Emotional Wellbeing and Mental Health in Children and Young People

A Toolkit for Sheffield Schools

2nd Edition

Family Action TaMHS (Targeted Mental Health in Schools)
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Family Action’s Targeted Mental Health in Schools Team (TaMHS) has been working in Sheffield schools since 2009. Throughout this period, the TaMHS staff have observed that:

- **School staff are having to deal with an increasing number of mental health issues that affect their pupils e.g. challenging behaviour, stress, depression, anxiety and self-harm.**
- **School staff are stretched for time, as their workloads are increasing year by year.**
- **School staff want to help pupils but are often not sure what to do or when and where to turn to for external help.**

“Professionals should also be alert to other events that can lead to learning difficulties or wider mental health difficulties, such as bullying or bereavement. Such events will not always lead to children having SEN but it can have an impact on well-being and sometimes this can be severe. Schools should ensure they make appropriate provision for a child’s short-term needs in order to prevent problems escalating.”

*Schools: guide to the 0 to 25 SEND code of practice.*

*September 2014*
Introduction

In November 2012, TaMHS was commissioned by Sheffield City Council’s Emotional Wellbeing and Mental Health Board to produce a toolkit for school staff to help them understand what mental health is and:

- **How staff can promote emotional wellbeing and positive mental health within their schools by giving children and young people the skills to be more resilient and to develop good relationships in order to deal with life’s up and downs. This in turn will improve academic attainment as children and young people are better placed to learn.**

- **Which agencies or organisations staff should refer to or seek advice from if there are ongoing concerns about pupil mental health.**

- **When and how school staff can refer children and young people who have severe, complex and persistent mental health needs to Children and Adolescent Mental Health Services (CAMHS).**
Introduction

The 1st edition of this toolkit was developed from a template that a Bristol multi-agency team had devised and through the contribution of a steering group with representatives from Family Action TaMHS, Sheffield City Council, CAMHS, Chilipep and the Education Sector.

In early 2016, Sheffield City Council commissioned Family Action TaMHS to produce an updated 2nd edition of the Toolkit. Building upon the existing 1st edition, this 2016 update has refreshed information on structures and services in Sheffield. The pathways and support available continue to change regularly but the availability of services at different levels is always relevant.

Contributions for this 2nd edition come from Family Action TaMHS, the Education Sector and CAMHS.
Acknowledgements

This 2nd edition (2016) of the TaMHS Toolkit was updated by
Hannah Gregory, Senior Development Worker, TaMHS, Family Action.
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Deborah Williams Jones, Multi Agency Training Co-ordinator, CAMHS.

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The 1st edition (2013) was edited by Rob Horsley, Project Manager, Family Action (Sheffield) & Andy Coward, Project Manager, TaMHS, Family Action (Sheffield)
Section One:
What is Mental Health and
Indicators of Possible Mental Health Difficulties

Family Action TaMHS (Targeted Mental Health in Schools)
MENTAL HEALTH STATISTICS

Three children in every classroom have a diagnosable mental health disorder.

(House of Commons Briefing Paper ‘NEET : Young People Not in Education, Employment or Training”, James Mirza-Davies, 2014)

One in 10 children deliberately harm themselves regularly.

(Managing self-harm in young people, Royal College of Psychiatrists, 2014)

10% of children and young people (aged 5-16 years) have a clinically diagnosable mental health problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.

(Children’s Society, 2008)

The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.

(Social trends and mental health: introducing the main findings London: Nuffield Foundation, 2012)
WHAT IS MENTAL HEALTH

“Emotionally healthy children are able to grow and learn through their good and bad feelings and experiences, make friends, enjoy their own company and have fun”

Sheffield Emotional Wellbeing and Mental Health Strategy for Children and Young People – Children’s Plan

Children who are mentally healthy are able to:

* Develop psychologically, emotionally, intellectually and spiritually
* Initiate, develop and sustain mutually satisfying personal relationships
* Use and enjoy solitude
* Become aware of others and empathise with them
* Play and learn
* Develop a sense of right and wrong
* Resolve problems and setbacks and learn from them”

Mental Health Foundation (1999) ‘Bright Futures: Promoting Children and Young People’s Mental Health

WHAT MENTAL HEALTH IS NOT

* NOT the same as ‘Mental Illness’
* NOT just the absence of mental disorders
* NOT static: a person’s mental health changes through different circumstances and stages of life
WHAT DO THE DIFFERENT MENTAL HEALTH TERMS MEAN?

Mental Health Problems
Interfere with ability to learn, enjoy life and deal with adversity

Mental Health Disorders
Similar to problems but more severe, complex or persistent. Include emotional disorders and conduct disorders. (Identified in the DSM-5, ICD 10)

Three most common groups of disorders in children:

Emotional Disorders (anxiety, depression and obsessions)

Hyperactivity Disorders (involving inattention and over activity)

Conduct Disorders (characterised by awkward, troublesome, aggressive and antisocial behaviours.

Other disorders: Developmental disorders – inc. Autism, attachment disorders, eating disorders, habit disorders, post-traumatic stress syndromes, somatic disorders, and psychotic disorders

Mental Illness
Psychosis, clinical depression, extreme forms of anorexia nervosa.
RISK AND PROTECTIVE (RESILIENCE) FACTORS TO CHILD MENTAL HEALTH

**Risk:**
The likelihood of something unwanted (bad) happening

**Resilience:**
The ability to bounce back from adversity

Most children, with the support of family, friends and their community, are able to meet with challenges in life and overcome them and develop and progress successfully into adulthood.

However, others encounter a number of risk factors (see page 7) and therefore are more likely to have difficulty in overcoming life challenges and progressing as successfully onto adulthood.

A third group of children exists, however, who although they have a high number of risk factors in their life, also have a number of protective or resilience factors (see page 8). This enables them to be able to bounce back and overcome life challenges to successfully go onto adulthood, despite the risk factors they encounter.
# Risk Factors to Child Mental Health

## In the Child
- Specific learning difficulties
- Communication difficulties
- Specific developmental delay
- Genetic influence
- Difficult temperament
- Physical illness
- Academic Failure
- Low self esteem

## Parenting/In the Family
- Overt parental conflict
- Family breakdown
- Inconsistent or unclear discipline
- Hostile or rejecting relationships
- Failure to adapt to a child’s changing needs
- Physical, sexual or emotional abuse
- Parental psychiatric illness
- Parental criminality, alcoholism, substance misuse or personality disorder
- Death and loss – including loss of friendship

## In the Community
- Socio-economic disadvantage
- Homelessness
- Disaster
- Discrimination
- Other significant life events

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From “Targeted Mental Health in Schools Project: Using the evidence to inform your approach: a practical guide for head teacher and commissioners" DCSF 2008
# PROTECTIVE (RESILIENCE) FACTORS TO CHILD MENTAL HEALTH

## In the Child

- Secure early relationships
- Being female
- Higher intelligence
- Easy temperament when an infant
- Positive attitude, problem solving approach
- Good communication skills
- Planner, being in control
- Humour
- Religious faith
- Capacity to reflect

## Parenting/In the Family

- At least one good parent-child relationship
- Affection
- Clear, firm consistent discipline
- Support for education
- Supportive long term relationships/absence of discord

## In the Community

- Wider supportive network
- Good housing and standard of living
- High morale school with positive policies for behaviour, attitudes and bullying
- Schools with strong academic and non-academic opportunities
- Range of positive sport/leisure activities

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From “Targeted Mental Health in Schools Project: Using the evidence to inform your approach: a practical guide for head teacher and commissioners” DCSF 2008
<table>
<thead>
<tr>
<th>SPECIFIC APPROACHES</th>
<th>BASICS</th>
<th>BELONGING</th>
<th>LEARNING</th>
<th>COPING</th>
<th>CORE SELF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good enough housing</td>
<td>Find somewhere for the child/YP to belong</td>
<td>Make school/college life work as well as possible</td>
<td>Understanding boundaries and keeping within them</td>
<td>Instil a sense of hope</td>
<td></td>
</tr>
<tr>
<td>Enough money to live</td>
<td>Help child/YP understand their place in the world</td>
<td>Engage mentors for children/YP</td>
<td>Being brave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access &amp; transport</td>
<td>Keep relationships going</td>
<td>Map out career or life plan</td>
<td>Solving problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy diet</td>
<td>The more healthy relationships the better</td>
<td>Help child/YP organise her/himself</td>
<td>Putting on rose-tinted glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise and fresh air</td>
<td>Get together people the child/YP can count on</td>
<td>Highlight achievements</td>
<td>Fostering their interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enough sleep</td>
<td>Responsibilities &amp; obligations</td>
<td>Help child/YP to organise her/himself</td>
<td>Calming down &amp; self-soothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play &amp; leisure</td>
<td>Focus on good times and places</td>
<td>Highlight achievements</td>
<td>Help the child/YP to understand other people’s feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh air</td>
<td>Make sense of where child/YP has come from</td>
<td>Remember tomorrow is another day</td>
<td>Help the child/YP to know her/himself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play &amp; leisure</td>
<td>Predict a good experience of someone or something new</td>
<td>Develop life skills</td>
<td>Putting on rose-tinted glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access &amp; transport</td>
<td>Make friends and mix with other children/YPs</td>
<td>Have a laugh</td>
<td>There are tried and tested treatments for specific problems, use them</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Noble Truths**

<table>
<thead>
<tr>
<th>ACCEPTING</th>
<th>CONSERVING</th>
<th>COMMITMENT</th>
<th>ENLISTING</th>
</tr>
</thead>
</table>
INDICATORS OF POSSIBLE MENTAL HEALTH DIFFICULTIES
When to refer for further help?

So when should a referral made for further help for a young person?

