

NYTH/NEST ‘in action’

Good Practice Examples
of the implementation of the
NYTH/NEST framework 2023



Contents

What is NYTH/NEST	3
Purpose of this document	4
Case Studies:	
Wellbeing Across Education	5
Co-produced Innovations	13
Easy Access to Expertise	19
Safe and Supportive Communities	23
No Wrong Door	28
Trusted Adults	35
Children's Rights	40
Thanks	44



What is NYTH/NEST?

The NYTH/NEST Framework aims to ensure a 'whole system' approach for developing mental health, well-being and support services for babies, children, young people, parents, carers and their wider families across Wales.

The Framework was co-produced with a wide range of stakeholders across Wales.

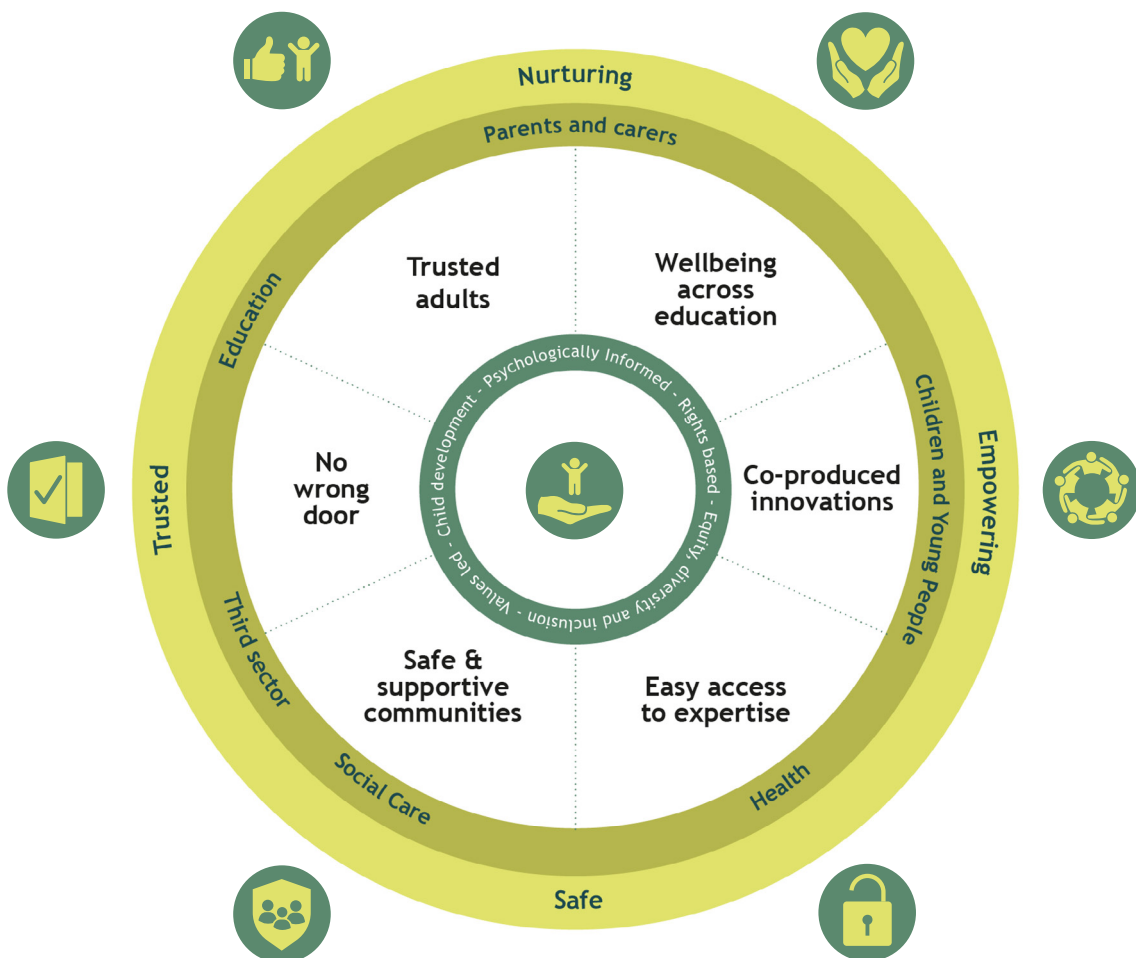
The Welsh Government is focused on broadening the conversation around what support services are important, recognising that it is not only specialist services that can provide help and support. These services are important, but there is much more that can be done to provide support for mental health and wellbeing.

Our aim is to make expertise and advice quicker to access, and to give adults and carers closest to children of all ages the skills and confidence to understand what they can do to help.

When extra help is needed, we want to see a 'no wrong door' approach so that families get the right help at the right time and in a way that is right for them.

Regional Partnership Boards are using NYTH/NEST to deliver on the aim of creating a whole system approach to mental health and wellbeing.

You can find out more about NYTH/NEST on our **website**.



Purpose of this document

This document is a compilation of examples of good practice from across Wales implementing the NYTH/NEST framework. It should be noted that this is not an exhaustive list and there are a great many more projects that are doing excellent work with a focus on the principles of NYTH/NEST that we haven't had space to include here.

This list was compiled to support organisations using the NYTH/NEST Self-Assessment and Implementation Tool with tangible examples of NYTH/NEST in action. You can find out more about the **NYTH/NEST Self-Assessment and Implementation Tool** [here](#). We also hope this document will be useful to anyone wanting to learn more about NYTH/NEST and the excellent work that is happening in Wales to support our young population.

When writing their case studies we asked projects to consider the following questions:

- Developed in partnership?
- Developed in response to need?
- Fits with 'No Wrong Door'?
- Co-produced?
- Creative/Innovative?
- Takes the whole child/family/context into account?
- Nurturing/Empowering/Safe and Trusted?

The good practice examples contained in this document are divided using the key principles of NYTH/NEST. We hope you find them as useful and inspiring as we do.



Key NYTH/NEST Principle:

Wellbeing Across Education



Project: **Development of Team Around the Cluster model for effective multi-agency working**

Region: **Powys**

Background summary

The Team around the Cluster (TAC) aims to support the development of a whole-school approach (WSA) to supporting mental health and emotional well-being so that all practitioners and trusted adults can better support learners to:

- Build more positive relationships with peers and staff.
- Engage more productively with their learning.
- Develop as healthy, confident, self-regulated individuals.

Schools and support agencies work together to address concerns raised by:

- Learners
- School staff
- Parents, carers and their wider families.

Organisations invited to meetings include:

- Child and Adolescent Mental Health Services (CAMHS) In-Reach
- Early Help
- Healthy Schools
- Kooth counselling
- YIS (Youth Intervention Service)
- CRELU (Carer's organisation)
- Powys Association of Voluntary Organisations (PAVO) Community Connectors.

What worked well, what didn't work so well:

TAC meetings provide a safe space for two-way communication between schools and external support agencies. The TAC meetings support vulnerable and disadvantaged learners through an effective multi-agency working model where schools can highlight wellbeing and inclusion issues that may be causing concern for their learners and families. There is a 'no silly question' ethos to the meeting, which helps to build relationships and trust amongst the attendees, which in turn provides an opportunity to explore the best outcomes for young people. Schools are able to discuss concerns such as anxiety and poor engagement, with a wide range of expertise and experiences, and find solutions (often unexpected) to some of the more complex issues in their settings.

These meetings have proved very successful, however, we still need to improve attendance, as there are still fewer than 50% of schools attending the TAC meetings. However, there is still a significant increase term-on-term since summer 2022. Another concern is how to enhance the engagement of secondary schools who are currently in poor attendance.

What 'good' or 'success' looks like:

- Inform: Outside agencies are invited to present information about the support they can offer learners, families, and staff. This might be through offers of training, resources or direct work with learners and families.
- Act: Schools are invited to request information from agencies they want to know more about for subsequent meetings and vice-versa.
- Learn: Feedback from attendees about current issues often highlight trends. This, in turn, helps outside agencies to develop new training and resources in response to need.
- Collaborate: School and external agencies problem-solve together, often immediately coming up with solutions and useful contacts. Co-producing the right solution at the right time.

Some feedback about the impact of TAC (Autumn 2022/Spring 2023).

- Having so many professionals together is so valuable. Sharing concerns and finding solutions for our children and young people in one meeting.
- Chance to meet up and discuss current issues with my cluster schools. Good links to resources and agencies who can offer support. Joined up multi-agency work. Right person at the right time to help the child/young person.
- Sharing experience has been comforting and valuable. I find that these sessions are great for learning about and sharing resources. I also think it's great for networking and getting to know faces from external services. Making the links and opening passages of communications is great.
- Having vital signposts in one meeting and in one document saves workload for school leaders A really useful meeting, it is so good for third sector to be able to build relationships with schools and share what the sector can offer otherwise it is a bit difficult for us to get information out to all schools and the sector has a lot to offer.
- Very helpful in terms of sharing research, projects, information as well as issues within the cluster and how we can help resolve them.

NYTH/NEST Priorities

- Developed in partnership: with education, third sector, local authority and health.
- Developed in response to need: for sharing information between services and schools
- Fits with 'No Wrong Door': to ensure linked up support and knowledge of range of services available to learners.
- Co-produced: with all stakeholders shaping the meetings
- Creative/Innovative: finding solutions and support options in real time.
- Takes the whole child/family/context into account: building a stronger picture of the web of support networks available.
- Nurturing/Empowering/Safe and Trusted: linking services together to enable them to provide a supportive and coherent nest for the school's learners.

Meeting the needs of the babies, children and/or young people

- Young people in schools are benefiting from a multi-agency response, including more specialised advice for schools, which can empower the school to support in a more bespoke and informed manner.
- This multi-agency panel response also improves access to services, with some agencies working directly with the young person and family as a result of these discussions.

