

## **Emotional Health and Wellbeing Training plan for organisations working with Children, Young People and Families in Hull**

This Training and Workforce Development Plan has been developed as part of the local implementation of the Thrive Framework and builds on the previous work undertaken as part of the Children and Young People's Mental Health and Wellbeing Strategy and Transformation Plan to achieve the children's mental health outcomes aspired to in Future in Mind (NHS, 2015).

Hull is committed to the ongoing improvement of children and young people's mental health to:

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

The HeadStart Hull (2016) Needs Assessment highlighted that children and young people in Hull are growing up in an environment with high rates of multiple deprivation and poverty along with a low employment, low wage culture which reflects a number of risk factors for poor emotional health and wellbeing. Whilst the Citywide Thrive Partnership may not be able to reduce or remove all of the risks or challenges identified, it can build protective factors to mitigate against them.

Marmot (2010) identified that disadvantage starts before birth and accumulates throughout life. As such, children and young people's emotional health has important implications for health and social outcomes in adult life (MHF, 1999); for instance, children and young people who are emotionally healthy: achieve more; participate more fully with their peers and their community; engage in less risky behavior and; cope better with the adversities they may face from time to time.

Approaches such as Making Every Contact Count (MECC) (NHS, 2017) and Promoting Emotional Health and Wellbeing in Schools (PHE, 2015) emphasis the role of multi-agency frontline staff who work with children and young people providing support for mental health and emotional well-being.

This Training Plan will focus on:

- Improved awareness and understanding of children and young people's mental health across a range of organisations working with children, young people and families
- Improving understanding of risk and protective factors which can impact on or improve emotional health and wellbeing and the benefits of support from a trusted adult.

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- An improved offer for children and young people most vulnerable to poor mental health, making it easier for them to access additional support when, and where they need it.

This plan provides evidence-based training, informed by consultation with partners such as Schools, Early Help, Social Care, VCS, and Health etc. as well as young people and parents building on previous test and learn approaches including MECC and the HeadStart Hull Training programme.

### **Aims of the plan**

This plan aims to develop the skills, knowledge and confidence of the frontline workforce (both paid and voluntary) across all services working with children, young people and families. It takes an asset-based approach where mental health has a parity of esteem with physical health and is seen as everyone's business. It contributes to achieving the citywide vision by creating a varied development programme to meet the needs of practitioners working with children, young people and families including those providing support to vulnerable groups.

### **Delivery Methods**

Courses are offered on a range of topics at a range of levels, focussing on preventing poor emotional health and enabling practitioners to promote and improve protective factors which improve mental health outcomes. They also give staff the skills and knowledge needed for early identification of need and (where appropriate) to providing low-level interventions for those who need them but don't require a referral to a service for additional support. Courses will not qualify staff to act as counsellors or to deliver therapeutic interventions for diagnosable mental health conditions. However the wrap around support they can provide will compliment any therapeutic interventions the child or young person maybe receiving.

A range of delivery methods will be used to extend the reach and accessibility of the training and support dissemination of courses. This will include face to face and online facilitated training courses, non-facilitated online learning sessions, and access to short training films, webinars, thematic events and networks and forums e.g. schools resilience network, VCS resilience network. Some training has and will continue to be developed and delivered locally while others are commissioned from national providers who have a strong track record and expertise on specific topics.

### **Training Framework**

The framework below, adapted from prevention and lifestyle behaviour change competencies framework (NHS Yorkshire & Humber, 2010), provides a structure for allocating specific responsibilities around emotional well-being across staff teams, considering the nature of practitioners' roles and the amount of time they spend with children and young people. The framework has been designed to be simple, flexible and add value to current good practice.

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It aims to support service provision to ensure the 'right person, with the right skills to be in the right place' to support individuals, families and communities to address emotional wellbeing and mental health.

Through consultations, young people and parents have told us they often turn to the worker they trust on issues such as emotional health. Frontline staff who work regularly with young people are most likely to have these relationships and will be well placed to both promote well-being and notice early signs and symptoms of need. As such, the framework ranges from providing frontline staff with the basic skills and knowledge to promote emotional wellbeing through everyday practice, through to lead workers for emotional well-being who can deliver setting-based interventions and secure access to additional support from appropriate services, where needed.

The roles are, as follows:

**Respond:** This includes any staff member who comes into contact with children and young people, but who do not have a specific pastoral role. This might include sessional youth work staff, caretakers, admin staff or schools lunchtime supervisors who have limited contact with young people. On the other hand, teachers who spend a lot of time with young people but have little opportunity for informal discussion might also fall within this category.

