for the opportunity to bring together the great work provided among the community really showed with everyone's passion and enthusiasm around sharing best practice and supporting the different challenges in participation. Well done to both Clair and Kim for organising and delivering this project.

Dominic Welburn,  
Involvement & Engagement Co-Ordinator  
Yorkshire and Humber Involvement Network

**Recruitment and Support of Young Volunteers:** A key aspect of our strategy involves recruiting, training, and supporting a team of young volunteers with lived experience from across the ICS geography. These volunteers act as advisory groups to relevant steering groups and boards, providing invaluable insights and perspectives on Children and Young People's mental health issues. The Children and Young People's Mental Health Engagement and Coproduction Manager has successfully established a network of over 200 young people with lived experience, aged 10-25. This diverse group called "Nothing About Us Without Us" represents all six places within the system and a range of protected characteristics. Actively engaged in various aspects of Coproduction, the advisory group has identified four key priorities for the Children and Young People's Mental Health Steering Group to address in its forward plan.

You can hear about their priorities and work to deliver them in the film they made here:

[youtube.com/watch?v=qMvlce6Fa1o&t=187s](https://youtube.com/watch?v=qMvlce6Fa1o&t=187s)

## 'Nothing About Us Without Us' Membership

**213** Children and Young People with lived experience, representative of a diverse range of needs and communities across Humber and North Yorkshire involved in shaping mental health services

**231** Professionals representing a range of roles, specialisms, services and sectors across all 6 places, involved in the network of partners working alongside the young people



## 'Nothing About Us Without Us' Achievements Through Application of Trauma Informed Principles and the Lundy Model

COPRODUCE OUR GROUP AGREEMENT WITH **24** YOUNG PEOPLE

SET **4** KEY PRIORITIES TO WORK ON OVER THE YEAR

LEARN ABOUT SERVICES ACROSS **6** PLACES, INCLUDING WHAT WORKS WELL AND WHERE IMPROVEMENTS ARE NEEDED

COPRODUCE **2** HUMBER AND NORTH YORKSHIRE 'NOTHING ABOUT US WITHOUT US' EVENTS

COPRODUCE **9** LOCAL FACE TO FACE 'NOTHING ABOUT US WITHOUT US' EVENTS

HOLD **6** ONLINE 'NOTHING ABOUT US WITHOUT US' MEETINGS

MEET AND WORK WITH **213** YOUNG PEOPLE ACROSS HUMBER AND NORTH YORKSHIRE

MAKE **1** SHORT FILM ABOUT THE 'NOTHING ABOUT US WITHOUT US' STEERING GROUP AND OUR WORK

START WORK ON **3** CAMPAIGNS TO DELIVER AGAINST THE PRIORITIES YOUNG PEOPLE AGREED

BUILD **3** NETWORKS OF YOUNG PEOPLE AND WORKERS (IN HULL AND EAST RIDING, IN NORTH AND NORTH EAST LINCOLNSHIRE AND IN NORTH YORKSHIRE AND YORK)

CONSULT WITH **242** CHILDREN AND YOUNG PEOPLE ON ACCESS TO SERVICES

ADVISE **102** DECISION-MAKERS IN SERVICES WORKING WITH CHILDREN AND YOUNG PEOPLE

INSPIRE **27** SENIOR PROFESSIONALS TO MAKE PLEDGES

HAVE **1** SPONTANEOUS KARAOKE PARTY!

MAKE LOADS OF NEW FRIENDS!



## TOP PRIORITIES



Humber and North Yorkshire's Young People's Mental Health Advisory Group's Top Priorities for Improving the Mental Health of Children and Young People across Humber and North Yorkshire: -

**1**

Young people led awareness-raising and training, on the signs and symptoms of mental health problems, and issues impacting young people's mental health, including LGBTQ+, racism, etc.

**2**

Easier access to services

**3**

Young people leading on work and courses about children and young people's mental health, to ensure their voices are heard, their lived experience is valued, and they are not 'shrugged off' by professionals

**4**

Listen to us more

During the year, the work of the volunteers was recognised, with 3 Young Volunteers (Aimee Jones, Ryan Laybourne and Alex Porter) receiving Volunteen East Riding Youth Awards for their work on the Nothing About Us Without Us Children and Young People's advisory group in October 2023. The HNY Children and Young People's Mental Health Engagement and Coproduction Manager also received the Volunteen Champion Award for championing youth voice, supporting young volunteers, and creating opportunities for Children and Young People to actively inform services.