Conclusion

The project is proving to be hugely popular and successful with those who are currently attending the TAC meetings. It is also evident that working relationships between schools and external services have improved as a result of this model.

Next steps:

- To share attendance and evidence of impact on provision with outside agencies, school leaders and school improvement team.
- To provide evidence of impact on children/YP and families – schools have some funding to research and develop impact reports before the end of March 2023.
- Schools are looking at the ranges of training and intervention that has been accessed through TAC attendance and measuring impact with a range of qualitative and quantitative data.

Project: CAMHS Shine (in-reach): Use of the NYTH/NEST framework as a planning tool for commissioners
Region: Cwm Taf Morgannwg

Background summary – provide the context

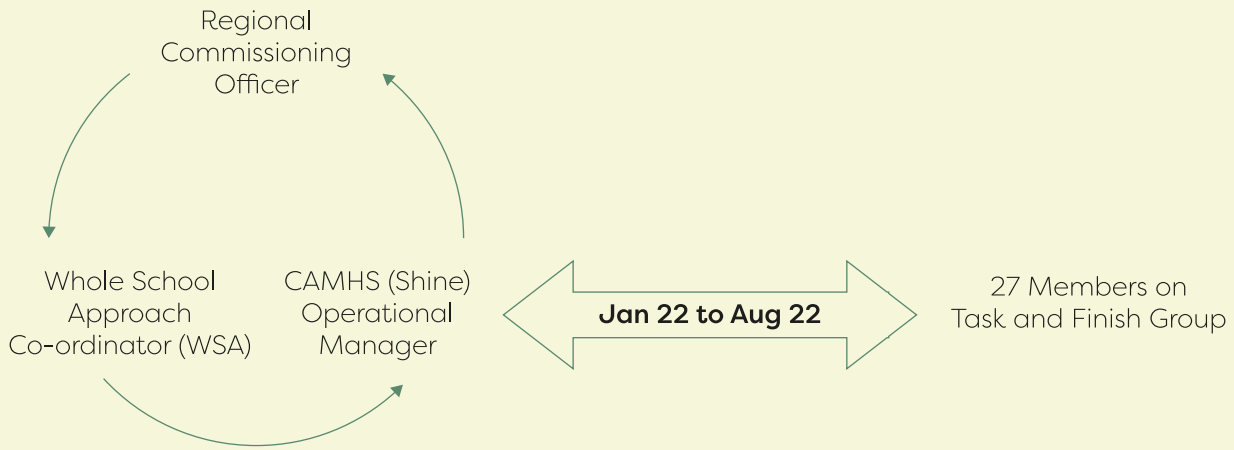
One of the key actions identified by partners listed within the Cwm Taf Morgannwg NEST Implementation Plan, was to pilot the use of the NYTH/NEST Framework, on a newly established Child and Adolescent Mental Health Service (CAMHS) Shine emotional wellbeing service.

The Cwm Taf Morgannwg University Health Board volunteered to test out the use of the NEST Framework as a planning tool to help the operational implementation of this new school-based emotional wellbeing service.

From a NEST perspective, the work was initially led on a tri-organisational basis which developed into establishing a co-productive, multi-agency steering group over the year in which the pilot ran.

As the Regional Commissioning team has a bird’s eye view of work across the region, it helped to form relationships initially between the CAMHS Team manager and the Whole School Approach (WSA) Coordinator. The intention was to support the work that was already being undertaken by the WSA with an initial 42 pilot schools, who were completing the Whole School Approach Self-Assessment Tool (SET), to determine their ability to meet the emotional wellbeing needs of both children, young people and school staff, and as directed by ‘Embedding a Whole School Approach to Emotional and Mental Well-being’ statutory framework.

By the end of the pilot, there were around 27 multi-agency members from a range of organisations involved with discussions and shaping the operational planning for the new Shine service.



The findings from the SETs were used to form action plans for the school to make changes and improvements regarding its emotional wellbeing support provision. These findings were shared with the CAMHS SHINE teams, to develop interventions as a *whole system approach*.

In addition to the NEST Steering Group the CAMHS Shine Team themselves approached their operational delivery in a co-productive approach, therefore finding two tiers of planning:

<p>Regional level – involving professionals involved in delivering services in schools across organisational boundaries and across the whole region.</p>	<p>Driver – NEST Steering Group.</p>
<p>Locality level – involving professionals as above, but more locality based and around school communities.</p>	<p>Driver – Shine teams/WSA/schools, locality based planning and forums.</p>

At a **regional level**, co-production meetings were held to discuss the new operational service, where it would be provided, what services and interventions, to address what presenting needs, map out and links existing services.

At a **locality level** the CAMHS teams and service planned and arranged:

- Drop-in slots for pupil/staff advice/consultation. (i.e., offering time slots when CAMHS Shine practitioners are at the schools).
- Universal interventions- pupil’s level of engagement and staff’s responses to the opportunity to upskill.
- Staff wellbeing workshops.
- Co-production with Healthy Schools on delivery of teaching, targeting priority areas; bigger uptake and engagement.
- Mental health ambassador programmes.
- Feedback from interventions.
- Establishing a good rapport with schools.
- Improvements in perception of CAMHS; personalising the face of CAMHS.
- Preventing children and young people falling through the cracks with early identification- in line with NEST, creating easier access to expertise.
- ‘Nip it in the bud’ early intervention and prevention approach.

What worked well, what didn’t work so well

At a **regional level**, NEST Steering group meetings began in non-traditional way with no agenda, papers or minutes, but a mind-map discussion approach, discussing each of the principles of NEST in turn and what operational planning and service delivery methods needed to occur to work within those principles.

A powerpoint presentation captured the discussion points at each meeting and each principle was worked on in turn and discussed. For example, it was clear youth workers were key and trusted adults within schools, and should be utilised as part of the operational delivery.

Arranging a new and creative way of approaching the regional NEST Steering Group meetings and using the NEST framework as a planning tool for the discussion (as it was intended), was lost on occasion. It is fair to say there was tension from partners who already provide school-based support, highlighting, and questioning the need for the Shine service, which proved challenging at times.

However, creating more local links with schools and partners in specific localities across Merthyr Tydfil, RCT and Bridgend, did ease these concerns somewhat. It is likely that the learning from this pilot will show some challenges in engaging with a range of partners who offer school-based emotional wellbeing support, who already feel there is sufficient provision. However, the findings from schools' own self-assessment contradicts this, with schools requesting further support.

This learning has been shared with existing school-based partners through the Steering Group who acknowledged the feedback and recognise there was a gap in further promoting their own services by raising communication about the existing services and accessibility. Feedback from partners at a regional level, also suggest that earlier involvement prior to the planning stage, would have been beneficial, e.g. at the funding application stage to Welsh Government, which would have eased and paved the way for the early tensions.

At a **local level**, working with the WSA Coordinator, the CAMHS Shine team were able to identify the key features of what emotional needs required interventions in schools, and develop them accordingly. The school's self-assessment findings and action plans suggested children and young people needed support for the following range of emotional wellbeing needs: anxiety, body image, eating disorders and identifying mental difficulties as well as mental fatigue for staff. The WSA coordinator and schools shared these findings from their action planning which allowed for Wellbeing across education and easier access to expertise principles to be operationally addressed.

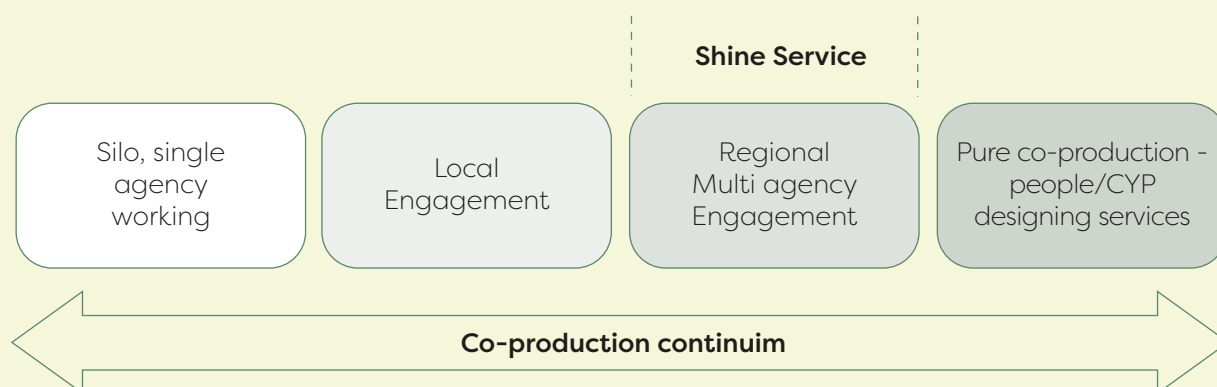
The Shine team have organised regular multi-agency co-production workshops in each **locality area** where coproduction continues to explore "a stepped approach to Shine" and the development of "multi-agency forums".

The Shine team have also co-produced with schools and partner agencies to explore opportunities for pupil co-production and empowering the pupil voice; i.e., pupil mental health ambassador programmes and a CAMHS youth forum. They will also explore how emotional wellbeing resources and information can be more accessible to parents/carers, and pupils by broadening links with existing school-based support providers working with children and young people.

What 'good' or 'success' looks like:

Traditionally, the Health Board may have established a new service in a clinical, health based 'silo' approach. Using the NEST framework to plan the new Shine services has resulted in a co-designed service that engages with stakeholders in planning and delivery.