These staff will not need an in-depth understanding of mental health but must be able to respond appropriately if a child or young person begins to ask questions, displaying signs and symptoms or raises/discloses an issue. They must be able to engage with children and young people and use basic skills of awareness, engagement, and communication to listen the child/young person and respond by providing basic information and advice and escalate the issue if appropriate.

**Initiate:** This includes any staff who work closely with individual or small groups of children and young people in less-structured contexts. This could be youth workers, teaching assistants, etc.

Although these staff do not need an in-depth understanding of mental health, they will have pre-established relationships with young people and be well placed to notice early warning signs. They are likely to be the initial source of support for young people who are starting to struggle and should feel confident in initiating conversations about emotional well-being to help the child/young person talk about any worries. These staff will be able to select and use brief intervention techniques that help individuals take action which may include starting, stopping, increasing or decreasing behaviour/ activities. They should also be able to support the child/young person to access other services as appropriate e.g. make a referral with their consent.

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**Intervene:** This includes staff with a specific role in relation to mental health or emotional well-being. These people will be delivering low level interventions to individuals and/ or small groups.

These staff require a more detailed understanding of key issues, especially those for which they run interventions. Although they might not have regular interactions with most children and young people in their setting, they will be an essential source of support for those facing difficulties. They will need to be able to select and use appropriate techniques and approaches to provide support to children and young people to deliver change and to maintain these changes over the longer term. They should also be able to support the child/young person to access other services as appropriate e.g. make a referral with their consent.

**Influence:** This includes staff, whether working directly with children and young people or in management roles (e.g. SLT members, schools mental health leads, school governors, trustees etc.) who act as a resource for the support, training and education of others and can influence policy or practice around emotional health and well-being. They could be involved in identifying and discussing new approaches, sharing practice, networking with other organisations or supporting colleagues to develop their practice especially those who provide support at the respond, initiate and intervene levels.

These people need a detailed understanding of issues relating to children and young people (and families) mental health and emotional well-being, and more specifically their implications for practice. They need the knowledge and skills to create, analyse and evaluate effective support packages and also to request additional support where necessary.

At the Respond level, training will focus on awareness raising and reducing stigma to ensure young people are able to confidently discuss their mental health and seek help in a ways that suit them. It will enable frontline staff, regularly working with children and young people to promote resilience and awareness of mental health through everyday practice and identify need at the earliest possible point. Staff in a position to provide informal support when children and young people experience life challenges will be given an overview of key local issues and develop the skills needed to initiate conversations around emotional well-being. They will be trained to provide early support and deliver MECC brief interventions to the children, young people and families they work with.

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Using this approach, even quite small input from individual members of staff could improve lifestyles amongst a substantial number of young people (NHS, 2012) and there is initial evidence of improved workplace health outcomes for staff members by raising awareness of the changes which could improve their own health and wellbeing. Furthermore, this will reduce pressure on clinical/specialist services by embedding preventative strategies and ensuring early identification of emerging need.

It will also provide frontline staff with the skills to provide on-going, wrap around support for children and young people who are accessing services providing early help support such as HeadStart Hull Targeted or Targeted Plus interventions or specialist services such as CAMHS.

Additional training will be provided for staff with specific emotional health & well-being roles providing an in-depth understanding of key issues and also expanding their 'toolkit' of strategies for supporting children and young people's emotional and mental health. This will help ensure waiting times for services are lower as those needing low level support can access it through generic, non-health services with whom they are already engaged. Low-level, setting-based interventions will provide timely support and reduce the risk of an escalation of need. In raising awareness of mental health, it will also ensure that referrals are appropriate and timely.

By having clear roles, staff will all know how they are expected to contribute to the overall support for children and young people's emotional well-being. There is no specific ratio of roles that is ideal; in fact, it is expected that each setting will be structured differently. Whilst some settings may be predominantly working at the respond level, others may have very few staff in this category. There may also be some staff with mixed roles, for instance a practitioner who usually works as a youth worker in an open access session (which would be an 'initiate' role), but has taken on some 'Intervene' responsibilities, by running group work around self-esteem. What is important is that each setting has:

- A clearly defined 'framework of support' which is sufficient and appropriate to meet the needs of the children and young people who access their services.
- Staff who all see emotional well-being as their responsibility and are clear on how their own role contributes to the overall structure of support available to the children and young people.

### **Summary**

This Training and Workforce Development Plan will ensure good quality emotional well-being support for all young people by establishing clear and appropriate roles for frontline staff within a graduated framework of support which effectively meets differing levels of need. It will provide the skills and knowledge needed for staff in various roles to feel confident in providing support to children and young people and support the further development of effective, integrated practices, policies and procedures.

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## Appendix One – Examples of Training Courses in the framework.

It is not expected that staff undertake all but as a minimum all should do YMHFA.