"Over the past year volunteering for Nothing About Us Without Us really helped me deal with my mental health and also doing something positive."

Ryan

"I really enjoy being able to have my say and I feel like my voice is always being listened to and valued. It gives me a sense of purpose that I can use my own experiences to hopefully help other young people, and being in spaces with so many people all wanting to improve things provides me with real hope for the future of mental health services. The events are always things I look forward to, and I come out of them feeling better and more optimistic. I also really appreciate that there are multiple ways to communicate my opinions. As someone who is neurodiverse, I often can struggle with verbally communicating my thoughts especially within a large group, so being able to share them through the app is very helpful. I think it would be good to have more regular smaller meetings so we can be updated with what's happening as a result of our input. I would also like there to be more of a focus for the 18-25 age range at the events, as there are some topics such as school that I feel I don't have as much an interest in, and it would be good for people like me to be able to contribute more if there was this option."

Keiron

"Nothing About Us Without Us has become another family for me. We create these amazing opportunities for Children and Young People's mental health services to be improved and the work that Clair and the team does is absolutely amazing and has such a big impact on young people. There have been so many offers to Children and Young People to become more involved, and they have been taken up almost instantly because Children and Young People are always involved from start to finish. Clair is an amazing and hard working person who has so much passion for her job and will always put us first. I have worked with Clair since I was 15 and I couldn't have done what I am doing now without her. She is so special and fantastic and, in my opinion, she is the heart and soul of the group. She always keeps us updated and shows us the impact our voices are having. Clair, for me, has restored hope in humanity and shows there is good in the world."

Aimee

**Quotes from other Young People involved in Nothing About Us Without Us**



"You actually listened and understood what we had to say"

"Everyone was really passionate to make change"



"I have never felt so included"

"I really felt heard and listened to"

"The Nothing About Us Without Us meeting was fabulous. I really was proud to be attending as a young person and as someone who is passionate about bettering mental health services. Your team worked very hard and it showed throughout the meeting the effort that had been put into it. It was super interactive and an overall fabulous evening! The thought of colouring/fidget toys was a great idea also for those who struggle to keep eye contact/get nervous!"



"I spoke in front of everyone and didn't feel uncomfortable"

"I'm happy, making new friends and also being more enthusiastic"

"Fab meeting, fab vibes, fab people! Fab points!!"

"I joined the meeting today representing Young Minds Matter/CAMHS and I really enjoyed sharing my experience with professionals. I would just like to say thank you to you and your team for allowing me and other young people to have a say on the care we receive. I truly believe that we can all make a difference together."



*"The meetings are always so good. It's essential for young people's experiences to be properly heard, and them to be recognised as experts on their experience. The young people I have come with never feel dismissed, overlooked or patronised and that's really rare! I've learnt so much from listening to the young people there, & it directly impacts how I work. Aimee, Ryan & Clair always manage to create a really supportive and welcoming space, which means some very vulnerable young people in incredibly challenging situations feel able to share and experience being listened to. I love the range of 'professionals' (different directors etc) the team manage to get to attend meetings. It really adds value to the young people attending, because it's not tokenism - they can directly speak to people who have some capacity to make a difference."*

Jess Tomori

Cognitive Behavioural Therapist at York Carers Centre

## Leading on System Wide Consultations and Engagement to improve Children and Young People's Mental Health

The HNY Children and Young People's Mental Health Engagement and Coproduction Manager has led on the Coproduction of system wide consultations with Children and Young People on:

- **Improving Digital Access**
- **Improving support for Children and Young People Admitted to Acute Paediatrics with Mental Health Needs**
- **Improving Access to Mental Health Support and Services**
- **Improving Outcome Reporting**

Overall, we have 50 recommendations across the Thrive framework from these consultations. Moving forward, we will be working with partners and the Nothing About Us Without Us Children and Young People's Mental Health Advisory Group, to coproduce solutions to implement Children and Young People's recommendations, and Senior Leader's pledges to deliver change based on these findings.