A referral to CAMHS should be made if:

- There is concern a child is developing a significant psychiatric disorder eg a psychosis such as schizophrenia or an affective disorder such as significant depression, an eating disorder, obsessive-compulsive disorder, significant anxiety etc.

- A child is presenting with significant and/or escalating self-harming behaviour.

- A child presents with symptoms of distress secondary to an event eg abuse, bereavement or divorce that is unusually prolonged or disabling.

- There are significant family relationship difficulties, which are leading to the child experiencing mental health symptoms.

- A child’s mental health is seriously impacted upon by a chronic illness or physical health is seriously impacted upon due to emotional difficulties.

- A child’s capacity to engage in learning and social interactions with peers and/or adults is significantly reduced due to exhibiting social communication difficulties, over-activity, impulsivity and a degree of distraction/inattention which is inappropriate for the child’s developmental age. Ensure that these needs have not previously been assessed before referring.

- A referral to CAMHS can be made through the MAST Teams or by the parent via the GP. Referrals can also be made via Education Psychologists following assessment.

If in doubt, contact community CAMHS Beighton on 0114 271 6540 or community CAMHS Centenary House on 0114 226 2348
What to Do If an Immediate CAMHS Referral Is Not Needed

Using information presented in this section around emotional wellbeing and mental health, the TaMHS Assessment Framework, and following guidance, a Plan of Action can be determined.

Is the child or young person (CYP) exhibiting?

- **a range of complex needs** (either through their behaviour or emotional state)
- **over an extended period of time** or a **very sudden shift** in behaviour or emotional state
- **over several contexts** (e.g. home and school)
- are there are a **number of risk factors** already present.
- are their behaviours becoming a **barrier to their learning** or the learning of others?
- Are their behaviours **inhibiting their quality of life**?

Sudden concerns or concerns that develop over an extended period of time:

- It is helpful for school staff and parents to put together a **timeline of events** to show the range of difficulties over time and in which contexts.
- It is helpful for any **emotional trauma** that the CYP has experienced, which has had an effect on them over a long period of time, to be noted.
- It is helpful to note if there has been a **sudden extreme change** in a CYP’s behaviour or emotional state and in which contexts.
- It is helpful to note any **thoughts or feelings** the CYP has shared and whether they have changed over time.
- It is helpful to note any **physical symptoms** the CYP may be experiencing e.g. headaches, stomach ache.

Behaviours

- Are the patterns of behaviours or emotional states the CYP is displaying not explainable in themselves e.g. self-harming, extreme mood swings, not engaging with school staff/parents?

Emotional States

- Is the CYP’s day to day functioning in the school environment or home affected by extreme emotional states e.g. high levels of anxiety, thoughts of self-harm (or harming others), angry outbursts due to inability to control their emotions or a very low self-esteem?
When Behaviour or Emotions May Not be a Mental Health Problem or Difficulty?

- Behaviour that happens in one context i.e. only at certain times/towards certain people.
- When the behaviour is seen as normal response e.g. grieving over the loss of a relative.
- Normal child development i.e. making choices and learning from them on the road to adulthood.
- If the CYP can explain why they are behaving in such a way e.g. when they don’t attend school because friends are not attending school.

FINALLY ‘IF IN DOUBT – CHECK IT OUT’
-double check by calling one of the CAMHS Consultation Lines for Professionals
(Available between 9am and 4pm)

South and East Sheffield
Beighton: 0114 271 6540

West and North Sheffield
Centenary House: 0114 226 2348

Learning Disability and Mental Health Team
0114 226 2788

Multi-Agency Psychological Support for Looked After Children (MAPS)
0114 226 0876

For out of hours emergencies contact the Sheffield Children Hospital
0114 2717000
Listening To Pupils

Acceptance:
• Assure them that what they share with you will be handled with respect and passed on to relevant people on a need to know basis. (other professionals working with young people in school may work to different confidentiality policies whereby everything the young person shares is confidential, UNLESS they or others are at risk of harm i.e. a safeguarding concern).
• Have an open mind and attitude.
• Respect, empathise and accept whatever the pupil may share with you.

It’s Their Time:
• Allow the child to tell you, in their own words, what it is they want to say.
• Give the pupil time to speak and don’t worry about silences or try to fill them.
• Don’t ask direct questions.
• Encourage by offering prompts e.g. “that must have been hard” or “what happened then?”.

What Are They Saying:
• Stop and reflect: don’t put your own presumptions or experiences onto what the pupil says.
• Avoid interrupting when a pupil is speaking.
• Check with them that you are understanding what they are saying by repeating back to them, in your own words, what they have told you.

Body Language:
• A pupil’s mood, gestures and body language say a lot about what is going on for them.
• Pay attention not only to what they saying but what their body language may be conveying too.

Take Action:
• Take action on what the young person has said to you and, if appropriate, let the child know what the next steps will be and continue to keep the child informed of what is happening.
• Don’t be afraid to tell the pupil that you don’t know what to do, but assure them that you will ask and find out what to do.
• If no action is needed, then encourage them to return to talk to you whenever they want to.
What Young People Want
Re: Mental Health in Schools

Seven young people took part in an consultation with STAMP around mental health in schools and the production of the TAMHS toolkit. Young people were asked a series of short questions:

Have you ever received support from a member of staff at school?

5 young people said yes
2 young people said no

What support did you receive?

“Just being told that they were there for me”
“Referred to a counsellor by my form tutor and she was always available for a chat too”
“School set up a girls’ group where we met for an hour a week to take part in creative activities and to discuss issues that were affecting us”
“A lady talked to me and offered me a drink and listened to me”
“They gave me a counsellor in school for a while. But they kept changing cos they left or something”

If you received support, how did they help?

“They talked to me for an hour a week about my feelings and with one we did some sort of creative work, which at the time helped to get things off my chest”
“Being together with friends and taking part in creative activities gave us time to get support from each other and build confidence etc”
“A counsellor talked to me for an hour a week. My form tutor was just very nice and informed my teachers I had troubles.”

Are there any reasons why you would not want to talk to a member of staff about a mental health problem?

“Yes, because it would depend on who they were and how they talked to me about my feelings.”
“None”
“It feels like mostly they never have the time and are busy with other things”.
“Wouldn’t want to concern them”
“They would maybe dismiss it as nothing or make me feel uncomfortable”
“It doesn’t have anything to do with them”
What methods could staff use?

“Make services part of common knowledge amongst students”

“Productive ways, something creative, e.g. drawing, writing, making a little book about how they feel from time to time”

“Make time for students and make them aware of times staff are available if students need it”

“Be aware of insensitive language regarding mental health. If not in curriculum have a ‘circle time’ in PHSE lessons to talk about problems”

“Lending an unjudgemental ear”

“Use art! Ask students to paint or draw how they are feeling”

“Being discrete and not telling anybody what you tell them”

“Making services well known”

“Being unjudgemental”

Do teachers need training to support you mental health needs?

“Yes! Approachability. Coping skills for teachers too and referral methods / how to deal with potential situations”

“Signs and symptoms to be aware of for early intervention”

“Knowing how to communicate with young people about particular issues, and doing so effectively”

“Young people should be involved in the training and employment of teachers, and should have a say in what goes into the training”

“Mental health awareness and mental health first aid training”

“Yes! Understanding how to deal with sensitive situations”

“On how to treat the young person rather than sending them out of the way to ‘calm down’, find time to talk”

“Training on how to teach coping strategies to young people”

Is there anything else schools can do?

“Have assemblies/workshops on mental health issues during mental health week”

“Signpost services like the school nurse/guidance counsellors so they’re seen as normal”

“Make everyone aware of mental health and make students understand that they shouldn’t immediately judge”

“We’re taught physical education in school so why aren’t we taught mental health?”

“Becoming a mental health friendly school, where it is OK to talk about your mental health and appropriate support is in place”
TaMHS Planning and Assessment Framework

If there is no immediate need to make a referral to CAMHS (see above) then complete the following 3 steps to determine what help can be put in place for a CYP and who can offer that help. You can also refer back to the information around the emotional health continuum, risk and resilience factors and the resilience framework to aid your decision.

A. Checklist of Behaviours That May Indicate Concern (esp if more than one are present):
   Use this checklist as beginning point to think about what may be going on for the CYP.

B. Assessment and Timeline of Concerns Form
   Use the above checklist and knowledge from class teacher, SENCO, Learning Mentor and Parents to Complete the Assessment and Timeline of Concerns Form

C. Plan of Action Form
   Using the Assessment and Timelines of Concerns Form as reference, complete the Plan of Action Form.
### A. Checklist of Behaviours:

Use this checklist as a starting point to think about what may be going on for the CYP (this list is not definitive).