It would be fair to say that if co-production was seen as a continuum, then potentially what this pilot has achieved, is positive engagement, rather than true co-production. However, this is a big step forward for our services and demonstrates what can be achieved when working together:



NYTH/NEST Priorities

We can demonstrate significant positive outcomes having used the NEST Framework as a planning tool for commissioners and service providers, for the operational delivery of the Shine service, to achieve the best outcomes for children & young people:

- There was an appetite and commitment to have discussions across organisational boundaries to discuss this new service, as is demonstrated by 27 members in the NEST Steering Group. This is despite the recognition and request by partners to have been involved even earlier in planning.
- The Shine service has been **designed in response to need** – facilitated by the partnership working of the Whole School Approach Coordinator and school staff, by the completion of self-assessments, action plans and interventions designed accordingly.
- **'No Wrong Door'** – schools working directly with health services and not always required to contact several different services for support as they were able to go to a single contact who would source the relevant service, training or advice.
- Elements of **co-production achieved, and positive progress with engagement** of a wide range of partners for planning purposes, spanning, health, education, social care, third sector.
- Shine service takes a **holistic approach** to supporting children and families. Shine creates meaningful impact and allows services to work together for the benefit of the children and young people across the CTM footprint.
- New responsive and creative service, working outside health board boundaries, by providing school locality-based provision, with emotional wellbeing workers in schools, rather than in CAMHS clinics.
- Also allowed for **'easier access to expertise'**, if higher needs were identified with children, with opportunities to escalate to CAMHS services and encourage referrals to the single point of access, telephone contact and provision.

Summary Reflections

The entire project has been based around equipping schools to support children and young people, as well as their families and wider school community. Emotional and mental well-being is now a top priority in schools, and the WSA SET is the starting point of celebrating what schools already have in place, identifying ways forward and ensuring that there is an ethos and culture of help seeking behaviour within each setting. By working together, avoiding duplication and having a single point of access, schools have the correct advice and ways forward at the point of needing support in a timely manner, resulting in actions being implemented far more quickly.

Collaboration of services and funding enables effective ways of working to achieve better outcomes for children and young people.

UNDERSTANDING ANXIETY & WORRY IN CHILDREN & YOUNG PEOPLE
A guide for parents and carers

Anxiety is a feeling of worry or fear that children and young people experience as a mixture of...

- Physical Sensations
- Thoughts
- Feelings

Signs of Anxiety

Many parents are unsure whether their child's behaviour and worries are typical for their age. All children experience powerful emotions. To a young child, the world can be a scary and uncertain place. Some children can become very worried about many situations and they may not understand these feelings. Younger children often show physical signs of anxiety rather than telling someone that they feel worried.

Signs of anxiety can include:

- Unable to concentrate
- May be restless or fidgety
- Nightmares
- Feeling butterflies in their tummy
- Isolating themselves
- Headaches
- Trouble eating
- Tantrums
- Feeling unwell / tummy pains
- Regularly seeking reassurance
- Extremely shy, timid and clingy
- Sleep problems
- Trouble with toileting

All children and young people feel worried sometimes. It is a normal part of growing up.

What anxiety is.

When & why it might happen.

What does it look like?

What you can do to help.

Sleeping over a friend's house
Going to hospital
Speaking out in class
Taking an exam
Going to a new school
Having a new sibling

At times like these, their worries may increase. Most times, these feelings will pass and they will soon feel calm again.

Body Image

Body image is how we think and feel about ourselves physically, and how we believe others see us. There are lots of ways people think about their body and the way they look. There may be times when you like your body or parts of your body and also times when you struggle with how you look.

Being body positive can support physical and mental health by boosting confidence and helping to develop a healthy image of yourself. By not measuring your worth based on how you look can help with overall wellbeing and you are more likely to attach your self-worth and self-image to your internal rather than external characteristics.

WHAT POOR BODY IMAGE LOOKS LIKE?

- Struggling to love and accept your body
- Feeling as though your body shape is not represented in the media
- Hiding your body because you feel ashamed by it
- Struggling to find clothes for your body, particularly if you have a physical disability
- Feeling like you are not attractive enough
- Birthmarks, surgery scars or acne affecting how you feel about how you look
- Feeling as though your body does not match your gender

HOW IMAGE AFFECTS YOUR MENTAL HEALTH

Negative body image can influence you in many ways, such as:

- Low self-esteem
- Increase in worries
- Lower levels of confidence
- Low mood
- Poor self-perception
- Critical self-thoughts
- Isolated or withdrawn

Shine

ScHools INreach Emotional Wellbeing Service

GIG NHS | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

NYTH NEST

Key NYTH/NEST Principle:

Co-produced Innovations



Project: **Nurturing Change in Neuro-developmental Services**
Region: **Gwent**

Background summary

The aim was to engage with parents/carers regarding their experience of the Neurodevelopmental (ND) Pathway and to collaboratively explore areas of redesign.

- Create a safe, contained and supportive space that offers an opportunity for honesty (on both sides) about the challenges and/or barriers.
- Develop an understanding of the strengths and skills amongst the group to support a 'doing with' approach as opposed to 'doing to' or 'doing for'.
- Listen to the experience of parents/carers and share equal power when making and taking any decisions.

Parents Voices in Wales, a third sector parent advocacy organisation, provides consistent support to parents/carers both in and out of the group meetings.

The Assistant Divisional director for the Family and Therapies Division in Aneurin Bevan University Health Board (ABUHB) (where the ND pathway sits) is committed to providing both a view from the health board, and support to help mobilise changes that were identified.

The Children and Families Transformation Lead acts as the conduit between parents/carers, Parent's Voices in Wales, ABUHB and the wider partnership. This ensures equity within the group and nurtures the feedback loop.

What worked well, what didn't work so well

A strengths-based approach was used. Parents of children and young people who were on the neurodevelopmental waiting list were asked to opt in to support the development of ND services in Gwent.

To build on the relationship development, we established both the identity of our group and what we wanted to achieve.

The group decided on the following name and focus areas:

Nurturing Change in Neuro-developmental Services Gwent

- 1) Improving signposting for families,
- 2) Improving communication,
- 3) Improving guidance.

What 'good' or 'success' looks like

Feedback from the group has led to a number of changes including:

- A redesign of the referral pathway and its accessibility to include a QR code/digital option for parents/carers that struggle with our paper option.
- Completion of a 'Frequently Asked Questions' document around the current process for other parents which is now going to print.
- A redesigned information leaflet for families entering the pathway. The parents reflected it was important to include images of the team members so they could explain to their children who they were when accessing a Neurodevelopmental assessment appointment.
- Creation of a pathway animation specifically targeted for children entering the pathway to explain in a child-friendly way what to expect.
- A different approach to funding we received from WG that allowed us to pilot a third sector approach to support 'while people wait' and build local community support.
- Development of a resource padlet (online pinboard) with a parent-to-parent focus.
- Creation of a video to share parents/carers lived experience and the importance of co-design in services.

Parent's experiences of participating in the group have been individually beneficial and have supported increased self-confidence. As demonstrated by these quotes from parents who have been involved;

"The CoPro is something I really enjoy being part of. I've met people I truly admire and feel proud to work with. Chairing some of the meetings has really boosted my confidence and given me the courage to get involved with other areas too. Having struggled with ND services previously it really gives me hope that we are making long lasting change for families like mine. A recent update on changes already being made gave me such a sense of achievement for our lovely team. Everyone has something to bring to the table. I feel our ideas will help bring a refreshed service with the family at the centre of everything."

"I think what we have been able to do through coproductions has been amazing. We have had the chance to speak directly with the health board in Gwent and make real changes and have a real impact in changes to improve information and pathways for children and parents. Coproductions are the conduit to enable us to do that!"

NYTH/NEST Priorities

Coproduction: all the solutions are co-produced with parents and carers and investment has been made in supporting an equal power dynamic.

No wrong door: developing creative and innovative ways of accessing support while awaiting specialist input.

Meeting the needs of the babies, children and/or young people

The group has grown and evolved both in terms of their functions and efficiency. The parents are now running groups to support other parents who are in a similar situation. Regular events are held to review progress and monitor outcomes.

Conclusion

Over the last 14 months the group has been growing from strength to strength. The parents chair the group and work in partnership with colleagues in Health on developing services and implementing change. Although it was difficult at the beginning to establish equality in power and to bridge the gap between 'them and us', as the sessions progressed, the group developed its own identity, key priorities and action plan to implement changes along with regular reviews and updates.

The current group of parents have progressed from having children on the neurodevelopment waiting list to the next stage of having the experience of a child as a service user. They are now helping parents who have come on to the waiting list by developing resources that can be used while awaiting assessment.

New parents are now being recruited to support the under 5 pathway.

The group have done parent stories to give a narrative of their journeys and providing suggestions for what could have made it better for them.

Project: **The Power in Our Youth project** Region: **Cwm Taf Morgannwg**

Background summary

The Cwm Taf Morgannwg Regional Partnership Board brings together people to improve health, social care and wellbeing services in Rhondda Cynon Taf, Bridgend and Merthyr Tydfil.

As part of the Social Services and Wellbeing (Wales) Act, RPBs must demonstrate citizen engagement and co-production.

It is important communities work with the Regional Partnership Boards (RPBs) to inform what services look like, and how they operate. Communities can include people who live and work in the region.

A core priority group for RPBs is Children and Young People (CYP). As a result, CYP, families and professionals working with CYP must be involved in service development, from commissioning to evaluation.

The Power in Our Youth

Our **Population Needs Assessment** (published in 2022) (PNA) sets out the barriers and challenges faced by CYP in Cwm Taf Morgannwg.

This information was gathered through creative engagement and co-production activities called hack-a-thons, and data sourced from across the region. You can read about our process here: www.ctmregionalpartnershipboard.co.uk/100-days/

Regional Area Plan

In November 2022, we held a **hack-a-thon** with children and young people and professionals; looking at the barriers and challenges identified in the PNA.

We wanted to work with CYP and professionals to prioritise what actions need to be taken to improve services and support across the region. These conversations, children's voices, and priorities have been reflected in our Regional Area Plan.



To ensure CYP continue to feel listened to and valued, we wanted to give them a platform to showcase their thoughts and feelings to other CYP, professionals, service providers and decision makers. To do this we created a project called 'The Power in Our Youth.'