## Challenges and Solutions

Throughout the journey to improve Engagement and Coproduction with Children and Young People with lived experience, we have encountered various challenges as good quality Coproduction takes time, capacity and resources. These challenges have included inadequate staffing levels, limited resources, and geographical barriers. However, by taking a proactive and adaptive approach, we have successfully navigated these challenges and continued to make progress towards our goals. Key challenges include:

- **Capacity to meet need and effectively support Children and Young People with lived experience to participate: Limited capacity at system level to cover such a large geographical area working with Children and Young People and partners, and limited capacity of relevant partners to support.**
- **Poor IT infrastructure: Limited access to effective and appropriate platforms and restricted IT/IG preventing engagement on platforms preferred by young people.**
- **Changeover of staff: Poor retention of staff due to job insecurity/short-term contracts and lack of investment in Children and Young People's Engagement and Coproduction, leading to disruptions in continuity and loss of effective relationships, experience, and knowledge.**

To address these challenges, we have implemented various strategies, including:

- **Active recruitment of young volunteers and partners to support NAUWU activities and sustain momentum.**
- **Collaboration with IT departments to improve IT infrastructure and enhance accessibility for young people.**
- **Provision of ongoing support and training to partners to ensure continuity and minimise disruptions caused by staff turnover.**

## Highlights and Impact

Our efforts have led to several notable achievements, including:

- **Facilitation of two system wide Humber and North Yorkshire wide events, bringing together Children and Young People and decision makers to improve mental health provision. This inspired 27 Senior Leaders to make pledges in support of our mission, amplifying our impact across the patch.**
- **Development of the Trusted Adults campaign, providing training and resources for non-clinical professionals to support early intervention and prevention in collaboration with Young Minds. This campaign was funded by the Humberside Police and Crime Commissioner.**
- **Consultation with 242 Children and Young People to improve access to mental health services, resulting in 50 actionable recommendations.**
- **Developing animations to be used in staff training on issues such as improving mental health support and reducing health inequalities for LGBT+ young people and for racially minoritized young people.**
- **Feedback from partners who have started to implement the recommendations from the recent consultations.**
- **Children and Young People's Engagement and Coproduction Manager and 2 Young Volunteers joining the Leading Lundy National Community of Practice**



## Diversity and Inclusivity

Our commitment to diversity and inclusivity is reflected in the broad representation within NAUWU. Children and Young People from various backgrounds and circumstances, including those with mental health needs, young people from the LGBTQ+ community, care experienced young people, young carers, young people involved in the criminal justice system, racially minoritised young people, and those with SEND, actively contribute to our initiatives. By ensuring that all voices are heard and valued, we foster a culture of inclusivity and mutual respect within our network.

## Conclusion

In conclusion, our efforts in advancing Children and Young People's Engagement and Coproduction have yielded significant progress and impact. Through collaborative partnerships, proactive recruitment and relationship building, and a commitment to inclusivity, we remain steadfast in our mission to facilitate Children and Young People's active involvement, in shaping mental health services and support. As we look towards the future, we are excited to build upon our achievements, and further enhance the well-being of Children and Young People across Humber and North Yorkshire.

For more info or to get involved email: [Be.Heard@NHS.net](mailto:Be.Heard@NHS.net)

## Case Study

Abbie Hill  
With Me in Mind  
(Mental Health  
Support Team)  
North Lincolnshire

### Scenario: Setting the scene – What? Why? When? Where? Who?

I attended the North and North East Lincolnshire Nothing About Us Without Us meet up, as part of my role to engage young people locally, with a particular interest in young people engaging with or having had past experience of children's mental health services. During the meeting, young people were discussing their experiences with mental health services and they worked in groups to discuss what was most important to them when engaging with these services, as well as what had potentially 'gone wrong' during their past experiences.

The group compiled a list of priorities that they would require from these services:

- Parents are prioritised as first point of contact by professionals. Young people should have the choice to represent themselves in their own care. It was suggested services wrote to young people alongside parents and young people always at the centre of care and contact.
- Concerns whether reminders of appointments are sent to correct staff member.
- Young people have more choice/insight to their practitioner – potentially a menu of practitioners to work with.
- Workshops for young people specifically around mental health topics.
- Normalising mental health amongst school staff/professionals – staff being honest about their own struggles where appropriate.
- Some meeting spots are not confidential in school.
- Young person led social media content

All of these priorities, were something that the With Me in Mind services could consider in our day-to-day practice across the service.

### Actions: What did you do?

As part of my role, I gain feedback from a number of service users and stakeholders. Coming away from this meeting I felt inspired and excited to communicate this feedback to my wider team. As part of a whole team development day, I delivered a presentation on the young person feedback, and split our team in small working groups to discuss the different priorities, decide what action could be taken and in what matter. Each group was then tasked to feedback to the wider team for discussion, on whether these plans were achievable. These changes were made as part of collaborative approach with young people, and working collaboratively across our team and internal/external services to ensure that the changes made had meaning and longevity to succeed.