<table>
<thead>
<tr>
<th>Little pleasure shown at a time when pleasure would be expected</th>
<th>Being clingy or demanding in school, tearful</th>
<th>Destructive of others and own property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression to younger behaviour</td>
<td>Concentration problems</td>
<td>Can't/refuses to work without supervision</td>
</tr>
<tr>
<td>Self-harming behaviour</td>
<td>Becoming withdrawn</td>
<td>Can't/refuses to complete tasks</td>
</tr>
<tr>
<td>Loss of previously acquired skills</td>
<td>Substance abuse</td>
<td>Uncooperative</td>
</tr>
<tr>
<td>Sudden changes of behaviour, mood or appearance</td>
<td>Becoming bossy or over controlling</td>
<td>Can't/refuses to follow instructions</td>
</tr>
<tr>
<td>Relationship difficulties</td>
<td>Loss of interest and/or energy</td>
<td>Distracts other students</td>
</tr>
<tr>
<td>Problems with losing/gaining weight</td>
<td>Problems with toilet training or wetting/soiling inappropriate to age or medical issues</td>
<td>Does not complete homework</td>
</tr>
<tr>
<td>Not very responsive to hurt, loss or pleasure</td>
<td>Raised or unusual levels of anxiety</td>
<td>Threatens others</td>
</tr>
<tr>
<td>Fighting frequently, temper outbursts</td>
<td>Deterioration in standards of work</td>
<td>Challenges others</td>
</tr>
<tr>
<td>Insisting on initiating sexual play</td>
<td>Obsessive ritualistic play</td>
<td>Damages school property</td>
</tr>
<tr>
<td>Unsupportive family</td>
<td>Can't cope with failure</td>
<td>Aggressive to staff</td>
</tr>
<tr>
<td>Disturbed sleep, fatigue, bad dreams</td>
<td>Feeling worthless, lacking pride</td>
<td>Often says “I can’t do this”</td>
</tr>
<tr>
<td>Anxious</td>
<td>Puts self down</td>
<td>Feels unjustly targeted by peers/friends/teachers</td>
</tr>
<tr>
<td>Physically neglected</td>
<td>Self harming</td>
<td>Appears to have no solid friendships</td>
</tr>
<tr>
<td>Poor nutrition</td>
<td>Isolated from friends</td>
<td>Can’t/won’t take responsibility for their own actions</td>
</tr>
<tr>
<td>Bereavement</td>
<td>Provokes others</td>
<td>Poor concentration</td>
</tr>
<tr>
<td>Niggly, persistent health complaints with no clear cause</td>
<td>Fails to observe rules</td>
<td>Underachieving in lessons</td>
</tr>
<tr>
<td>Refuses to enter the classroom</td>
<td>Interrupts</td>
<td>Uses abusive language</td>
</tr>
<tr>
<td>Walks around in class</td>
<td>Manipulates peers/friends</td>
<td>Aggressive to students</td>
</tr>
<tr>
<td>Areas to Consider</td>
<td>Information I Already Know</td>
<td>Am I Concerned About This?</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------</td>
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</tr>
<tr>
<td>What type of behaviours are you seeing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this behaviour developmentally appropriate?</td>
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<td></td>
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<tr>
<td>Is this behaviour persistent?</td>
<td></td>
<td></td>
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<tr>
<td>How often and how severe are these behaviours?</td>
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<td></td>
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<tr>
<td>Has there been a change in behaviour either suddenly or over time?</td>
<td></td>
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<tr>
<td>Are there any life circumstances currently or in the past that may be affecting this young person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the child received a diagnosis of any kind from Ryegate or CAMHS eg ADHD, Autism or does the child have any medical issues.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# TaMHS Planning and Assessment Framework

## C. Plan of Action

<table>
<thead>
<tr>
<th>Based on the information on the assessment and timeline form, please answer yes or no to the following:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the behaviour developmentally inappropriate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there a range of complex needs?</td>
<td></td>
<td></td>
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<tr>
<td>Is the behaviour sudden or over an extended period of time?</td>
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<td></td>
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<tr>
<td>Is the behaviour over several contexts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there a number of risk factors present?</td>
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<tr>
<td>Is their behaviour becoming a barrier to learning?</td>
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<td></td>
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<tr>
<td>Is the behaviour inhibiting their quality of life?</td>
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</tr>
</tbody>
</table>

### What should you do now?

**If you answered YES to most of these questions, then a referral to CAMHS should be considered and discussed with a senior member of staff and a referral made through MAST.**

- Discussed with:  
  - Date:  

- Referral made by:  
  - Date:  

**If you only answered yes to a few of these questions, then what interventions could school put into place that have not been tried already? Or what outside agencies could advice be sought from?**

- Discussed with:  
  - Date:  

- Intervention to be carried out:  

- Outside agency to be contacted?  

- Member of staff to complete work:  

- Deadline for this to be done:  

Section Two:
The Model of
Children and Young People’s Mental Health in Sheffield

Family Action TaMHS (Targeted Mental Health in Schools)
### Universal Services

A primary level of care. Work with all children and young people. Support mental health through the environment they create and the relationships they have with children and young people.

GPs, Health Visitors, School Nurses, Social Workers, Teachers, Youth Justice workers, Voluntary Services,

### Targeted Services

A service provided by professionals relating to workers in primary care. Engaged to work with children and young people who have specific needs e.g. learning disabilities, school attendance problems, family difficulties, physical illness or behaviour difficulties.

Targeted Mental Health in Schools Team (TaMHS), Clinical Child Psychologists, Paediatricians (esp. Community), Educational Psychologists, Child and Adolescent Psychiatrists, Child and Adolescent Psychotherapists, Community Nurses/Nurse Specialists, Family Therapists, Child and Adolescent Mental Health Services (CAMHS). Multi Agency Support Team (MAST)

### Specialist Services

A specialised service for more severe, complex or persistent disorders. Work with children and young people with complex, severe and/or persistent needs. E.g. pupil referral units, special schools, children’s homes, intensive foster care and other residential or secure settings.

Child and Adolescent Mental Health Services (CAMHS), Child and Adolescent Psychiatrists, Clinical Child Psychologists, Nurses (Community or Inpatient), Child Psychotherapists, Occupational Therapists, Speech and Language Therapists, Art, Music and Drama Therapists, Family Therapists
Pathway for Children and Young People Needing Support: What Can Schools Do?

Supporting the emotional wellbeing and mental health of CYP:

The school’s pastoral system enhanced by:

- An effective PSHE & Citizenship Programme
- SEAL (Primary) programme or
- SEAL (Secondary) programme
- The Behaviour & Attendance Strategy

Further specific interventions could use:

- Meeting with parents and offering support through YoungMinds Parents Helpline
- Engaging Learning Mentors, Family Workers
- Using trained Counsellors (school or voluntary sector)
- Peer Counsellors, pupil support networks
- The Educational Psychology Service
- The School Nurse
- MAST

The Voluntary Sector has a wealth of experience that can be utilised. See:

- Appendix 1: List of Services and Contact Details
- Sheffield Help Yourself Database
  http://www.sheffieldhelpyourself.org.uk/communities1.html
Emotional Health in Schools

Schools

Schools using the opportunities that the Healthy Schools Programme and National Strategies offer, provide an ongoing programme to develop emotional wellbeing, mental health, resilience and good relationships in schools rather than reactionary behaviour to poor behaviour (Wells and Stewart Brown). This enables a climate where all children, young people and school staff can feel valued, motivated and inspired and children and young people are able to achieve and learn.

To be effective schools should consider:

- **The role of emotion in processing information.** Recent neuro-science has taught us much, but put simply the brain shuts down from fear or boredom and is stimulated by active engaging tasks.
- **Teachers are powerful role models especially in modelling emotional behaviour.** Their own well being is important and it affects how children react.
- **Social, emotional and behavioural skills can and should be taught.** While PHSE and Citizenship can play their part, such skills are most effectively gained when their delivery is across the curriculum and feature naturally in all subjects and all teaching.

**What can schools do?**

- Have a strong commitment to the emotional health of their students and staff marked by an overt stance taken by the leadership team.
- Realise how emotional well being improves the achievement of school goals and targets.
- Ensure that the creation of emotional well being is a whole school strategy.
- Create a climate that uses praise widely.
- Give pupils and staff every opportunity to be listened to either individually or in a group situation depending on circumstances.
- Establish teaching strategies that have an emotional health component which makes learning more appropriate and effective.
- Model emotional healthy behaviour. Modelling is the most effective way that most learn.
- Support staff so that teaching is a positive and enjoyable experience.
- Provide all staff with access to explicit training about the mental health of children.
- Ensure that referral routes are clearly established and understood.
Some small steps to consider:

- Is the school an inviting environment to students, staff and visitors? Décor, warmth, equipment?
- Are health needs met in terms of access to water, healthy food, and a range of physical activities?
- Is the site safe? Are there clear simple rules which minimise bullying?
- Are pupils given real opportunities to talk and to be listened to?
- Are there peer support mechanisms?
- Is celebration, praise and reward a major feature?
- Is diversity and difference celebrated, with celebrations for all?
- Is the development of positive relationships between pupils and staff a central feature of school life?
- Are values and rights clear and are pupils engaged in establishing these?
- Does the curriculum create opportunities for experiences that involve feelings, emotions, reflection and empathy?
- Are lessons stimulating and challenging?
- How do you engage all staff in the move to an emotionally healthy school?

Characteristics shown in schools that prioritise emotional health:

- Distributive leadership
- Supportive relationships
- Good communication
- Openness, honesty and trust
- Regular celebrations of success
- Whole community participation in policies and practices
- Inclusive approaches
- A recognition of all achievements
- Independent and group approaches to learning
- Creativity and innovation
- No fear of failure
- Explicit morale raising activities
- Clarity of expectation
- Appropriate boundaries
- A willingness to examine feelings and values
- High levels of Continuing Professional Development (CPD)
Services for CYP with continuing concerns

Services to support the mental health of CYP who staff have continuing concern for.

- Encourage carers or parents to visit their GP
- School Nurse may be able to offer additional support
- Educational Psychologist
- Targeted Support Service
- School Counsellors

Support can be provided on/from:

- Sexual Health
- Drug/Alcohol Prevention
- Looked After Children – (refer to designated teacher)
- Youth Offending
- Sheffield Futures/Connexions
- The Primary Mental Health Specialist (part of MAST)
- Children and Young People’s Services

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List of Services in Sheffield

Multi Agency Support Teams
Your local Multi Agency Support Team (MAST) works with families, children and young people to provide a range of services which help improve well-being, school attendance, learning, behaviour and health care.

Screening Teams
Operate in each of the three MAST areas as a primary point of contact for sending assessments/requests for a service and concerns to MAST. They identify if needs can be met through existing services or whether further support can be provided, through MAST or other partner agencies. They can also help to identify any immediate child protection concerns and raise these with Social Care, with whom they are co-located.