The project was run in two phases:

During a half-term we held a number of creative workshops across the region for CYP aged 11-24.

We focused on the themes CYP told us were important to them, and the CYP developed songs and poems.

Those involved included CYP who have accessed services in Cwm Taf Morgannwg (CTM); young carers and looked-after children.

Watch the films below to hear feedback from Megan, young carer

www.youtube.com/watch?v=4_oTDzgfHKk

Power in Our Youth open-mic night

On World Poetry Day, we then invited frontline staff, service providers, decision makers and CYP to join us at the Pop Factory to listen to the creative materials produced.



Our promotional videos are below

www.youtube.com/watch?v=a-OF8pVvuyE

The evening was attended by a number of CYP and those who work in services.

We captured the evening and feedback in the below films:

www.youtube.com/watch?v=FkukJNCnYAs

What worked well, what didn't work so well

It is clear from the feedback in the films CYP and professionals saw the benefit of the project.

Through the first phase in half-term, we were able to build relationships and trust with organisations operating across the region.

Now we have our Regional Area Plan priorities set, we can focus on widening and strengthening our networks to ensure we are involving CYP and professionals in the next phase of our journey.

What 'good' or 'success' looks like

For us success is creating an environment where we can co-produce sustainable services and support for CYP living in CTM.

We now have a definition for co-production:

www.ctmregionalpartnershipboard.co.uk/ctm-co-production-definition/

We will be using our definition as a basis to inform what co-production looks like in CTM. This will be underpinned by the PARK model, an engagement framework we have developed with CYP.

NYTH/NEST Priorities

The project was developed in **partnership with** partners from across CTM.

It enabled CYP to share their thoughts, feelings and ideas for the future in a creative environment. The relationships we have built through this process will enable us to work closely with CYP as agents for positive change in improving services and support in the region.

This has been a **pure co-production approach** with children and young people at the heart of the planning and shaping the outcomes of not only the regional population needs assessment but also the Cwm Taf Morgannwg Regional Area Plan.

By working in a **psychologically informed way** (which is at the heart of the NEST Framework), we can demonstrate that **children's voice can be heard** throughout the planning of these pieces of work. The work is values based and focuses on the 'what matters to you' conversations.

Meeting the needs of the babies, children and/or young people

- The project enabled us to reflect on the challenges and barriers identified in the PNA, and gain a further understanding of the actions needed to improve services and support.
- The songs and poems developed by the CYP enabled them to express themselves in a creative environment, which supported their wellbeing and mental health. In addition, it gave them an opportunity to influence positive decisions for CYP in the region.

Conclusion

We will be tracking our engagement with CYP to show how this is directly influencing decisions in the region.

All updates will be available on our website: www.ctmregionalpartnershipboard.co.uk

Key NYTH/NEST Principle:

Easy Access to Expertise



Project: **tidyMinds Website: website to help Swansea Bay's children and young people explore their mental health and wellbeing**

Region: **West Glamorgan**

Background summary

tidyMinds is a website developed in collaboration with multi-agency organisations with an input from BaYouth that provides a platform for children, young people and their families that is secure and reliable, which provides consistent and up to date information around emotional health and wellbeing including anxiety, low mood, anger and low self-esteem.

The website is primarily aimed at those aged 17 and under however there is relevant content for individuals up to the age of 25 to help understand why they feel the way they are feeling and give information about where to get advice and support.

This resource is part of Swansea Bay University Health Board's (SBUHB) Children and Young People's Emotional and Mental Health Delivery Plan, which looks at how people can work together to improve the emotional and mental health of children and young people.

The aim is to provide a repository of resource for children, young people and their families that is secure, reliable and relevant which provides consistent and up-to-date advice for them to identify the support they require in relation to their mental health and emotional wellbeing including anxiety, low mood, anger and low self-esteem.

The tidyMinds website is a collaborative multi-agency undertaking between SBU HB, Swansea and Neath Port Talbot Local Authorities, Swansea Parent Carer Forum, and Swansea and Neath Port Talbot Councils for Voluntary Service.

What worked well, what didn't work so well

- Initial thoughts were to develop a designated phone line similar to 111. This concept changed to developing an online digital platform following an initial discussion with BaYouth around what they wanted/where they would turn to if they were feeling low or anxious.
- We held an event held at the Liberty Stadium, Swansea in which children and young people were invited to attend. The purpose of the event was to hear their thoughts on what the website should be called and how the website should look. There was informative input from CYP at the event in developing the site. Below is some feedback collated from the event.

Questions	Feedback received Platform	Youth Board (SBUHB)	African Community Centre, Swansea
<p>What websites or brands do you go to for information that you trust? (this could be anything from news to health or views).</p>	<p>BBC. The Guardian. Young Minds.</p>	<p>BBC. Google.</p>	<p>Google. BBC. ITV. NHS. Buzzfeed.</p>
<p>Is there anything about how those websites look that makes you trust them? Any signs or colours that make you feel like that?</p>	<p>Clear and concise. Easy to navigate. Not too much information.</p>	<p>Simplicity is key, and no overcrowding on pages – not too many tabs. The site must look ‘clean’ and ‘modern’. Narrative should be short and snappy.</p>	<p>Official recognition e.g. NHS logo, bright colours, lots of pictures and labels.</p>
<p>Which websites do you think just looks good or cool?</p>	<p>Young Minds Platform.</p>	<p>16 personality website was mentioned as a particularly good site when using colours.</p>	<p>Instagram, Headspace, lots of animation/ video.</p>
<p>Which brands do a good job of talking to you in a smart, relatable way? That might be the language or tone they use on social media or in their marketing.</p>	<p>Meic. Young Minds.</p>	<p>Nike and Apple.</p>	<p>WEBMD (lots of pictures and instructions).</p>
<p>Bit of a weird last one, but to you, what does mental health look like? Can you think of any websites or adverts to do with mental health? Or is there a colour that fits with mental health?</p>	<p>We want it to be positive and supportive and not stigmatising – make it normal. Purple.</p>	<p>They all agreed on blue/purple as a good colour for mental health.</p>	<p>A brain with loads of people running around in it. Calm Harm, Clearfear, Headspace, Samaritans. Depression – grey/blue. Positive images of happy people.</p>

- Thompsonbrand were commissioned to build the actual website. The tendering process was critical in awarding a contract to an organisation who could lead us through the process of developing a website, taking on board that those involved were not fully aware of what was required. In hindsight, more research could have been done to understand the technical complexities of developing a digital platform for those who are not familiar with the technical jargon.
- The website was developed through the medium of English. Translating the website so that it is available in Welsh was an unexpected additional cost but it does mean that the website is more accessible to the children and young people of the Region. The website is now bi-lingual.
- We shared a link to the draft site to the third sector and partner agencies worked with young people where possible to review the draft site and provide comments.
- We underestimated the amount of time required to maintain the website content and to promote and develop the tidyMinds brand. Although monies have been secured through Mental Health Improvement Funds for a tidyMinds co-ordinator we are yet to appoint. Upon reflection, we should have appointed to this role earlier on in the process when monies initially became available. It is also worth highlighting that we had not initially factored in the continual cost of maintaining the website once built.

What 'good' or 'success' looks like

- Through improving access to this type of information, we hope to increase the mental health provision for young people and their families, and assist the professionals working to support them.
- The number of "hits" the website receives demonstrates how often the website is being viewed and acknowledges that the website content is helpful.
- Further advertising of the tidyMinds website is needed (hopefully when a co-ordinator is appointed) to help educate professionals of the resource available to help direct children, young people and their families as opposed to families being re-directed between multiple services.
- The children, young people, families and professionals know where to find information and support at the onset of an issue as opposed to on the onset of an issue rather than waiting to seek specialist input when the need has already escalated, thus reducing the demand on services.
- Children of all ages and families have an informed understanding of the full breadth of emotional health and wellbeing support available across the region and are better able to navigate/access them.

NYTH/NEST Priorities

- tidyMinds doesn't just look at the needs of children and young people. It understands that informed and supported parents, carers and professionals have a better chance of informing better outcomes for children and young people which aligns to the principles of NYTH/NEST.
- Developed in partnership: The tidyMinds website is a collaborative multi-agency undertaking between SBUHB, Swansea and Neath Port Talbot local authorities, Swansea Parent Carer Forum, and Swansea and Neath Port Talbot Councils for Voluntary Service.

- Developed in response to need: The website was a result of research by Swansea Council for Voluntary Service (SCVS), which identified a need for such a resource for young people in Swansea Bay, a fact made more pressing by the COVID-19 pandemic, as current information available on existing services can be difficult to navigate. The pandemic has seen an increase in the number of children and young people facing challenges with their mental health and emotional wellbeing, and this will support those who are seeking to understand their feelings, and find support.
- Creative/Innovative – the website was as a result of engaging with children and young people and listening to what they felt they wanted/where they would go for advice.
- The website fits with the concept of 'No Wrong Door' by sign-posting children and families to where they can get the right help in a way and a time that is right for them
- The website content was written by representatives from across the Partnership.

Meeting the needs of the babies, children and/or young people

- The concept changed to developing an online digital platform following an initial discussion with BaYouth around what they wanted/where they would turn to if they were feeling low and as such children are listened to.
- Consultation undertaken by Swansea Council for Voluntary Service with children, young people, parents, carers and professionals found that:
 - a) Young people want to be supported more holistically, which many suggested included the wider family/support network.
 - b) There is a distinct lack of knowledge about services that do exist, their eligibility and processes for referral in general, but most specifically specialist Child and Adolescent Mental Health Services. Physical health processes are much better communicated and understood.
 - c) Non specialist mental health organisations support children and young people with high levels of mental health concerns but don't receive guidance, funding or training to support them appropriately.
 - d) Professionals wish to be empowered to support children and young people with their mental health more effectively in order to moderate the chances of experiencing vicarious trauma.