#### The changes we were able to make instantly:

- Address all letters and content to young person with parent/carer copied in.
- Practitioner requesting to speak to the young person when making initial phone call.
- Creating a staff profile to give young people some insight into their practitioner prior to their initial session.

#### Changes to be made within 6 months:

- Creating more reels for use on social media (events, introduce the team, about the service).
- Discussions to be held with schools around therapeutic appointments within school and how these are accessed (planner, appt card, contacting teachers).

#### Ongoing changes:

- Online workshops for young people to be developed after feedback from young people is gathered.
- Gaining more feedback from young people accessing service about where the room is in school, whether they feel comfortable accessing sessions.
- Working with CAMHs to produce reel for social media on accessing the building.
- Creating more social media reels (events, introduce the team, about the service).

These changes were then fed back to the North and North East Lincolnshire young people at their next local meeting in a 'You Said, We Did' event. The session talked through our service, what pledges we had made, based from their recommendations, and discussed what couldn't be done. This session was used to gain feedback on what they would like to see from With Me in Mind, specifically which has aided my work with young people and within the team.

### Success: What was the impact?

This process has had a positive impact not only on the young people who we were able to gain feedback from, but also amongst all team members who were part of the decision making process.

We gather feedback from young people continuously across our service, whether it be while conducting focus groups, or working with young people during our recruitment process. As a team we take pride in 'working with' young people rather than 'doing to' them. This feedback process was a full circle experience for our team, and the young people who had provided feedback. This process will also allow us, to build on the feedback we've been given, and help to influence other teams to work collaboratively with young people. Furthermore, encouraging teams to work towards a shared goal with young people, rather than professionals making choices on the behalf of young people.

### Issues: What barriers and challenges did you face and how did you overcome these?

Working within a large team with lots of moving parts, proved to be a barrier in ensuring all staff members were not only on board, but excited about the pledges we were making. To combat this, it was really important that the majority of the team were included in the presentation I delivered, to agree pledges, and where team members could not attend, they were updated, to ensure a joint response from the whole team.

Ensuring the buy in from Leadership – this process was discussed with management in the first instance, to discuss what changes could be made, and where changes were less pliable discovering compromises or gaining real and understandable reasoning as to why changes could not be made. One identifiable barrier are the NHS recording systems and strict rules with regard to content on patient records.

Working with different teams to achieve some of the pledges, this offered additional challenges around completing tasks in a timely manner. Barriers included discussion with CAMHs to discuss the creation of reels, using the building at a convenient time to ensure confidentiality of current patients, identifying staff members who were happy to be part of the process and finally ensuring we are adhering to trust policy and values.

Working within and alongside schools, offers barriers, with regard to where our practitioners are allocated space to deliver therapy in school, and how young people feel about the space. We constantly challenge this with schools to ensure our practitioners have dedicated and confidential spaces.

### Lessons Learnt: What would replicate moving forward? What would you do differently based on the learning?

The process of gaining feedback from young people, and working with those people to feedback our teams achievable and non-achievable actions. This process has amplified the importance of closing the loop on recommendations from young people, and where possible doing this in person as the interaction received from the young people who were part of this process was invaluable, and a big push in our team achieving our pledges.

This process has acted as a springboard for informing other services on successful collaborative work with young people, I have been able to speak on large platforms since this process to our team's board of Governors and also on a care board, about the successes of this approach, and the ease of this process. Where changes in service can be seen as big tasks, this has proven the power of listening, and making small and meaningful changes.

This process has highlighted the importance of collaborative work internally, and ensuring that pledges hold importance across the team. This means checking that pledges continued with regular feedback on what's still working, where changes might need to be made, and gaining more feedback from the source regularly to ensure the pledges are being felt by service users.

# Programme Key Performance Indicators (KPIs)

Children and Young People's Trauma Informed Care Programme

(Framework for Integrated Care (Community) for Humber and North Yorkshire Health and Care Partnership (ICS))

**Our Programme KPIs run throughout the length of the Programme. We report on them at our Steering Group meetings and the Programme Strategic Alliance meetings.**

## Our Pledge

We will work collaboratively to ensure that all professionals working with children and young people who have or may have experienced trauma, can be supported to respond appropriately, consistently, and compassionately, so that the support these children and young people receive helps them to thrive.