MAST Services
Provide support through a Whole Family Way of Working, taking the whole family’s needs into account. The service operates a “One Family, One Worker, One Plan” keyworker approach using the Family CAF and Team Around the Family.

- Parenting Support in the home and through evidence-based parenting programmes to build parenting confidence and ability to deal with behavioural issues
- Attendance advice to schools and supporting families in the home or children in school to improve attendance and avoid exclusions
- Inclusion and Behaviour support through group work in schools and at home, around anger management or conflict to reduce behavioural issues in the home or school
- Family crisis support, finding the right services and supporting victims of violence or abuse to enable family and individual safety and resilience
- Support to families with children under 5 through our Children’s Centres, focussing on improved attachment and bonding and infant mental health
- Emotional health and wellbeing support to adults and children at a low level to develop resilience, coping strategies and enable access to specialist support as required

MAST Partner Agencies
- Midwives
- Health Visitors
- School Nurses
- CAMHS
- Community Youth Teams (CYTs)
- Adult Mental Health Workers
Advice and support for those showing continuing concern – Child and Adolescent Mental Health Services (CAMHS)

Services to support the mental health of children and young people with more serious ongoing concern.

CAMHS treat Children and Young People with a range of difficulties that are seriously impacting on their mental health and emotional wellbeing. Children and Young People can be seen and helped in a number of ways ranging from consultations through to the use of inpatient facilities. There is also a 24 hour, seven-day-a-week psychiatric on-call service.

A range of CAMHS guidance leaflets are available in the Document Finder: http://www.sheffieldchildrens.nhs.uk/our-services/document-finder.htm

CAMHS services are made up of The Becton Centre for Children and Young People, Community CAMHS Teams, Child and Adolescent Learning Disabilities and Mental Health Team, Vulnerable Children’s Team and also offers Multi-Agency Training and the Epic Friends Website.
CAMHS Teams

CAMHS have several teams of doctors, nurses and other health care professionals who offer a range of different services:

The Becton Centre for Children and Young People is a centre for children and young adults aged up to 18 with serious and complex mental health issues. The centre offers intensive outreach treatment, day and inpatient services in four lodges: Amber Lodge (ages 5-11), Emerald Lodge (ages 10-14), Ruby Lodge - Mental Health and Learning Disability (ages 8-18) and Sapphire Lodge (ages 14-18).

Community CAMHS Teams have two bases at different locations in the city to make it easier for people to see them: Beighton Community CAMHS work with children and young people in the south and east of the city. They are based at the Becton Centre, Beighton. Centenary Community CAMHS work with children and young people in the north and west of the city. They are based in Centenary House on Infirmary Road in Upperthorpe.

The two teams see Children and Young People up to the age of 16 who have difficulties that are seriously impacting on their mental health and emotional wellbeing. This can include Children and Young People experiencing any of a range of difficulties such as unhappiness, loneliness, fears, phobias, illness with no physical cause, nightmares, poor concentration, and angry and difficult behaviour.

Website:  http://www.sheffieldchildrens.nhs.uk/our-services/camhs/community-camhs/
The **Child and Adolescent Learning Disability and Mental Health Team** sees a particular group of children and young people with moderate, severe and profound learning disabilities and who may be experiencing a range of emotional and/or mental health difficulties in the community.

**Website:** [http://www.sheffieldchildrens.nhs.uk/our-services/camhs/learning-disabilities.htm](http://www.sheffieldchildrens.nhs.uk/our-services/camhs/learning-disabilities.htm)

The **Vulnerable Children's Team** which includes MAPS, Forensic CAMHS and workers who work into multi agency settings in the community for Looked after Children and youth offending.

- **Forensic CAMHS**

- **Multi-Agency Psychological Support (MAPS) for Looked After Children**

- **Multisystemic Therapy (MST)**

- **Permanence and Throughcare**

- **Youth Justice Input**
CAMHS Referrals

Referrals are accepted from GPs, Social Workers, Educational Psychologists, Paediatricians and the Clinical Psychology Department at The Children’s Hospital, Sheffield and via the MAST Teams.

Download: CAMHS / MAST Referral Form (Word)
http://www.sheffieldchildrens.nhs.uk/downloads/camhs/CAMHS_CAMHSMASTReferralForm.doc

Download: CAMHS / MAST Referral Form Guidance (PDF)

Epic Friends

The Sheffield CAMHS team developed the Epic Friends website to help young people who think their friends may have mental health problems. The site offers advice on a range of issues including bullying, depression, anxiety, family problems, self-harm and eating disorders. It also offers guidance on when to seek help and where to go for further support. Epic Friends was funded by The Children’s Hospital Charity.

http://epicfriends.co.uk/
Multi-Agency Training and Skills Development Service

The Skills Development Unit organises and delivers child and adolescent mental health training for people working with children, young people and their families. The multi-agency training days are provided free of charge and are held at two venues near Hillsborough. The emphasis is upon development and application of child and adolescent mental health awareness and skills.

Training is available to all those working in education, social care, health and the voluntary sector. This diversity of backgrounds lends an important aspect to the training and the shared experience, knowledge and the contribution of participants is a major factor in the continued success of these days.

The training is structured around a two day 'Introduction to Children’s Mental Health' and then a series of more focused specialist days. Although it is not compulsory for people to take part in the two day course before the specialist days, it helps, as this offers a number of fundamental concepts and working models.

School / Education Concern

Educational Psychology Service

Access to the service
Every Sheffield maintained schools has a named Educational Psychologist who works closely with key staff members such as the school’s Special Educational Needs Co-ordinator. Requests for EP involvement are made through a child or young person’s setting, school or college. Parent/carers and young people can contact the service directly for advice and guidance.

How we work
All EPs are able to offer support and advice about psychological wellbeing and mental health. The service has a senior practitioner for Social Emotional and Mental Health needs and a member of the team is part of the MAPS (Vulnerable Children’s) Team.

Educational Psychologists (EPs) work mainly with schools and places where children are educated. EPs help to find solutions to worries and concerns people might have about how children are developing, progressing, learning or emotionally thriving. The service offers:

- Consultation and Advice:
  
  The Educational Psychology Services main work involves meetings with teachers, school staff and parent/carers to further develop their understanding of an individual child or young person using knowledge of child development and their views on the child’s personal situation and circumstance. The service also supports groups of teachers through Locality Group Consultations for SENCOs in each part of the city. Drop in consultations with EPs are also organised by schools or settings for parent/carers.

- Direct Work with children, young people and families:

  EPs conduct observations, assessments and interviews with children and young people. These aim to further explore areas of need and the views of the individual. EPs also can offer direct interventions including group work.
Educational Psychology Service Continued

- **Training:**

  Sessions and programmes are provided on a range of topics including: attachment; bereavement; Autism; ADHD. EPs can also contribute to audits of the support provided by schools.

- **Research and project work:**

  Research is a key part of an EP’s work in developing and evaluating initiatives and new approaches. This involves working with schools to consider the evidence base behind different approaches and the impact of these in school.

- **Work for the LA:**

  EPs contribute to Local Authority statutory duties including providing psychological advice when an assessment of Special Educational Needs is agreed. EPs are closely involved in the development and reviewing of Education, Health and Care Plans.

Website: [http://www.sheffielddirectory.org.uk/kb5/sheffield/directory/service.page?id=4DQdI_JYGc](http://www.sheffielddirectory.org.uk/kb5/sheffield/directory/service.page?id=4DQdI_JYGc)

*Critical Incidents*

A Critical Incident is a sudden, unexpected event that is distressing to pupils. For example, it may involve violence against members of the school, a serious accident or the sudden death of a child or teacher (all the more traumatic if witnessed by others), or it could be that the school is subjected to major vandalism – such as an arson attack.

Leaflets about dealing with critical incidents for parents and carers of both younger and older children can be downloaded from:

Website: [https://www.sheffield.gov.uk/education/information-for-parentscarers/care-support/educational-psychology.html](https://www.sheffield.gov.uk/education/information-for-parentscarers/care-support/educational-psychology.html)
Section Three:
List of Services and Contact Details
Glossary with Online Resources

Family Action TaMHS (Targeted Mental Health in Schools)
# List of Services for Children and Young People by Topic

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<td>• SEND Team</td>
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</tbody>
</table>
## List of Services for Children and Young People by Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3/4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Health</td>
<td>• Fruitbowl</td>
<td>• Sexual Exploitation Service</td>
<td>• CAMHS</td>
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<td></td>
<td>• School Nursing Service</td>
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<td></td>
<td>• Community Youth Teams</td>
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<tr>
<td>Substance Misuses</td>
<td>• Community Youth Teams</td>
<td>• TaMHS</td>
<td>• CAMHS</td>
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<td>• The Corner</td>
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<td>• WAM</td>
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<tr>
<td>Vulnerable</td>
<td>• Sheffield Futures</td>
<td>• TaMHS</td>
<td>• CAMHS</td>
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<tr>
<td></td>
<td>• Targeted Support Service</td>
<td>• MAST Teams</td>
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<td></td>
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<td>• Sexual Exploitation Service</td>
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<td></td>
<td></td>
<td>• Educational Psychology Service</td>
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<tr>
<td>Young Carers</td>
<td>• Sheffield Young Carers</td>
<td>• TaMHS</td>
<td>• CAMHS</td>
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<td></td>
<td>• Sheffield Futures</td>
<td>• MAST Teams</td>
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<tr>
<td></td>
<td>• Young Carers</td>
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</tr>
</tbody>
</table>
A-Z List of Services

- Child and Adolescent Mental Health Services (CAMHS)
- Children with Disabilities Team
- Chilypep
- Community Youth Teams
- CRESST (Conflict Resolution Education)
- Educational Psychology
- Extended Services (Extended Schools)
- Fruitbowl
- Learning Disability Service
- Multi-Agency Psychological Support (MAPS) for Looked After Children
- Multi-Agency Support Teams (MAST)
- Sheffield Futures
- Sheffield Information Link
- Sheffield School Nursing Service
- Sheffield Young Carers
- South Yorkshire Eating Disorders Association (SYEDA)
- South Yorkshire Fire and Rescue Community Youth Engagement
- Targeted Mental Health in Schools (TaMHS)
- Targeted Support Team
- The Corner
- Victim Support
- WAM (What About Me)
**Organisation Name:**

**Child Adolescent Mental Health Service (CAMHS)**
Sheffield Children’s NHS Foundation Trust

**Key areas:**

Health, Self Harm, Anger/Anxiety, Depression, Divorce/Separation, Eating Disorders, Parents/Families, ADHD, ASD, Psychosis

**Outline of service:**

Sheffield Child and Adolescent Mental Health Service (CAMHS) provides a comprehensive and high quality service to children and young people experiencing difficulties which are seriously impacting on their mental health and emotional well being.