Conclusion

- The development of the tidyMinds website is an excellent example of health board, local authorities and community voluntary councils working in collaboration with another to produce a product. This has helped strengthen multi-agency relationships.
- A repository for all information helps reduce confusion. tidyMinds has the potential to be the brand of all things emotional health and wellbeing for children and young people in Swansea Bay.

Next Steps:

- Recruitment of a part time coordinator to manage the bilingual content and all the potential enhancements such as creation of web chat function to link with trained professionals to answer queries; social media handles to support promotion of site/new content/events and creation of promotional material.

Key NYTH/NEST Principle:

Safe and Supportive Communities



Project: **Social Prescribing for children, young people and families**
Region: **North Wales**

Background summary

Flintshire Local Voluntary Council (FLVC) has a social prescribing team who work to connect individuals with community support in their local area. The team was funded to provide a dedicated social prescriber for children, young people and families. The social prescriber sits on Flintshire Council's Early Help Hub, a multi-disciplinary panel which provides recommendations for early intervention support. Referrals to the Early Help Hub come from education, police, health, third sector and self-referrals.

FLVC's social prescriber has a what matter's conversation with the young person or parents/carers who have been referred to the Early Help Hub or direct to the social prescribing service. From this conversation they will help the parent or young person to identify the issues they need support with. The social prescriber will then support the family to access third sector and community support to suit their needs.

The service as a whole, for all ages, employs six members of staff (inc 2 part-time) and is funded by Betsi Cadwaladr University Health Board, Flintshire County Council, the Regional Integration Fund and Families First.

What worked well, what didn't work so well

What works well

The social prescriber is based in the county voluntary council and because of this they have strong links to the voluntary sector across the county, they are well connected and have an excellent knowledge of the types of support available. This means they can connect individuals to a huge variety of support, from specialist health condition charities to local sports groups and everything in between. Having the social prescriber contribute to the Early Help Hub panel discussions means professionals around the table also learn about the support available in the community.

Because the social prescriber is from the voluntary sector, they often find that families are more willing to open up to them compared to statutory services. This often results in wide ranging conversations with families where lots of different issues are raised in addition to the need for support highlighted in a referral. The social prescriber is therefore able to support the family in the most holistic sense, taking what matters to the individual family as the basis for finding the right support for them.

The social prescribing team also work closely with professionals to increase awareness of the availability of community support and encourage professionals to look wider than their department or sector for support. Professionals often directly talk to the social prescribers who can offer options for the professionals to try for additional support for families they are working with.

As a result of the social prescriber being integrated into the Early Help Hub an average of 60 families are empowered every quarter to access the community support they need. These early interventions can prevent escalation and often tackle multiple areas of need.

Challenges

The popularity of social prescribing with professionals and families resulted in a long waiting list for the service. This highlighted the importance of the social prescribing intervention being timely as some families were frustrated with having to wait for support. In our experience social prescribing projects take time to establish as links and trust need to be built and then when this is achieved projects can be faced with a sudden influx of referrals.

The Early Help Hub was set up to provide timely, appropriate early intervention, which it does, but we have been seeing more referrals that are coming through which are at crisis point, reasons for this vary, but includes placement breakdown (parents requiring more respite) and suicidal thoughts/ideation, which can be challenging for the team to find the most appropriate services that can offer support.

Staffing social prescribing projects highlights the importance of staff retention and wellbeing. It can take a long time to build up the links and knowledge of hundreds of different third sector services. Social prescribers are party to regular discussions of trauma and emotional challenges. We offer staff regular independent clinical supervision where they can discuss the impact of cases. Staff recruitment can be hindered by short term contracts born out of short-term funding arrangements. However, it is a rewarding role that our staff excel at.

What 'good' or 'success' looks like

Below are two typical cases that we support with on a daily basis:

1. *"Child has a diagnosis of Autistic Spectrum Disorder and parents would like some advice and support in how to support child, including learning about Autism and attending groups and activities available within the community so that they can ensure positive social interaction. Family would like to improve knowledge around ASD so that they can support child. Newcis (carers support organisation) was discussed as an option to support parents, including financial support, counselling, respite and a referral was made. A Referral to STAND (a North Wales charity), to support parents and child, as this organisation provides workshops and activities for young people and training and support groups for parents. The family were also signposted to Your Space (autism charity) for days and activities (such as baking, art, life skills) for young people with ASD and their families.*

These referrals linked the family in with social interactions & family days for both parents and children and also offered training and support groups for the parents. The family were pleased to learn about the support available within the community. Our contact number was given so that we can be contacted in future, should the family like to be linked in with any further support."

2. *"A was one of 3 children, all of whom had extra needs. A had not been attending school due to feeling overwhelmed & anxious, and had missed taking her GCSEs and was now struggling to apply for benefits. The childrens' mother had passed away several years earlier & the children had not received bereavement support. Younger brother B had challenging behaviour. Dad was seeking support with issues identified.*

The social prescriber had a long chat with Dad. He said that due to his children's conditions he felt like a prisoner in his own home. The family hardly got any time out of the home and dynamic in the home was difficult due to the children's behaviour. Dad said he was struggling with his mental health & didn't know who he was anymore. Dad was in receipt of disability benefits for younger child, B but the DLA for his older child C had stopped when C had reached 16 years old and D had not reapplied. Dad told me that his energy bills were now half of his universal credit.

Dad was put in touch with the carers service & with the adult mental health lead on the Early Help Hub, who talked him through the best way to access support for himself.

A referral was made in to Warm Wales (energy charity) to access support with utility bills, and to the FDF (disability charity) to discuss C's disability benefits.

A referral was made to a leisure youth and disability wellbeing scheme, which offers free activity sessions to young people. The social prescriber also made contact with education services, who gave Dad details of appropriate post-16 routes for A to be accessing. Dad was also signposted to Cruse (bereavement charity) for bereavement services for the children.

It was clear when talking to Dad that he had a mistrust of statutory services and the support which they offered. He spent a long time telling me how he felt the family had been let down by certain services and professionals, who he felt did not have the family's best interest at heart. After our chat Dad told me he could tell that I was a person who cared about my job."

3. *"Mum told me that the 45 minutes we'd spent on the phone was the longest a professional has ever spent listening to what she needs."*

NYTH/NEST Priorities

- **Developed in partnership?**

The role of a social prescriber for children and families was developed through a partnership with the local authority and local voluntary council. It is delivered with a multiagency team in the Early Help Hub.

- **Developed in response to need?**

The role is in response to the need for early intervention and non-statutory support for families who do not meet social services thresholds to prevent escalation of need.

- **Fits with 'No Wrong Door'?**

The Early Help Hub is a strong example of No Wrong Door in practice as referrals that come in are seen by all agencies. The social prescriber actively extends the support offer through introducing families to 'doors' (support services) they had not previously thought about or known existed.

- **Co-produced?**

Every offer of support is co-produced with the family or young person, the recommendations made by the social prescriber are shaped by what matters conversations. The social prescriber works to empower individuals to access support in a way that is right for them and co-produce what that looks like for their family.

- **Creative/Innovative?**

Social prescribing for children and young people is an emerging practice which is still relatively new in Wales.

- **Takes the whole child/family/context into account?**

The nature of the 'what matters conversations' with families means the whole family and their wider networks are taken into account. Often a referral will come in for one issue, for example; mental health peer support and a huge range of other issues will be brought to the fore and supported. For example; debt advice, housing alterations, food bank support, school uniform support, employment advice, sport and leisure opportunities and domestic violence support. Thus, the principle of safe and supportive communities in NEST is highlighted at every point of our process; we take time to learn about the individual's home and support network and wider community then we help to bring them into supportive communities, be that through local groups or communities of interest.

- **Nurturing/Empowering/Safe and Trusted**

Our service aims to be nurturing, empowering, safe and trusted. We regularly receive feedback that even prior to any signposting or referral work being carried out, the process of having someone to listen, non-judgementally, in a safe space has a hugely positive effect on people's sense of wellbeing and ability to cope with the issues they are facing.

Meeting the needs of the babies, children and/or young people

Through our conversations we empower families to consider what matters to them and what they want to see change and then access the right support services to help them do that. Our social prescribers hold a safe space for people to explore their issues and our position as being outside of the statutory 'system' as a charity supports trusting relationships.

Conclusion

Having the team employed by a local voluntary council provides in depth knowledge of the support available locally and helps build links with community organisations, this complements the work of the Early Help Hub and feeds well into its aims of being able to offer that timely, appropriate early intervention support.

Our service offers a holistic and person-centred approach to each family/young person and helps families gain more choice and control on what matters to them.

Part of what makes our service successful, is working in partnership with other organisations and ensuring that we are person centred and any support is based on what matters to the person/family. Also, sometimes there may not be anything a service is able to do practically for a family, but giving your time to listen and showing compassion can make a real positive difference.

Reconnecting people to their communities and improving health and wellbeing, is needed more than ever, the benefits of social prescribing are becoming more widely recognised across England and Wales and this is evident in the referrals we receive through the Early Help Hub, and Health/local authority/councils are wanting to continue funding social prescribing services.

People can experience challenges to Health and Wellbeing at any point throughout their lives, so social prescribing services like ours can be integral to providing people with more choice and control over what matters to them, in line with the Social Services and Wellbeing Act.

Our future aims are to continue to work with the North Wales Social Prescribing Community of Practice to share good practice/develop our services. Make greater links with support groups delivering services (statutory and third sector) to source referrals.

Alongside making greater links with support groups delivering services, we are currently exploring ways to facilitate more face-to-face work with children/young people, enabling their voices to be heard. For example, working in partnership with schools to offer a 'surgery' type drop in, where pupils can come to speak to the team, to find out what clubs, activities, support groups etc are available to support them. This helps with sustainability of the service, as increases our presence in the community and potentially generating new referrals.