### Priority 1

Ensure strong programme governance and clear, effective programme management

### KPI 1

Collaboration across the system takes place. Demonstrate proactive partnership engagement in the high level, multi-agency strategy group (Alliance), with clear governance structure to oversee the implementation of the programme

### Priority 2

Make evidenced-based decisions, rooted in a clear understanding of local needs and resources

### KPI 2

Numbers of staff/volunteers that have completed and shown positive outcomes from the Trauma Informed training which is relevant to role and responsibility. Regular reviews of the ongoing development of Trauma Informed policy and practice, and sharing of learning and best practice through Community of Practice engagement. Case Studies to evidence Trauma Informed Care in practice

### Priority 3

Build a Trauma Informed Integrated Care System that improves outcomes for Children and Young People (CYP)

### KPI 3

Numbers of staff/volunteers that have completed and shown positive outcomes from Trauma Informed training which is relevant to role and responsibility. Regular reviews of the ongoing development of Trauma Informed policy and practice, and sharing of learning and best practice through Community of Practice engagement. Numbers of organisations using self-assessment Toolkit to evidence and improve policy and practice

### Priority 4

Strengthen multi-agency relationships and improve co-ordination of service delivery

### KPI 4

Number of organisations engaging in Trauma Informed Care Community of Practice

Number of organisations working collaboratively with the Core Team to undertake TIC self-assessment Toolkit

### Priority 5

Pilot and evaluate place-based models of Trauma Informed intervention for children and young people who are at high risk of becoming first time entrants into the Youth Justice System

### KPI 5

Test and Learn KPIs and NHSE dataset

Annual Equality audit of Children and Young People involved in Test and Learn services

Case Studies

### Priority 6

Ensure genuine engagement with children, young people and their parent/carers and maximise opportunities to co-produce interventions

### KPI 6

Numbers of Children and Young People involved in engagement and Coproduction Advisory Groups

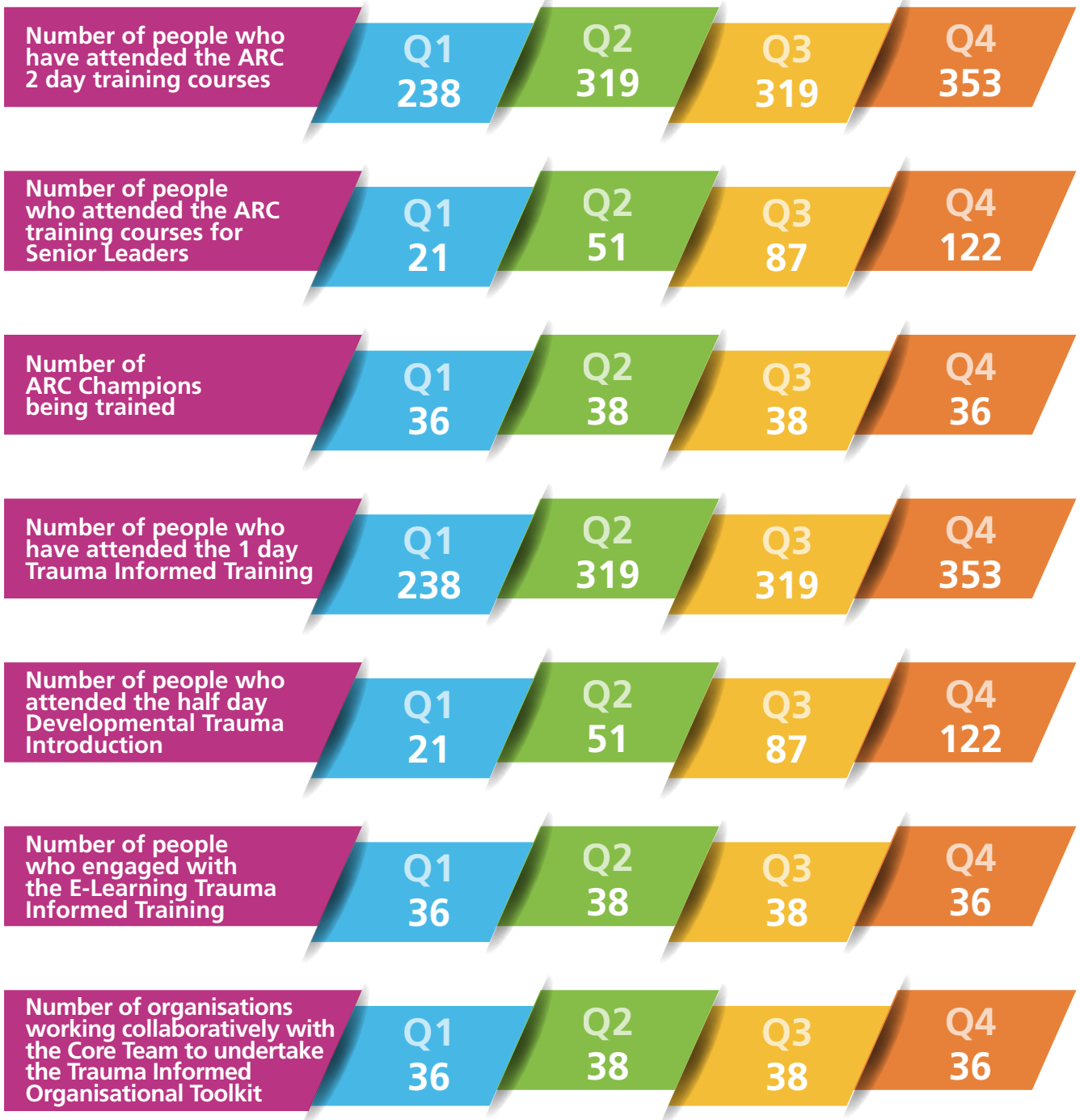
Number of organisations at place supported to improve engagement and coproduction