Children and young people can be referred (usually via their GP) when they are encountering severe difficulties that require specialist mental health services not provided in primary care. This specialist service extends to families and carers.

Interventions range in intensity from consultation to other professionals through to inpatient treatment. There is a 24 hour, seven-days-a-week psychiatric on-call service.

The CAMHS service works in partnership with colleagues in other departments throughout the Sheffield Children’s NHS Foundation Trust and with other agencies and the voluntary sector.

**Contact details:**

**Address:**
Becton Centre for Children and Young People  
Sevenairs Road  
Sheffield S20 1NZ

Centenary House  
Heritage Park  
55 Albert Terrace Road  
Sheffield S6 3BR

**Phone number:**
0114 3053106 (Becton Centre)  0114 226 2348 (Centenary House)

**Web site:** [www.sheffieldchildrens.nhs.uk/Mental-Health-Services.htm](http://www.sheffieldchildrens.nhs.uk/Mental-Health-Services.htm)

**Email:** n/a
**Organisation Name:**
Children with Disabilities Team

**Key areas:** Disabilities

**Outline of service:** The Children with Disabilities team offers social work support and guidance to children and young people who have a learning or physical impairment, and their families. It aims to support children and young people to live and grow within their own family and community, as long as it is safe to do so, and support them to make a valuable contribution to their communities.

**Contact details:**

**Address:**
Floor 3, Redvers House, Union Street, Sheffield S1 2JQ

**Phone number:** 0114 2736944.

**Web site:** [www.sheffield.gov.uk/caresupport/childfam/childrendis.html](http://www.sheffield.gov.uk/caresupport/childfam/childrendis.html)

**Email:** n/a
Organisation Name: CHILYPEP

Key areas: Adolescence, Motivation, Self-Esteem, Young Carers

Outline of service:

Chilypep is a nationally registered charity supporting children and young people to make positive contributions to their communities and neighbourhoods by empowering them to be able to voice their ideas, views and opinions, and engage with decision makers to ensure their voices are heard and acted upon. They also equip young people with the skills and tools to develop their own solutions to issues, becoming activists within their communities and positive role models for others.

Some of the areas we are involved in are Peer Mentoring, Research, Young Carers, Training and Schools work.

Contact details:

Address: 11 Southey Hill
Sheffield S5 8BB

Phone number: 0114 234 8846

Web site: http://www.chilypep.org.uk/

Email: info@chilypep.org.uk
**Organisation Name:**
Community Youth Teams

**Key areas:**
Crime Prevention, Young People Not Engaged in Education Employment or Training, Anti-Social Behaviour, Substance Misuse, Sexual Health, Emotional Health, Domestic Abuse

**Outline of service:**
Sheffield's Community Youth Teams offer voluntary support for children and young people aged 10-19 who are at risk of becoming involved in offending or anti-social behaviour or who are not engaged in education, employment or training. CYTs bring together a range of professionals from different organisations, including the Council, Sheffield Futures, South Yorkshire Police and specialist health staff, into a single integrated service which provides early intervention and prevention for young people who may be experiencing, or be at risk of poor outcomes.

Community Youth Teams aim to maintain young people’s engagement in school and post-16 education, employment and training and to steer young people away from crime and anti-social behaviour. They help young people make the right choices and avoid behaviours that harm them and their communities, such as drug or alcohol misuse, sexual exploitation or teenage pregnancy. They also improve young people’s aspirations and self-belief and give them the resilience to cope better with the ups and downs of life.

CYTs offer a range of 1:1 and group work interventions, together with centre-based and outreach delivery in communities. A range of guidance, sign-posting and support is also available for parents and carers. CYTs have been designed in response to what young people, their families, and professionals working with young people have said that they want – easily accessible, integrated services. They welcome individual or group referrals from young people themselves, parents / carers and professionals working with young people.

**Contact details:**
Central CYT Admin Office, Star House, 43 Division Street, Sheffield, S1 7LG
North CYT, Sorby House, 42 Spital Hill Sheffield S4 7LG
East CYT, Alison Business Centre, Alison Crescent Sheffield S2 1AS
West CYT, Old Sharrow Junior School, South View Road Sheffield S7 1DB

**Phone number:**
Freephone 0800 138 8381
East CYT, 0114 283 5927
Central CYT – 0114 205 7450
North CYT 0114 243 5597
West CYT, 0114 205 7440

**Web site:** [www.sheffield.gov.uk/cyt](http://www.sheffield.gov.uk/cyt) / [www.sheffieldfutures.org.uk](http://www.sheffieldfutures.org.uk)

**Email:** cyt@sheffield.gov.uk
### Organisation Name:
**CRESST - Conflict Resolution Education**

### Key areas:
Bullying, SEAL

### Outline of service:
CRESST works directly with children, young people and adults across Sheffield and South Yorkshire. They run programmes of conflict resolution education (CRE) which teach people to understand conflict, how it arises and the ways it can be managed without violence.

**These programmes develop an understanding of:**
- the nature of conflict
- our own values and beliefs and how these might be different to those of others
- emotions and our responsibility for thoughts and actions

**and facilitate the learning and practice of skills to:**
- express feelings, needs and interests clearly and in a non-threatening way
- control powerful feelings
- listen carefully to someone else and empathise
- affirm ourselves and others
- co-operate
- problem solve

CRESST can also support by training young people to become Peer Mediators within their schools and communities. Using mediation techniques gives pupils a real opportunity to apply skills learned in conflict resolution education by resolving conflicts between their peers. When volunteering as mediators pupils are involved in active citizenship, contributing to their immediate community in a valuable and practical way.

### Contact details:

**Address:**
CRESST, Scotia Works, Leadmill Rd, Sheffield S1 4SE

**Phone number:** 0114 241 2745


**Email:** admin@cresst.org.uk
<table>
<thead>
<tr>
<th>Organisation Name:</th>
<th>Educational Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key areas:</td>
<td>Anger/Anxiety, Behaviour/Attendance/Achievement, Bereavement, Special Needs</td>
</tr>
<tr>
<td>Outline of service:</td>
<td>The Educational Psychology Service seeks to contribute to priorities for raising attainment, supporting good inclusive educational practices, school improvement in relation to the 5 outcomes of the Every Child Matters agenda. Building a sense of belonging for every child and young person and removing barriers to effective learning are central to all the work undertaken by Educational Psychologists. This service works with families and staff in schools and in early years educational settings to support the education and development of children and young people aged from 0-19 years. Educational Psychologists can give advice and support to families and staff in schools/settings. They may do individual work with children and young people where there is a clear reason for doing this, and parents/carers have given permission.</td>
</tr>
<tr>
<td>Contact details:</td>
<td>Address: Sheffield Educational Psychology Service Bannerdale Centre 125 Carterknowle Road Sheffield S7 2EX</td>
</tr>
<tr>
<td></td>
<td>Phone number: 0114 2506800</td>
</tr>
<tr>
<td></td>
<td>Web site: <a href="http://www.sheffield.gov.uk/educationpsychology">www.sheffield.gov.uk/educationpsychology</a></td>
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<td>Email: n/a</td>
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</tbody>
</table>
### Organisation Name:
**Extended Services (Extended Schools)**

### Key areas:
- Behaviour, emotional needs, health, special needs, motivation, self-esteem.

### Outline of service:
Extended services and their partners offer access to a range of activities which support and motivate children and young people to achieve their full potential. These include:

#### Activities
A varied menu of activities combined with childcare in primary schools (e.g. homework clubs, arts and creative activities, sports activities, and other recreational activities, including play).

#### Community access to school facilities
Where a school has facilities suitable for use by the wider community (e.g. playing fields, sports facilities, IT facilities, halls), it should look to open these up to meet wider community needs in response to an assessment of local demand.

#### Swift and easy access (referral) to targeted and specialist services
Schools should be working closely with other statutory services and the voluntary and community sector, making sure children and young people who have additional needs or who are at risk of underachieving, are identified and supported early. This includes those with behavioural, emotional and health needs or other difficulties. Schools should have processes in place to identify these children and young people and to work with the other agencies.

#### Parenting support
Supporting parents means providing access to parenting programmes, family learning sessions, information sessions for fathers and mothers at the beginning of primary and secondary phases, and information about nationally and locally available sources of information, advice and support.

### Contact details:

| **Address:** |
| Children and Young People’s Service  
Early Years Education and Childcare Service  
Castle Market Buildings, 1st Floor, Exchange Street, Sheffield S1 2AH |

| **Phone number:** | 0114 281 2339 |

| **Web site:** |

| **Email:** | n/a |
**Organisation Name:**  
**Fruitbowl**

**Key areas:**  
Sexual Health, Lesbian, Gay, Bisexual and Transgendered Young People.

**Outline of service:**

Fruitbowl is a youth group and information service for lesbian, gay, bisexual and transgendered (LGBT) young people of secondary school age in Sheffield. They run youth groups in the city centre. They can also provide one-to-one support to any young person who is lesbian, gay, bisexual or transgendered, or think they might be, who needs to talk to a worker.