You can find more information and contact details here:

Support for individuals (Single Point of Access/Social Prescribing) (flvc.org.uk)

Key NYTH/NEST Principle: **No Wrong Door**



Project: Hywel Dda University Health Board Young People's Sanctuary Provision
Region: **West Wales**

Background summary

The provision of Sanctuary facilities for children and young people (CYP) who present with emotional distress and to provide a safe environment with two mental health charities:

- MIND Haverfordwest.
- Adferiad – Ceredigion.

Hywel Dda University Health Board (HDUHB) has secured Welsh Government funding to pilot Sanctuary Services for 12-18 year-olds until March 2025.

The services will provide a place of sanctuary for children and young people at risk of deteriorating mental health and provide an alternative venue to receive early access to help when other support-based services are closed.

To provide a non-clinical therapeutic support service to people in mental health distress in a calming and safe environment. This will enable individuals to de-escalate and deal with the factors/issues affecting their crisis and identify coping strategies to increase their resilience by:

- Providing a service which supports the needs of those at the risk of social/emotional crisis.
- Providing a service at a time outside of traditional service operating times.
- Act as a conduit to identify, broker, and signpost individuals to other help and support agencies as needed.

This is in line with the No Wrong Door Principles and the NEST/NYTH Framework.

Project Timeline

The project has been coordinated by Hywel Dda UHB Project group with a vision of working in collaboration with Third Sector partners:

- Funding approved from WG.
- Procurement Oct 2022.
- Contracts awarded to MIND for Haverfordwest and Adferiad for Ceredigion.
- CYP Sanctuaries went live April 2023.
- Builds on NEST/NYTH/No Wrong Door and care closer to home for CYP.

The objectives of the Sanctuary Service are to:

- Provide an out of hours service for children and young people up to the ages of 18 experiencing acute emotional or social distress/crisis and those who have a relationship with those in distress/crisis based on need;
- Reduce the risk of harm to individuals and others;

- Support individuals and those who have relationships with those at risk of crisis to de-escalate;
- Enable individuals to self-manage and find their own solutions in a non-judgemental, empathetic, and respectful way;
- Work with other services to liaise, signpost and broker support for individuals as needed;
- Reduce the need, where appropriate, for people to be referred into Primary and Secondary Care Services;
- Provide a quality, cost efficient and effective service;
- Promote opportunities to work with individuals to identify the presenting cause of the crisis and signpost to longer term support and advice services as necessary
- Consider, work alongside, and where appropriate, integrate with other services.

Referral Pathway - Self referral

A young person will be considered for referral to the safe place if they are experiencing acute emotional distress or crisis, related to those issues listed below and do not meet the criteria for hospital assessment/admission:

- School based difficulties/stress.
- Difficulties with friendships/peer relationships.
- Bullying.
- Family difficulties.
- Trauma/Abuse.
- Feeling unsafe.



The Sanctuary y Noddfa

Young Persons Sanctuary Service

Mental health support for 12-18 year olds.

Providing mental health advice and guidance to the **young people of Ceredigion**, in a supportive environment in the centre of Aberystwyth.

Friday	17:00 - 22:00
Saturday	17:00 - 22:00
Sunday	17:00 - 22:00

Call or text **07377 369 241** for an appointment.




Young Persons Sanctuary Service
For 12-18 year olds

We are here to provide support, advice and guidance to young people in Pembrokeshire, in a supportive setting in Haverfordwest.

Friday, Saturday, Sunday Evening

5:00pm-10:00pm

Make an appointment to discuss problems and learn skills to help you feel good.

Message/call us for an appointment
07399 736 144

www.mindpembrokeshire.org.uk Registered Charity No: 1157041

What worked well, what didn't work so well

- Evaluation not yet possible but sharing of project development will take place.
- Contract monitoring is established to review progress/outcomes.
- Service user stories and feedback will be actively sought.

What 'good' or 'success' looks like

- CYP accessing Sanctuaries.
- Outcome measures demonstrating improved emotional wellbeing and health.
- Reduced referrals to SCAMHS.
- Reduced admission to hospital.

NYTH/NEST Priorities

- Developed in partnership with third sector partners, service users and carers.
- Developed in response to need of increased emotional distress in CYP and need for responsive services to prevent admission to hospital; Fits with 'No Wrong Door' as it provides appropriate services for young people when they need them most out of hours; Co-production - Third sector collaborative project MIND and Adferiad; Takes the whole child/family/context into account- clinical support includes developing groups for parents; and
- Nurturing/Empowering/Safe and Trusted- focus on delivery of compassionate care.

Meeting the needs of the babies, children and/or young people

- Dedicated to the needs of CYP 12-18.

Conclusion

- Evaluation will be following 6 months delivery of Sanctuary services to demonstrate the service which supports the needs of those at the risk of social/emotional crisis.
- Providing a service at a time outside of traditional service operating times.
- Act as a conduit to identify, broker, and signpost individuals to other help and support agencies as needed.

Project: **Gwent Single Point of Access for Children's Emotional (SPACE) Wellbeing Service**

Region: **Gwent**

Background summary:

The Children and Adolescent Mental Health Service (CAMHS) transformation programme supported the development of a Single Point of Access for Children's Emotional (SPACE) Wellbeing Service in 2019 working across the five local authorities in the Gwent region.

The model is driven by the 'no wrong door' approach endorsed by the Children's Commissioner in 2020. The service operates in line with the Single Front Door principle of the NEST/NYTH model as per the national objective. It enables children, young people and families to access the right service at the right time. It is recognised as an example of good practice in Wales.

SPACE Wellbeing is a process through which professionals and families can seek early help and support. This includes support with a wide range of issues that affect families including practical issues, parenting and children's mental health, emotional wellbeing and behavioural difficulties.

The SPACE Wellbeing Panels meet weekly and aim to make sure that children and their families get the right help, first time, at the right time. The panels strive to provide families with support that suits the family's needs and promotes services working together to give the best possible service.

The partnership between the Health Board and Local Authorities means that the commitment of services attending panel is maintained. The primary services include CAMHs, Families First, Youth Service, National Youth Advocacy Service (NYAS), Families Intervention Team (FIT) and Platform but are supported by other services who can offer support for the reasons that a child/young person is referred for.

What worked well, what didn't work so well:

The volume of referrals over the past four years has been challenging to process in a timely manner but by ensuring close links with services, duplication of referrals and offerings by services is reduced.

The role of the panel chair is taken on by a manager from each Local Authority and the meeting outcomes are recorded by the SPACE Wellbeing Co-ordinator which works very well. Each SPACE co-ordinator now has administrative support and the outcome of this has been well received.

There is a 'roaming' SPACE Wellbeing Co-ordinator in post who supports in times of absence e.g. annual leave and this has meant that in the past 12 months, 50 panel meetings have not been cancelled and the discussion of referrals has not been halted. This has also supported the wellbeing of the Co-ordinators who do not return to work to have to 'catch up'. When there is no annual leave booked the roaming co-ordinator supports in boroughs where there are increased volumes of referrals.

The governance of the SPACE Wellbeing Service is overseen by the Regional SPACE-Wellbeing Steering Group (RSSG) which is in place to ensure conversations regarding what partners have what authority to effect what changes regarding the process between different Local Authorities. The group is co-chaired by a Health Board Local Authority representative and this works very well in bringing together senior managers across Health and Local Authorities.

At times, there are referrals that present an unmet need whereby support to date has been exhausted or the support required cannot be met. A gaps analysis will begin in 2023 to really identify the reasons that the cases cannot be met.

What 'good' or 'success' looks like

Feedback from professionals who have submitted referrals concludes that the 'no wrong door' approach streamlines how referrals are processed and support is directed in a timely manner:

"Just messaged Jo about dietician advice, she's replied within 10 minutes... How brilliant is she! Just messaged her back to say thanks (again) for helping. Such a great help."

"Thank you for making SPACE Wellbeing work, you have no idea how much relief it has brought to GPs!"

The feedback from the SPACE Wellbeing Co-ordinators demonstrates their commitment to providing the service in line with NEST/NYTH priorities and how the single point of access continues to be successful:

- I would say I am most proud of seeing how services/professionals work together to support the families and young people in Torfaen and also in our roles as co-ordinators, how we help facilitate this support to provide the best possible outcome for our families.
- I am most proud of the multi-agency approach to working and how this helps support families and young people not to bounce around services when they are in need.
- I'm most proud of being part of a great team who provide such a wide range of services to help and support families in need.
- As the roaming/peripatetic SPACE co-ordinator, I feel proud that I can provide a point of contact for parents & families and ensure that support continues to be available to them during the absence of their borough's co-ordinator.
- I'm most proud of working within a close team all dedicated to helping young people and when the service works well, it works very well and I'm proud to be a part of that journey for that young person in receiving the support they need at that time in their lives.
- I feel that Aneurin Bevan University Health Board (ABUHB) SPACE Wellbeing Service acts as a bridge between our Social Service and Health Service. This improved collaboration, speeds up delivery of much needed mental health and wellbeing support to the youth and families in our communities. I am very proud to be a member of this first-class team and accept the challenge to develop a more efficient and streamlined service so that young people can rely on us to get the right service at the right time.

NYTH/NEST Priorities

The original model was a regional roll-out (with some expansion) of a multi-agency shared point of access model that had been successfully piloted between ABUHB's Primary CAMHS (P-CAMHS) and preventative/early help services in Newport and Monmouthshire. The expansion was to include Specialist CAMHS (S-CAMHS) in the process with the aim of the model being a single point of access for all non-emergency mental health and emotional wellbeing referrals. The initial success of the pilot model which led to discussions with ABUHB's S-CAMHS about potential for access to (non-emergency) S-CAMHS provision to be through the same process, and to engagement with Local Authorities, Neighbourhood Care Networks and the Gwent Local Medical Committee regarding regional implementation of a Single Point of Access for Children's Emotional (SPACE) Wellbeing model. The idea was universally supported and the SPACE-Wellbeing Service has become an important component of wider commitments regarding strengthened multi-agency working to support children and their families in Gwent.