Number of organisations engaging in Children and Young People Coproduction Communities of Practice/networks

Annual Equality audit of Children and Young People involved

# System Change

## KPIs 2023-2024







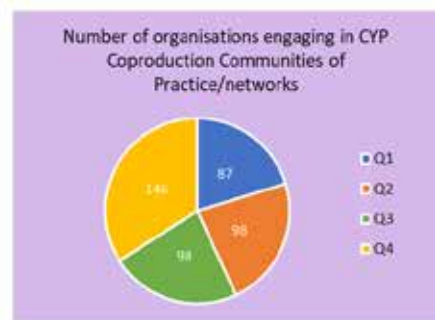
**% of people who say the training has increased their knowledge of Trauma Informed Practice**  
**Q4 2023/24 90%**

**% of people who say the training has given them the skills and knowledge to identify whether practice is Trauma Informed**  
**Q4 2023/24 89%**

**% of people attending Communities of Practice that say they increased knowledge sharing**  
**Q4 2023/24 89%**

**% of people attending Communities of Practice that say they help to embed Trauma Informed Care**  
**Q4 2023/24 78%**

# Engagement and Coproduction



**HNY  
Children and  
Young People's  
Trauma Informed  
Care Programme  
Next Steps/Moving  
Forward**

**Continue to  
work with  
our Pilot  
Projects:  
York and  
East Riding**

**Work with  
CORC (Anna  
Freud) to  
support the  
Independent  
Evaluation  
of the  
Programme**

**Continue to  
work with  
and support  
our 4 Test  
and Learn  
Sites**

**Further develop  
Communities  
of Practice and  
work with the  
Organisational  
Toolkit**

**Continue  
to develop  
our Training  
Offer**

**Work closely  
with our ARC  
Champions  
to sustain  
our Training  
Offer**

**Build on the work  
to embed Children  
and Young People's  
lived experience  
to deliver ongoing  
improvements  
in services and  
support**

**Build on the work  
we have started  
on delivering  
Transformational  
System Change  
across the ICS**

**Sustain  
the good  
work taken  
place so far  
and focus  
on sharing  
the good  
practice  
across the  
ICB and  
wider**

## The Core Team

The Programme Team are part of the **Mental Health, Learning Disabilities and Autism Collaborative**



Alison plays a pivotal role in the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme as the Programme Director. She is passionate about ensuring our partners across the patch work together collaboratively to improve mental health outcomes for everyone in our area. Alison has a wealth of experience working at a senior level in health and care organisations, and is proud to be part of a team transforming and improving mental health services for our communities. Alison is a trustee of the Warren which form part of Flipside in Hull (one of our 4 Test and Learn sites).