Fruitbowl isn't about putting a label on a young person, it is a safe place for the young person where they can guarantee people will treat them with respect no matter what their sexuality or gender identity. It is mostly a social group and Fruitbowl members decide what they do.

Not every young LGBT person wants to join Fruitbowl but if they are exploring their sexuality or gender identity and want to chat to somebody about it, then Fruitbowl is a good place to make contact. The youth workers are all trained and have lots of experience of working with LGBT young people so have a good understanding of what the young person is going through.

**Contact details:**

**Address:**  
Fruitbowl  
Scotia Works  
Leadmill Road  
Sheffield  
S1 4SE

**Phone number:** 0114 241 2728 or 07974 825318

**Web site:** [http://www.sheffieldfruitbowl.org.uk/young-people/](http://www.sheffieldfruitbowl.org.uk/young-people/)

**Email:** fb@sheffieldfruitbowl.org.uk
<table>
<thead>
<tr>
<th>Organisation Name:</th>
<th>Interchange</th>
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<tbody>
<tr>
<td><strong>Key areas:</strong></td>
<td>Anxiety, Adolescence, Anger, Bullying, Emotional Needs, Motivation, Self-Esteem</td>
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<tr>
<td><strong>Outline of service:</strong></td>
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<tr>
<td>• Y-Talk Counselling – counselling for young people aged 13-25.</td>
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<tr>
<td>• Right Here Sheffield – promoting positive emotional wellbeing and mental health for young people aged 16-25 in the North East of Sheffield.</td>
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<tr>
<td>• Mental Health Ambassadors</td>
<td></td>
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<tr>
<td><strong>Contact details:</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **Address:** | Floor 1  
Star House  
43 Division St  
Sheffield  
S1 4GE |
<p>| <strong>Phone number:</strong> | 0114 201 6672 |
| <strong>Web site:</strong> | <a href="http://interchangesheffield.org.uk/">http://interchangesheffield.org.uk/</a> |
| <strong>Email:</strong> | <a href="mailto:teri.connolly@interchangesheffield.org.uk">teri.connolly@interchangesheffield.org.uk</a> |</p>
<table>
<thead>
<tr>
<th>Organisation Name:</th>
<th>IAPT – Improving Access to Psychological Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key areas:</strong></td>
<td>Adult Anxiety, Stress, Depression</td>
</tr>
<tr>
<td><strong>Outline of service:</strong></td>
<td>The aim of this service is to provide psychological treatments, sometimes called talking treatments, to help people who are stressed, be that feeling low in mood (depressed) or very nervous (anxiety). The service is offered in different ways to suit different people, e.g. online treatments, large Stress Control evening classes, small workshops, telephone treatment, as well as more standard face to face treatment. The treatments are available through all the GPs in Sheffield, a range of voluntary sector organisations and some can be booked directly, online or by phone. The IAPT Service is part of the Sheffield Health and Social Care NHS Foundation Trust.</td>
</tr>
<tr>
<td><strong>Contact details:</strong></td>
<td></td>
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</tbody>
</table>
| **Address:**      | 38 Carver Street  
1st Floor  
Sheffield S1 4FS |
| **Phone number:** | 0114 22 64380 |
| **Web site:**     | [http://www.sheffieldiapt.shsc.nhs.uk/home](http://www.sheffieldiapt.shsc.nhs.uk/home) |
| **Email:**        | n/a |

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**Family Action TaMHS**  
*A Toolkit for Sheffield Schools*
**Organisation Name:**
**Fusion**

**Key areas:**
Disabilities/Special Educational Needs

**Outline of service:**
Fusion provides specific School Improvement and Continuing Professional Development work focused on inclusion, particularly for pupils with special educational needs and disabilities.

The aim is to share best practice and to explore, innovate, research and develop new ways forward. Fusion look to do this by working together with other colleagues who want to share their perspectives, developing models and programmes that meet the needs of the child, the staff and the school.

**Contact details:**

**Address:** n/a

**Phone number:** 0114 2509756.

**Web site:** [http://www.fusiontsa.co.uk/](http://www.fusiontsa.co.uk/)

**Email:** enquiries@fusiontsa.co.uk
### Organisation Name:
**Multi-Agency Psychological Support (MAPS) for Looked After Children**  
(CAMHS/Sheffield Children’s NHS Foundation Trust)

### Key areas:
- Looked After Children

### Outline of service:
A multi-agency team of professionals from health, social services and education, their role is to respond to the mental health needs of children and young people who are looked after by Sheffield City Council.

Looked After Children’s mental health affects and is affected by a number of different factors. These include their ability to make sense of what has happened in their past, access to formal education and the stability of their foster or residential placements. The team therefore takes a holistic and systemic approach to the work and consider interventions at multiple levels.

### Contact details:

#### Address:
Centenary House  
Albert Terrace Road  
Sheffield S6 3BR

#### Phone number: 0114 226 0876 Fridays between 10.30 am and 12.30 pm.


#### Email: n/a
## Organisation Name:
**Multi Agency Support Team (MAST)**

## Key areas:
- Behaviour/Attendance/Achievement, Adolescents, Bereavement,
- Divorce/Separation, Domestic Violence, Health, Parents/Families, Self Esteem.

## Outline of service:
Multi-Agency Support Teams (MAST) work with children, young people and families to provide a range of services which help improve well-being, school attendance, learning, behaviour and health care. These teams support children, young people and their families around issues regarding parenting, health, attendance and behaviour. They also deliver parenting courses (Triple P) and have some input from Primary Mental Health Workers to assist their work.

The Screening Team, based within each MAST is responsible for responding to a referral about a child/young person or member of their family. These teams are located within the three geographical service areas: North, East and West.

The Teams respond to requests for support, providing advice and guidance; Identifying whether a child and family can be supported through existing local services, enhanced supportive work through MAST or it’s Partners, or whether a more detailed assessment is required.

Requests for support can be made via Family Common Assessment Framework (FCAF) or by completing a ‘Request for Support’ form found on the MAST website.

## Contact details:
**Address:**
- **North MAST**
  - Floor 2, Sorby House
  - Spital Hill
  - Sheffield S4 7LG
  - Tel: 0114 233 1189
  - NorthMAST@sheffield.gov.uk

- **West MAST**
  - Old Sharrow Junior School
  - South View Road
  - Sheffield S5 8RJ
  - Tel: 0114 250 6865
  - WestMAST@sheffield.gov.uk

- **East MAST**
  - First Floor, Shortbrook Primary Site
  - Westfield Northway
  - Westfield S20 8FB
  - Tel: 0114 205 3635
  - EastMAST@sheffield.gov.uk

Organisation Name:
**Ryegate Children's Centre**  
(Sheffield Children’s NHS Foundation Trust)

**Key areas:**
ASD, ADHD, Tourette’s Syndrome, Aspergers, Communication/Speech/Language Disorders

**Outline of service:**
A service for children with a range of complex neurological disorders. The outpatients department holds specialist neurology and neurodisability clinics on a daily basis.

The centre also offers respite care to children with neurological conditions in the Ryegate Respite unit which is open 24 hours a day, seven days a week.

**Contact details:**

**Address:**
Tapton Crescent Road  
Sheffield  
S10 5DD

**Phone number:** 0114 271 7651


**Email:** n/a
<table>
<thead>
<tr>
<th>Organisation Name:</th>
<th>Sheffield Futures</th>
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<tbody>
<tr>
<td>Key areas:</td>
<td>Vulnerable, behaviour, disabilities, special needs, crime prevention, young carers, looked after children, ethnic minority and traveller children</td>
</tr>
<tr>
<td>Outline of service:</td>
<td>Sheffield Futures is an independent charity helping young people and adults to achieve their full potential in learning, employment and life. We work extensively with young people and adults in Sheffield, providing support services and activities around education, employment, personal development and social inclusion. Sheffield Futures works closely with a wide range of partners across the city including voluntary sector and statutory agencies. Sheffield Futures provide targeted support to help individuals in greatest need. Specialist programmes and interventions are provided to support vulnerable young people to overcome barriers and gain new skills and experiences. These targeted groups include young people with learning difficulties or disabilities, those involved in the criminal justice system, young carers, looked after children, refugees and asylum seekers.</td>
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<tr>
<td>Contact details:</td>
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<tr>
<td>Address:</td>
<td>Star House</td>
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<td>Division Street</td>
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<td>Sheffield</td>
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<td></td>
<td>S1 4GE</td>
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<tr>
<td>Phone number:</td>
<td>0114 201 2800</td>
</tr>
<tr>
<td>Web site:</td>
<td><a href="http://www.sheffieldfutures.org.uk">www.sheffieldfutures.org.uk</a></td>
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<tr>
<td>Email:</td>
<td><a href="mailto:enquiries@sheffieldfutures.org.uk">enquiries@sheffieldfutures.org.uk</a></td>
</tr>
</tbody>
</table>
**Organisation Name:**  
**Sheffield Directory**

**Key areas:**  
Disabilities, Parents/Families.

**Outline of service:**  
Sheffield Directory helps families in Sheffield when they are struggling to access childcare and services, for example when there is a shortage of childcare in the area or language difficulties.

**Contact details:**

- **Address:** n/a
- **Phone number:** n/a
- **Web site:** [http://www.sheffielddirectory.org.uk/kb5/sheffield/directory/home.page](http://www.sheffielddirectory.org.uk/kb5/sheffield/directory/home.page)
- **Email:** n/a
**Organisation Name:**
**Sheffield School Nursing Service**

**Key areas:**

**Outline of service:**
The School Nursing Service comprises qualified nurses who are available to help with children’s health concerns that arise or are identified in school. The team also includes health care assistants who carry out routine screening of children at school entry.