Evaluation and informal feedback highlighted the value of this process, with:

- Children and families getting the right help, first time.
- Reduced duplication and improved co-ordination between services (of referrals, assessment and interventions).
- Improved access to consultation and advice from ABUHB staff for Local Authority (LA) and Third Sector staff; and
- A straightforward pathway for referrers.

The 'No Wrong Door' process is embedded well with slight variations between different LA areas regarding the scope/parameters of panels between different areas. The two original pilot areas retaining a model of 'single point of access for early help, prevention, mental health and emotional wellbeing' model while other LAs chose to maintain separate 'front doors' for their early help and preventative provision, with SPACE-Wellbeing focusing on mental health and emotional wellbeing only.

Meeting the needs of the babies, children and/or young people:

The SPACE Wellbeing Service focusses on a holistic approach to early support ensuring families feel contained and receive a therapeutic experience from the outset. The panel's aim is to ensure packages of support are sequenced/co-ordinated where multiple services are involved; panel chairs aim to 'hold the thread'.

Requests for support may be allocated to a service who will provide help to children and their families. Sometimes, requests will be allocated for 'support in'. This means that specialist staff will talk to childcare professionals who are already working with the family to offer them support and guidance.

Conclusion

The SPACE Wellbeing Service continues to be the mainstay of referrals for children and young people who need the support to grow and develop. Communication between the Health Board and Local Authorities is a priority to ensure the sustainability of the single point of access.

The next steps include:

- Training and development of the new administrative assistants and ensuring they are supported;
- Continued professional development for the SPACE Wellbeing Co-ordinators;
- Ensure that referrals are appropriate for services attending the SPACE Wellbeing panels;
- Monitor unmet needs and liaise with services to minimise these;
- Exploring digital access and process to help with parents making good, quality self-referrals; and
- Continue to promote the SPACE Wellbeing Service ethos of 'right service, first time'.

Key NYTH/NEST Principle: **Trusted Adults**



Project: Early Help Emotional Wellbeing and Mental Health Practitioners – Cardiff Council
Region: Cardiff and Vale

Background summary

Cardiff Family Advice and Support (CFAS) is part of the Early Help offer from Cardiff Council. The service provides information, advice and assistance to children, young people and their families. Working in partnership with professionals, children, young people, parents and carers the service offers support on a number of issues including:

- Family Life.
- Relationships.
- Child Behaviour.
- Childcare.
- Parental Support.
- Education.
- Finance.
- Emotional Wellbeing and Mental Health.
- Housing.
- Disability support.

CFAS aims to build resilience in families and encourage them not only to access available help earlier to prevent the need for longer term support, but to provide families with the knowledge to be able to help themselves in the future when appropriate.

Support provided by CFAS is consent based and engagement is voluntary.

The Early Help Emotional Wellbeing and Mental Health Practitioners (EWMHP) are employed by Cardiff and Vale University Health Board (CVUHB) within Children, Young People and Family Health Services. Supervision and line management is provided by Health.

The EWMHPs work alongside Early Help practitioners to provide an augmented mental health service to children and families in the community who have emotional wellbeing and mental health concerns. Their role includes:

- Offering practical emotional wellbeing and mental health clinical expertise, specialist knowledge, guidance and support to Early Help Practitioners.
- Completing Part 1 mental health assessments of children and young people engaged with Early Help services, where necessary.
- Delivering short-term therapeutic intervention to children and young people engaged with Early Help services when the need has been identified during assessment.
- Referring children and young people to specialist mental health services as appropriate.
- Developing and enhancing communications between families, specialist health services and Early Help practitioners.

The support offered by the specialists enables:

- Earlier intervention for children and young people experiencing emotional wellbeing and mental health difficulties.
- Clarity for families and practitioners about health involvement.
- Reassurance for families and practitioners that appropriate information and advice can be accessed easily and quickly.
- Increased skill and confidence level of practitioners.
- A shared understanding of key approaches and interventions.
- Sharing of resources and information about other appropriate services available.
- A reduction in inappropriate referrals to health services.

The EWMHPs utilise Thinking Together Conversations to support Early Help Practitioners.

Thinking Together Conversations (TTCs) provide a framework for supportive and collaborative professional conversations to take place, between two or more professionals, to inform assessment and intervention planning.

The use of TTCs:

- Offers the opportunity for colleagues to learn from each other and be reflective and curious whilst thinking about a piece of casework.
- Supports the Early Help Practitioner to identify the most appropriate intervention for the child or young person and to agree whether this can, or should be, delivered by them as a trusted professional, or by another colleague or specialist provision.

The EWMHPs also facilitate a Reflective Teams approach with Family Help Advisors. This is a method of group supervision that draws on the collective resources of a team to provide support and reflection. By facilitating this approach, the EWMHPs create an emotionally informed thinking space, encourage thinking before taking action and promote respectful and healthy scepticism.

EWMHPs also provide training for Early Help practitioners on identified emotional wellbeing and mental health issues. A training needs analysis, scrutiny of core data and presenting issues identified via Thinking Together Conversations will inform the training that is provided.

What worked well, what didn't work so well

The EWMHPs began supporting Early Help practitioners in October 2020, just 6 months into the COVID pandemic. This initially presented challenges in terms of induction and joint working as the service had moved from face-to-face support and shared office space to home working and virtual meetings. The lack of accessible technology was a frustration at times, but this was resolved as both organisations settled into the new hybrid working approach and systems were updated.

Capacity issues within Health meant that initially EWMHPs were also undertaking Part 1 mental health assessments for children and young people referred into Primary Mental Health. This reduced availability to support Early Help Practitioners. However, it also identified families who would benefit from support from CFAS and provided additional information about the support that Health was offering.

As the pandemic progressed, referrals into the service increased significantly and practitioners saw a noticeable rise in the number of children and young people experiencing emotional wellbeing and mental health difficulties. Having easy and timely access to support from the EWMHPs enabled practitioners to ensure that the most appropriate intervention was in place, therefore reducing the need for referral into specialist health services.

The service also saw an increase in children and young people demonstrating self-injurious behaviour. With the support of the EWMHPs, robust safety plans could be developed to safeguard individuals and support parents in understanding what approaches they could take to reduce the risk to their child.

What 'good' or 'success' looks like

CFAS uses a cost savings tool to identify the financial benefits of intervention from the service. This indicates that in 2022-23 a total of £13,740 was saved by addressing a child or young person's mental health issue.

Feedback from families who have benefitted from this approach indicates that the quick access to information that provides clarity about health involvement is highly valued. Families also appreciate the connectedness between services, which prevents them from having to repeat the details of difficult and traumatic experiences to multiple professionals.

Below are some comments from Early Help Practitioners who have benefited from support from the EWMHPs.

1. *"I now feel that I have a clear direction of support for the family during my 12 weeks of support.*

Before the meeting I was unsure how to address Mum's worries around schizophrenia in the family, as this is not an area I know much about, but I now feel more confident to discuss this with Mum, with the information I've been given, and I also have a reliable resource to share with Mum to support this.

I have a better understanding of why the referrals to neurodevelopment for her son were declined, which has made me feel more confident to explain this to Mum and offer support around EWB and parenting."

2. *"Before having the initial informal TTC I had some ideas of the type of support I could provide John with. However, speaking with the EWMHP provided me with various areas to explore with him and also guided my plans for upcoming discussions to gather further information. I was also reassured that I could return to speak with the EWMHP after being advised that a PMH referral could be suitable for his struggles based on what had been discussed.*

After exploring these issues, it was identified that John's worries were more substantial and had been present for longer than first thought. It was good that I could immediately suggest to John that support was available from the EWMHP which appeared to reassure him. Speaking to the EWMHP and being able to build upon our initial discussion with a formal TTC, helped to further build the picture and explore the potential of a referral which I could then discuss with John. As a result, I have been

able to link the EWMHP in with the already established video contact with John so that an assessment can be completed. This allows the contact to be less intimidating to John as it will be within our usual routine and also include me so that there is familiarity. It will also allow school to be kept in the loop about support he is receiving or being referred for.”

3. “Thanks to the ‘Thinking Together’ Conversation I now have a clear understanding of what support Ellie has been given by Health services, what services she has been referred to and what support can/needs to be provided in the interim. Prior to the conversation I felt lost with the case and had a lot of unanswered questions, whereas now I feel confident in developing an appropriate plan with the family to address their needs.”

NYTH/NEST Priorities

- **Developed in partnership?**
This work is as a result of collaboration between Health and Early Help.
- **Developed in response to need?**
This includes capacity issues within the Health service and a significant number of inappropriate referrals being made to services such as CAMHS. Need for earlier intervention and prevention support in order to prevent escalation to crisis and statutory services.
- **Fits with ‘No Wrong Door’?**
Children and young people can access this more specialist support via Early Help practitioners and do not have to be referred separately into Health, unless necessary.
- **Co-produced?**
There is a collaborative approach to the work, with family plans reflecting shared discussions and agreed approaches.
- **Creative/Innovative?**
Cardiff and the Vale are the only local authority areas currently adopting this approach.
- **Takes the whole child/family/context into account?**
CFAS utilises a whole family approach to the support that they provide. Conversations about the emotional and mental health of a child and young person also include discussion about the wider family situation and the impact that this situation is having on others.
- **Nurturing/Empowering/Safe and Trusted**
The trusted relationships that have developed between practitioners is key to the success of this work.

Meeting the needs of the babies, children and/or young people

Both the EWMHPs and Early Help Practitioners aim to build resilience in families and support them to identify strengths and needs and how to respond to these.