Training Level	Course Name	Length	Delivery Method	Delivered by
<b>Respond</b>	Youth Mental Health First Aid Awareness	½ day	Face to face/ Online (facilitated)	HSH trainers
<b>Respond</b>	Conversations around Mental Health	Less than 1 hour	Film	<a href="https://youtu.be/r8-K2mUXV-g">https://youtu.be/r8-K2mUXV-g</a> HSH Trainers
<b>Respond</b>	Supporting family wellbeing	Less than 1 hour	Film	<a href="https://www.youtube.com/watch?v=sVFL7ADpk9A">https://www.youtube.com/watch?v=sVFL7ADpk9A</a>
<b>Respond</b>	Talk Suicide	Less than 1 hour	Online (non - facilitated)	<a href="https://talksuicide.co.uk/">https://talksuicide.co.uk/</a>
<b>Respond/ Initiate</b>	Training to support effective delivery of PSHE in schools	Varies depending on schools need	Face to face/Online (facilitated)	HSH PSHE policy and practice officer
<b>Respond/ initiate</b>	Understanding the teenage brain	2 hours	Online (non-facilitated)	Solihull approach
<b>Respond/ Initiate</b>	Autism awareness	2 x 1½ hrs (virtual training) 1 x 3 hrs (face to face)	Face to face/ Online (facilitated)	Kids
<b>Responds/ Initiate</b>	Bereavement Awareness Training	90 minutes	Online (facilitated)	Child Bereavement UK

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Training Level	Course Name	Length	Delivery Method	Delivered by
<b>Respond/ Initiate</b>	Identifying and talking about suicide	½ day	Face to Face/ Online (facilitated)	Papyrus
<b>Respond/ Initiate</b>	Self-harm awareness	½ Day	Face to Face	HSH trainers
<b>Respond/ Initiate</b>	Introduction to Adverse Childhood Experiences	Less than 1 hour	Online (non-facilitated)	<a href="http://www.acesonlinelearning.com">www.acesonlinelearning.com</a>
<b>Initiate/ Intervene</b>	Understanding sleep	½ day	Face to face/Online (facilitated)	Barnardo's/Kids (on behalf of HSH)
<b>Initiate/ Intervene</b>	Mindfulness: Lessons for Practice	½ Day	Face to Face (facilitated)	HSH Trainers
<b>Initiate/ Intervene</b>	Engaging parents where their children have a mental health challenge	2 hours	Online (facilitated)	Carnegie
<b>Intervene</b>	Youth Mental Health first Aid	2 days	Face to Face	HSH Trainers
<b>Intervene</b>	Applied Suicide Intervention Skills	2 days	Face to Face	Papyrus
<b>Intervene</b>	Self-harm response	½ day	Face to face	HSH trainers
<b>Intervene</b>	Elsa Training for schools	6 days	Face to Face	Educational Psychologists

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<b>Training Level</b>	<b>Course Name</b>	<b>Length</b>	<b>Delivery Method</b>	<b>Delivered by</b>
<b>Intervene</b>	CBT skills for staff for supporting young people with anxiety	½ day	Face to face or online (facilitated)	HSH trainers
<b>Intervene</b>	Wrap training (to deliver small group work)	2 days	Face to Face (facilitated)	Barnardo's
<b>Influence</b>	Developing your school mental health policy	2 hours	Online (facilitated)	Carnegie
<b>Influence</b>	Leading Mental Health from the Middle - aimed at pastoral leads, inclusion leads, Heads of Year, or other middle leaders with a wellbeing or school mental health remit or Special Educational Needs leaders.	4 modules completed over 8 weeks	Moderated Workbook with feedback, Pre-recorded videos, facilitated online forum, resources and certification of achievement	Carnegie

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<b>Training Level</b>	<b>Course Name</b>	<b>Length</b>	<b>Delivery Method</b>	<b>Delivered by</b>
<b>Influence</b>	Development Programme for School Mental Health Lead	3x 90 minute online live facilitated workshops spread over 3 months	3x 90 minute online live facilitated workshops spread over 3 months with gap and achievement tasks, plus resources, moderated development record with feedback, video links and online forum	Carnegie
<b>Influence</b>	Governance Lead for School Mental Health and Wellbeing	2 hours	E module	Carnegie
<b>Influence</b>	Briefing on develop a "whole organisation approach"	Up to 2 hours	Face to face or online (facilitated )	HSH schools and community policy and practice officers.
<b>Influence</b>	Briefing for SLT/Governors to support effective delivery and embedding of PSHE in schools in line with statutory guidance	Varies depending on schools need	Face to Face or online (facilitated)	HSH PSHE policy and practice officer

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