With parental agreement the School Nurse can provide a link between home and school and act on the child’s behalf. The nurse will also provide information, advice and support on health issues to teachers, children and parents. This can be offered individually or in groups as part of health promotion programmes.

Routine screening of children’s height, weight, vision and hearing is offered to all children within the first year of school. Where any problems are identified appropriate follow-up and referral can be made. These tests can be carried out on request at any age if concerns are highlighted.

**Contact details:**

**Address:** n/a

**Phone number:** 0114 305 3225.

**Web site:** [www.sheffield.gov.uk/education/information-for-parentscarers/care-support/school-health-service/school-nurses](http://www.sheffield.gov.uk/education/information-for-parentscarers/care-support/school-health-service/school-nurses)

**Email:** n/a
<table>
<thead>
<tr>
<th>Organisation Name:</th>
<th>Sheffield Sexual Exploitation Service</th>
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</thead>
<tbody>
<tr>
<td><strong>Key areas:</strong></td>
<td>Child sexual exploitation</td>
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</tbody>
</table>
| **Outline of service:** | Sheffield Sexual Exploitation Service is a co-located, multi-agency service responsible for tackling child sexual exploitation in Sheffield.  
The service works to address sexual exploitation on five key principals; prevention, protection, pursuit, prosecution and participation. The service works with partner agencies to prevent sexual exploitation by raising awareness of issues with professionals, businesses, communities and young people. Youth workers and social care staff from the service are responsible for protecting young people who are identified as being, or at risk of being, sexually exploited. Police officers are based with the team to help pursue and prosecute offenders.  
The service utilises a youth-work based approach to work with young people aged 10-21 who are referred due to concerns they may be at risk of sexual exploitation. Youth work staff work with young people to raise their awareness of risky situations, educate them about relationships and provide sexual health and drug and alcohol related interventions.  
Support offered includes work around self-esteem, sexual relationship education, sexual health and awareness raising of risky situations. The work is designed to build resilience within young people in order that they can make informed decisions to help them exit exploitative situations and move on with their lives. |
| **Contact details:** |  
**Address:**  
Star House, 43 Division Street, Sheffield, S1 4GE  
**Phone number:** 0114 201 8645  
**Web site:**  
http://www.sheffieldfutures.org.uk/home/about_us/sheffield_sexual_exploitation_service/  
**Email:** n/a |
### Organisation Name:
**South Yorkshire Eating Disorders Association (SYEDA)**

### Key areas:
- Eating Disorders

### Outline of service:
SYEDA provides a range of services for individuals with an eating disorder and those who care for them. We offer different types of therapy including counselling and occupational therapy.

We have an extensive education programme and work closely with schools and colleges to reduce the prevalence and impact of eating disorders.

### Contact details:
- **Address:** 26-28 Bedford Street, Sheffield, S6 3BT
- **Phone number:** 0114 201 8645
- **Website:** [www.syeda.org.uk](http://www.syeda.org.uk)
- **Email:** info@syeda.org.uk
**Organisation Name:**
**South Yorkshire Fire and Rescue Community Youth Engagement**

**Key areas:**
Crime Prevention, Adolescence

**Outline of service:**
South Yorkshire Fire & Rescue works closely with schools and colleges across the county, offering a wide range of educational programmes.

Educating young people about fire safety is a crucial part of our work to reduce house fires, arson and hoax calls.

Around 70 per cent of the fires attended are started deliberately, and this can divert resources away from life-threatening emergencies.

Because of this, one of the key priorities is to reduce arson.

**Contact details:**

**Address:** n/a

**Phone number:** 0114 253 2314.

**Web site:** [http://www.syfire.gov.uk/contact/request-a-school-visit/](http://www.syfire.gov.uk/contact/request-a-school-visit/)

**Email:** n/a
<table>
<thead>
<tr>
<th>Organisation Name:</th>
<th>Sheffield Young Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key areas:</strong></td>
<td>Adolescents, Young Carers, Self Esteem, Parents/Families</td>
</tr>
<tr>
<td><strong>Outline of service:</strong></td>
<td>Sheffield Young Carers offer support to children and young people aged 8-25 who are living in Sheffield and caring for someone at home, usually a family member, with a physical or mental illness or disability or a substance misuse problem. These children and young people are known as ‘Young Carers’ and Sheffield Young Carers support them by offering one to one support, group activities, respite holidays and support with education, employment and training.</td>
</tr>
<tr>
<td><strong>Contact details:</strong></td>
<td><strong>Address:</strong> Sheffield Young Carers Project Sheaf Bank Business Park Unit R7b, Riverside Block 20 Prospect Road Sheffield S2 3EN <strong>Phone number:</strong> 0114 258 4595 <strong>Web site:</strong> <a href="http://www.sheffieldyoungcarers.org.uk/">www.sheffieldyoungcarers.org.uk/</a> <strong>Email:</strong> <a href="mailto:information@sheffieldyoungcarers.org.uk">information@sheffieldyoungcarers.org.uk</a></td>
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Organisation Name:
Targeted Mental Health in Schools (TaMHS)
Family Action

Key areas:
Anxiety, anger, behaviour, emotional needs, parents/families, looked after children, self-esteem, SEAL, vulnerable children

Outline of service:

Training topics: TaMHS is part of the traded services model which can provide training in the areas of Introduction to Emotional Wellbeing and Mental Health in Schools, Focusing on Solutions in Schools, ADHD Awareness, Autism Awareness, Attachment, Trauma and Loss in the Classroom, Pathological Demand Avoidance (PDA) Awareness, Dyslexia Awareness and Coping With Depression.

Therapeutic Services
TaMHS also provides therapeutic services for individual children, groups or families. These services are available via traded contract with individual or families of schools or independent agencies.

Therapeutic Models: Theraplay (individual and group), Dyadic Developmental Therapy (DDP), Why Try Programme, Buster Anger Management, Kids Skills (brief solution focused), Friends Anxiety Groups, CAT (CBT) Anxiety Programme

Contact details:
Address:
Family Action TaMHS
86, Upper Hanover Street,
Sheffield
S3 7RQ

Phone number: 0114 321 1702

Web site: www.family-action.org.uk

Email: sheffieldtamhs@family-action.org.uk
**Organisation Name:**
Targeted Support Service

**Key areas:**
Achievement, vulnerable children from all backgrounds including refugee and traveller children

**Outline of service:**
- Developing a traded service to schools and other providers to improve educational outcomes for targeted groups of young people.
- Promoting engagement progression and high achievement in targeted communities
- Designing and developing with schools and providers new learning opportunities which meet the needs of targeted communities
- Working with external partners to create and implement strategies for the engagement and progression of targeted groups
- Brokering opportunities for training and development through community and voluntary organisations
  - Overseeing and extending mentoring, volunteering and fellowship programmes to all vulnerable cohorts in schools.

Programmes include:
- School Fellowship Programme
- Looked After Children Fellowship programme
- Key Stage 4 Booster
- New Arrivals
- Community Cohesion
- Mentoring and Community Development
- Gateway programmes

**Contact details:**

**Address:** 145 Crookesmoor Road, Sheffield, S6 3FP

**Phone number:** 0114 229 6139

**Web site:** n/a

**Email:** cypd_emtas@sheffield.gov.uk
Organisation Name:
The Corner - Sheffield

Key areas:
Young Person’s Substance Misuse Service

Outline of service:
We work with any young people between the ages of 8 and 18 who live in Sheffield. Central to everything we do is that we are young person-centred, meaning the support we provide is led by the needs of young people and change is not imposed upon them. We aim to provide the support, education and personal resources to enable young people to make sustained and lasting change.

We offer assessment and treatment for substance misuse problems. This is done through:

One-to-one young person-centred interventions which promote positive change. This can include advice and information on drugs, harm reduction and structured psychosocial sessions.

Group work sessions for young people, which provide education and advice to prevent and reduce the harms of drugs and alcohol. These sessions are run across the city in a wide range of venues and are tailored to suit the needs of each client group. Call us to request a group work request form.

Training courses for professionals working with young people in Sheffield. These are available free of charge to anyone supporting young people in our city. We have a rolling programme of training days and we can also provide in-house training tailored to the needs of each organisation. Call us to find out more and to book either of these training options.

We offer a flexible, non-judgmental, confidential and accessible service. We accept telephone referrals from young people, family members/concerned others and professionals. We are happy to offer support at our operating bases (the Corner, Community Youth Teams and Youth Justice Service), at a young person’s home or any other suitable venue.

Contact details:

Address: The Corner, 91 Division Street, Sheffield, S1 4GE

Phone number: 0114 275 2051

Web site: www.changegrowlive.org.uk

Email: n/a
## Organisation Name:
**Victim Support**

### Key areas:
Parents/Families, Crime Prevention, Self-Esteem

### Outline of service:
Victim Support is a national charity giving free and confidential help to victims of crime, witnesses, their family, friends and anyone else affected across England and Wales. We also speak out as a national voice for victims and witnesses and campaign for change.

We are not a government agency or part of the police and you don’t have to report a crime to the police to get our help. You can call us any time after the crime has happened, whether it was yesterday, last week or several years ago.

We have local offices across South Yorkshire including one in Sheffield (tel : 0114 275 8411). We provide the Witness Service in every criminal court. In South Yorkshire a Young Witness Service is available to give extra help and support to young witnesses and victims of crime.

The national Victim Supportline (0845 30 30 900) is available outside of normal office hours. Calls can be made:
- 9am - 9pm Weekdays
- 9am - 7pm Weekends
- 9am - 5pm Bank Holidays

Supportline welcome calls from Textphone users via Typetalk 18001 0845 30 30 900. We also have free interpretation services for people who speak languages other than English.