Conclusion

- Co-locating EWMHPs within Early Help services creates a seamless approach within the system for a child or young person to access the right support at the right time.
- Thinking Together Conversations support practitioners to 'hold on' not 'pass on'.
- The collaborative approach upskills practitioners from both organisations and develops a wider understanding of individual and shared approaches.
- Provide reflection: Is the project activity sustainable and if so why and how? Is it spreadable?

The project is sustainable as the infrastructure and processes to maintain it are in place. However, this is dependent on funding. CFAS is funded from the Children and Communities Grant and the temporary nature of the funding means it can be a challenge to retain staff if they get an opportunity to secure a permanent role within another organisation.

Next steps:

- Development of joint Thinking Together Conversations including Educational Psychologists from Cardiff Parenting Service.
- Continuing to respond to the trends and patterns that we are identified with from the children and young people that we work with.
- Further development of the cost saving data.

Key NYTH/NEST Principle: Children's Rights



Project: **Build it Right North Wales - Using the NYTH/NEST Framework to Build a Children's Rights Approach**
Region: **North Wales**

Background summary

At the beginning of 2021 Betsi Cadwaladr University Health Board began to develop our Children's Rights initiative. Through the initiative it was our ambition to develop our organisational Charter and Rights Based Action Plan to support services across the Health Board to ensure we continue to develop approaches to support and protect Children's Rights.

As a Health Board we know that we form part of a much bigger system that supports and protects the rights of children and young people in North Wales. This is why when we embarked on this journey we wanted to plan how we would achieve an approach that would encourage the development of embedding Children's Rights into the 'Every Day Magic' of the 'Whole System'.

As part of our early planning and development we turned to **NYTH/NEST** as a tool to strategically design our programme, working to the foundation of evidence that NYTH/NEST is built upon to nurture our understanding of what does 'NYTH/NEST' look and feel like in real terms to children and young people?

The framework is strongly aligned to the **UNCRC** and 'Whole Systems Approach' and bearing in mind what we were setting out to achieve, we knew that the framework would offer us a solid foundation to work from and enable us to bring in additional key learning from the '**Right Way, Children's Right Approach**' and '**The 5 Ways of Wellbeing**'.

But how were we going to do this in practice?

Our Children's Services Integrated Health Community (IHC) took the lead in developing a partnership to steer and design the 'Build It Right' Initiative. We worked closely with representatives across health, social care, education, youth services, North Wales Police, The National Trust, Urdd, third sector and with young people representatives from the local Senedd. The partnership worked together to create a structure that enabled multiple opportunities for young people to become involved and input into this work, this included supporting us to design three large scale events for young people of primary school age and to host engagement activity in every secondary school in North Wales. 'The Build it Right' Children's Right Initiative was born.

The 'Build it Right' activities were designed not only to help us to understand the views, opinions, feelings and thoughts of children and young people, but also to support the mental health and wellbeing of those who took part and to promote and raise awareness of Children's Rights. From mindfulness to football, to circus skills, we wanted

to create an environment where young people felt empowered and confident to tell us what matters to them. We created a voting poll to find out what activities young people wanted at these events and acted on their choices.

We have now collected all of the learning from young people and looked at what are the consistent and core messages they are telling us. We asked them about 'what makes a good adult and community?', 'what is kindness?', 'what keeps them well?' and 'what are the things they want decision makers to know?'. Linking our questions back to NYTH/NEST to enhance our understanding of these concepts through the eyes of children and young people.

What worked well, what didn't work so well

One of the key concepts within the framework that we really focused on was how resilience building is about everyday interactions across a range of relationships and settings and how the power of these interactions can protect and buffer against the impact of adversity, protecting children's rights and enabling them to flourish from a mental health and wellbeing perspective.

"The more healthy relationships a child has, the more likely they will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love." (Perry, B. and Szalavitz, M. 2017)

We considered this concept in detail, looking at what we actually understand about these interactions from the perspective of children and young people and how this understanding gives us the opportunity to translate this into action and everyday practice.

"Every interaction is an intervention." Treisman (2021)

To do this we utilised tools from the **Leadership Centre** which supported our understanding of what are current circumstances are in North Wales. Our values and principles, the outcomes we wanted to achieve and the actions as a result we need to take. We used the NYTH/NEST Framework to steer us not only in terms of our principles, but as an evidence base to highlight key areas where we needed to enhance and develop our understanding.

What 'good' or 'success' looks like:

This process led us to develop a strategic action plan, working with partners across the system to enhance our understanding of the following areas that link to children's rights, wellbeing and the NYTH/NEST Framework:

- What does a 'Trusted Adult' Really Look like? (UNCRC Articles 13, 28, 29).
- What is Kindness, how does it feel, what are the actions that make someone kind? (UNCRC Article 3, 12, 15 & 19).
- What keeps us well and positive? (UNCRC Articles 6, 9, 29).
- What does Community really mean? Where is it? Who is it? What makes it safe and a good place to be? (UNCRC Articles 19, 27, 29, 31).
- What are the key messages young people want to give to decision makers in North Wales? (UNCRC Article 12).

It is our hypothesis that through understanding these concepts from the perspective of young people in North Wales, it will enable us to create a locally informed evidence base that can be shared across the system, allowing us to support and foster the development of the practical application of the NYTH/NEST Framework and a consistent rights-based practice across the system.

NYTH/NEST Priorities:

- Developed in partnership? Our Children's Services IHC took the lead in developing this partnership to steer and design the 'Build It Right' Initiative. We worked closely with representatives across health, social care, education, youth services, North Wales Police, The National Trust, Urdd, third sector and with young people representatives from the local Senedd.
- Developed in response to need? Need for an Organisational Charter and Rights Based Action Plan to support services across the Health Board to ensure we continue to develop approaches to support and protect Children's Rights.
- Fits with 'No Wrong Door'? Through understanding the concepts from the perspective of young people in North Wales, it will enable us to create a locally informed evidence base that can be shared across the system, allowing us to support and foster the development of the practical application of the NYTH/NEST Framework and consistent rights-based practice across the system.
- Co-produced? The partnership worked together to create a structure that enabled multiple opportunities for young people to become involved and input into this work. Including in supporting us to design 3 large scale events for young people of primary school age and engagement activity in every secondary school in North Wales.
- Creative/Innovative? As a Health Board we know that we form part of a much bigger system that supports and protects the rights of children and young people in North Wales. This is why when we embarked on this journey we wanted to plan how we would achieve an approach that would benefit learning and encourage the development of embedding Children's Rights into the 'Every Day Magic' of the 'Whole System'.
- Takes the whole child/family/context into account? The 'Build it Right' activities were designed not only to help us to understand the areas highlighted above, but also to support the mental health and wellbeing of the children and young people who took part and to promote and raise awareness of Children's Rights.
- Nurturing/Empowering/Safe and Trusted: We asked young people about 'what makes a good adult and community?', 'what is kindness?', 'what keeps them well?' and 'what are the things they want decision makers to know?'

Meeting the needs of the babies, children and/or young people

There are a number of impacts that we hope will have directly benefited the children and young people involved, including:

- Through ensuring events were closely connected to the 5 ways to wellbeing during the planning and development phase. We were able to create environments and activities for children and young people to take part in, that had the potential to improve their wellbeing. It was an important aspect of the work, to empower young

people to understand their own mental health and wellbeing and to give them the information and ideas to enable them to feel a sense of ownership and control to support positive wellbeing.

- Through our engagement, promoting and educating on Children's Rights was embedded into all aspects of our work. We know that if children and young people are not aware of their rights and the adults around them are not aware of their rights, that there is a high risk that these will not be supported and protected. We hope that by empowering young people to understand their rights and empowering the adults within the partnership to understand these rights that we will be supporting children and young people to be safe, healthy, happy and heard in North Wales.
- Through working in a whole systems way with partners we have created sustainable relationships and trust in the system that will enable us to work more effectively for the benefit of all children and young people now and in the future.
- Through developing the 'Recipe Book' we have found a way to share the voices of children and young people with organisations across North Wales and offer more opportunities for organisations outside of our partnership to develop rights-based approaches that can have a real impact on the lives of children and young people.
- By focusing on the key interactions that young people value, we have been able to think about the kinds of 'Trusted Adults' that are needed. By asking about the community, we know where young people want and need these adults to be and the kindness they need to show. By asking about wellbeing we know where to invest to support this. It is our intention that our work should go on to influence and shape the system around young people as our sectors continue to transform.

Conclusion

Working with our partners and young people has allowed us to think about what we need to do across the system in our organisations and communities to create that 'Every Day Magic' that works effectively for children and young people.

To ensure we are sharing this learning across our partners and across North Wales, we have now designed a 'Children's Right's Recipe Book' (available soon). This Recipe Book shares valuable learning and key insights from children and young people about what matters to them and what they feel are the key ingredients in creating environments where they feel their voices are heard, their wellbeing is nurtured and their rights are protected.

I suppose you could call it 'what makes the perfect NEST'.

The next step for us is to create our own organisation Children's Rights Charter and Evaluation tool. We are working with the Children's Commissioners office to support our thinking on how we bring together this learning into a practical Charter and link our evaluation process to the **'Right Way' Assessment Tool**.

Thanks

Our thanks go to all the Regional Partnership Board NYTH/NEST leads for their invaluable work in promoting the NYTH/NEST framework, sourcing these good practice examples and supporting the development of this document. We also thank the organisations and projects who have given their time to develop these case studies and who strive every day to support the babies, children, young people and families they work with.

Our aim is to continue to publish good practice examples as the NYTH/NEST work develops and we will gratefully receive any further good practice examples you can share:

nest.mentalhealth@gov.wales.

The images on pages 1,4 and 44 within the NYTH/NEST 'in Action' Guide represent the 'Build it Right' Children's Charter Initiative delivered by Betsi Cadwaladr University Health Board (page 40) and are used with their kind permission.

OGL © Crown copyright 2023, Welsh Government, WG47718 Digital ISBN 978-1-83504-500-8

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