**Alison Flack,**  
Mental Health, Learning Disabilities and Autism  
Collaborative Programme Director



Gail joined the collaborative in November 2021 after 20 years leading on system change and commissioning services for Children and Young People's health at place across local authority children's services, public health and CCGs. Her work to improve outcomes for Children and Young People has been recognised as national best practice by the Department of Health, Department for Education, Local Government Association and the National Children's Bureau. Gail leads the Children and Young People's Mental Health Programme, working with a wide range of partners at place including VCSEs, Local Authorities, and Health commissioners and providers. The programme has developed and is delivering the strategic plan for Children and Young People's Mental Health to improve prevention and early intervention, improve access to services and outcomes and reduce inequalities. Gail is passionate about ensuring that the voice and influence of Children and Young People with lived experience is embedded throughout our work. With effective engagement and coproduction we can ensure all Children and Young People can access the right support, in the right place at the right time.

**Gail Teasdale,**  
Children and Young People's Mental Health  
Programme Lead



Cat joined the team from outside the NHS, with a background in education and more recently working on a strategic Children and Young People's Mental Health Programme within a Local Authority. Cat has extensive experience in driving initiatives within schools during her time as a Senior Leader and Headteacher, and also implementing national policy and practice change across the schools in a city. Cat has taken on the role as Programme Partnership Manager of the Children and Young People's Trauma Informed Care Programme. Cat and the Core Team will focus on working collaboratively to ensure that all professionals working across the system with Children and Young People who have experienced trauma, can be supported to respond appropriately, consistently, and compassionately, so that the support these Children and Young People receive helps them to thrive.

**Cat Jones,**  
Programme Partnership Manager, Children and  
Young People's Trauma Informed Care Programme



With over 20 years' experience of working within health service settings, supporting vulnerable and socially isolated individuals, Katy has a broad understanding of their needs and a passion to make a positive impact. Katy thrives when engaging with communities and services that work to make a positive difference. Katy brings an extensive amount of knowledge and experience working within a clinical setting, and supporting staff to achieve positive outcomes, with service user groups experiencing health inequalities. She has managed services and contracts, and implemented service change, over several years, which will support her future success within her role of Community of Practice Manager of the Children and Young People's Trauma Informed Care Programme.

**Katy Winfield,**

Community of Practice Manager, Children and Young People's Trauma Informed Care Programme



With a background in community and youth work, Clair has extensive experience of engaging vulnerable groups across a range of sectors and specialises in coproduction with children and young people. Before joining the team Clair worked on a Strategic Children and Young People's Mental Health Programme, involving young people with lived experience in the development of services, campaigns, training, and resources, and supporting partners across education, Local Authority, health, and the Voluntary and Community Sector to develop and embed effective coproduction practices. Clair is passionate about creating opportunities for Children and Young People to thrive and be recognised as partners in influencing change, and actively promotes a culture of 'nothing about us without us'.

**Clair Atherton,**

Children and Young People's Engagement and Coproduction Manager, Children and Young People's Trauma Informed Care Programme



Lisa provides administration support to the Children and Young People's Trauma Informed Care Programme and the wider collaborative. She has previously worked in a strategic Children and Young People's Mental Health Programme, and is excited to be working with people who are passionate about improving the mental health of children and young people.

**Lisa Hudson,**

Senior Administration Officer, Children and Young People's Trauma Informed Care Programme



Tracy joined the team in February 2024 on a part time basis, whilst also working as the Clinical Lead for the Children and Young People's Mental Health Programme. Tracy has extensive experience within the NHS, particularly in CAMHS, spanning a 30 year career which also incorporates experience in the private and voluntary sectors. As a mental health nurse and social worker, Tracy has worked as a Clinician, Therapist and Senior Leader in various roles including areas of Looked After Children, Fostering and Adoption, Youth Offending in both community and residential/ inpatient settings.

Tracy's role within the team is to lead, support, and collaborate systemically with partners to understand, implement, and evaluate Trauma Informed practices and formulation. Trauma can be experienced at all levels including within organisations and Trauma Informed practice when delivered in context, with equity, with motivation for change and true impact as an outcome has the potential to reroute young lives and support mentally healthy systems and organisations.

**Tracy Fee,**

Clinical Lead

If you would like to find out more information about the work of the Children & Young People's Trauma Informed Care Programme please get in touch

Email: [hnf-tr.hnymhpmo@nhs.net](mailto:hnf-tr.hnymhpmo@nhs.net)

Visit our Programme website here:

<https://humberandnorthyorkshire.org.uk/children-and-young-peoples-trauma-informed-care-programme/>