### Contact details:

**Address:**
Victim Support  
1st Floor Paradise House  
35 Paradise Street  
Sheffield S3 8PZ

**Phone number:** 0114 275 8411 or 0300 303 1971

**Web site:** [www.victimsupport.org.uk/](http://www.victimsupport.org.uk/)

**Email:** supportline@victimsupport.org.uk
**Organisation Name:**
**WAM-What About Me (Hidden Harm Service)**

**Key areas:**
Support for Young People affected by Drug or Alcohol use in the Family.

**Outline of service:**
What about me is a confidential service to help children and young people, between the ages of 7 to 19 years and 25 where appropriate, who are affected by drug and alcohol use in their family. We are open to anyone who lives in Sheffield.

Group work sessions which are age appropriate and individual one-to-one work, both of which include:
- Fun activities including creative use of art, photography, drama and games
- Meeting new people and making new friends
- Finding out more about drugs and alcohol-answering any questions you might have
- Looking at how you can solve your problems
- Help you become more confident and look at things you are good at

WAM understands that each young person and their family situation are unique.

**Contact details:**

**Address:**
44 Sidney Street
Sheffield
S1 4RH

**Phone number:** 0114 275 7369

**Web site:** [www.changegrowlive.org.uk](http://www.changegrowlive.org.uk)

**Email:** n/a
GLOSSARY

ADHD
Anxiety
Attachment Difficulties
Autism and Asperger’s Syndrome
Bipolar Affective Disorder
Depression in young people
Developmental Co-ordination Disorder (Dyspraxia)
Domestic Abuse
Dyslexia
Eating Disorders
General Learning Disability
Obsessive Compulsive Disorder (OCD)
Parental Mental Illness
Pathological Demand Avoidance (PDA)
Post Traumatic Stress in Children
Psychosis
Schizophrenia
Self Harm
Anxiety is a natural feeling of fear or worry which we all face when facing new or uncertain times. However some children find these uncertainties more difficult to deal with either due to their personalities or because of traumatic earlier experiences. Anxiety is often expressed through their behaviour as they do not have the words to explain how they feel. Serious anxiety can lead to a feeling of worry all the time and planning how they can avoid certain situations, this leads to a deeper anxiety and their whole life can be taken over by their fear, even when they know there is no logical explanation for their fear. Anxiety manifests itself in physiological symptoms eg racing heart, feeling sick, headache, as well as predetermined thinking eg this always happens in this situation or I always fail at tests.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/anxiety/dealing_anxiety

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/growingup/worriesandanxieties.aspx
Attachment Disorder

Attachment is the process that takes place between a baby and his/her primary caregiver where the child learns that they are worthwhile and lovable and the world is a safe place and others can be trusted. This happens when the primary caregiver consistently attends to the baby’s physical and emotional needs. Through these interactions a reciprocal (two way) relationship is built up and allows for healthy brain and emotional development of the baby. If this process is disrupted or lacking, the baby fails to form a view of themselves as lovable and others as trustworthy and feels the world is not safe. This leads to difficulty in later relationships and children become over controlling and fearful as they feel they have to take care of themselves. Lack of good attachment can lead to lack of empathy and aggressive or disruptive behaviours.

For More Information:

http://www.attachmenttherapy.com/ad.htm
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Children diagnosed with ADHD find it hard to stay calm, be safe, control their behaviour and have poor concentration. Their impulsive behaviours, with no consideration for consequences for their behaviour leads to difficulties in school in engaging in academic work and in relating to peers. More boys than girls are found to be affected by ADHD.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/adhd_children

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/disorders/adhdhyperkineticdisorder.asp
AUTISTIC SPECTRUM DISORDER (ASD) AND ASPERGER’S SYNDROME

Autism is a spectrum condition ie each individual child will be affected to different degrees, which is a lifelong developmental disorder. Those who have classic autism are affected more, with difficulties in speech, behaviour and understanding and may not be able to grow up into independent individuals. Those with high-functioning autism ie asperger’s are often above average intelligence and have great language and reasoning skills however have difficulty in everyday life as they have a literal understanding of language and therefore miss out on many social interactions. Children with autism or asperger’s often have sensory issues and over-stimulated by noises, smells, touch, taste or visual stimulation.

For More Information:

Young Minds

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/disorders/autismandaspergerssyndrome.aspx
BULLYING

Bullying can take on physical or emotional aspects and is where a child is intentionally hurtful by upsetting or intimidating another child (eg name calling of physically pushing or hitting) or cyber bullying (eg posting hurtful things on Facebook or sending unkind texts). All children fall out with friends occasionally or tease each other but if this continues and upsets the child then it needs to stop. Bullies behave the way they do for a number of reasons (eg unhappiness), anger, low self-esteem or may have experienced bullying themselves or abuse at home. Bullying is very upsetting for children and can lead to depression or feeling isolated and they may not want to go to school, affecting their school work.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/bullying/stop_bullying

Childline – Cyber bullying
https://www.childline.org.uk/Explore/Bullying/Pages/online-bullying.aspx

Royal College of Psychiatrists
http://rcpsych.ac.uk/expertadvice/parentsandyouthinfo/parentscarers/bullyingandemotion.aspx
Bipolar disorder, previously known as manic depression, is a mental illness which causes people to have extreme swings in mood from very low, sometimes leading to thoughts of self-harm to very high where they can appear very optimistic and positive but can also be extreme and lose inhibitions and act impulsively. Sometimes these changes happen very quickly and don’t last long. Other times they can build up over weeks and last much longer. The causes of bipolar disorder are not known but it can run in families. Diagnosis is very rare amongst very young children.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/bipolar_disorder/dealing_with_bipolar

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/disorders/bipolaraffectivedisorder.aspx
Feeling sad is a natural part of life, but depression occurs when these feelings of sadness continue over a period of time and overwhelm someone to the point of it interfering with normal life. Depression can manifest in many forms eg lack of concentration at school or school refusal, irritability, tearfulness, disruptive behaviour or being a bully to others amongst a few. Depression in teenagers can be harder to spot as they are naturally moody and don’t want to communicate but if they withdraw completely or become involved in risk taking behaviour or self-harm then they may be experiencing depression.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/depression/dealing
DEVELOPMENTAL CO-ORDINATION DISORDER (DYSPRAXIA)

Developmental Co-ordination Disorder (DCD), also known as Dyspraxia, is a specific learning difficulty which does not affect intelligence but only movement and co-ordination. DCD leads to, amongst other things: balance, co-ordination, short-term memory, organisational skills difficulties. Children with DCD can also have sensory issues eg oversensitive to touch or other stimuli. They communicate and understand in a very literal way which can cause problems with their interactions with peers.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/dyslexia_dyspraxia/about_dyslexia_dyspraxia
DOMESTIC ABUSE

Children are often witnesses first hand to domestic abuse or hear it from another room or see the physical effects of violence. Even if children are not physically hurt themselves, they can become anxious, depressed, have sleeping problems and may become aggressive, amongst other behaviours. Domestic abuse may stop children from having friends as they can’t invite friends to their home or they may miss school as they want to stay home and protect their parent.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/domestic_violence/about_domestic_violence

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/parenting/domesticviolence.aspx
Dyslexia is a specific learning difficulty which affects only reading, writing and spelling and not general levels of intelligence. It is thought to be caused by the brain being unable to process certain information. Undiagnosed dyslexia can lead to the young person feeling stupid and leading to low self-worth and anger. They may be disruptive in class due to frustration and being unable to access the curriculum.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/dyslexia_dyspraxia/about_dyslexia_dyspraxia
DIVORCE OR SEPARATION

Divorce and separation can lead to many uncertainties and changes for children eg one parent no longer being there all the time, losing their home, changing schools. Children feel many things during this time from sadness to abandonment, anger and guilt. Children may exhibit behavioural difficulties or be disobedient or could withdraw, have sleeping problems or be particularly clingy to parents and not want to leave them.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/divorce_separation/dealing

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/parenting/divorceorseparation.aspx
Children’s feelings and thoughts and attitudes to food can be affected by their upbringing or emotions and change at different stages of their lives. Worry or stress can lead to over or under eating. Anorexia and bulimia are serious mental health illnesses with anorexics being afraid they will gain weight and therefore they starve themselves in order not to gain weight and bulimics eating large quantities of food and using laxatives or making themselves sick afterwards. Compulsive eaters use food for comfort and eat more food than their body requires, leading to becoming seriously overweight.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/eating_problems/about_eating_problems

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/disorders/eatingdisorders.aspx
OBSESSIVE COMPULSIVE DISORDER (OCD)

Obsessive Compulsive Disorder is where someone has obsessive thoughts that come into their head uninvited together with compulsions to do things even when they don’t want to. Sometimes obsessions or compulsions are mild and due to some anxiety or stress eg lining up toys in a certain way but other times these stresses and anxieties are too strong and the child becomes preoccupied with their obsession or compulsions and they overtake and disrupt their lives allowing the young person to deny true feelings or anxieties.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/obsessions_compulsions

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/disorders/obsessivecompulsivedisorder.aspx
Having a parent with a mental illness can cause the child worry as they are not sure exactly what is happening and wonder if it may be their fault. They may not be looked after properly consistently by parents and may indeed become carers of their parents. They may be worried as they don’t know exactly how their parent is going to be from day to day and whether they will be hospitalised or overdose. Money difficulties, missing school and looking after siblings may also be a concern. Children who have parents with a mental illness are more likely to suffer anxiety and depression amongst other problems.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/parents_mental_health_problems/about_parents_mental_health_problems

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/parenting/pARENTALMENTALILLNESS.aspx
PATHOLOGICAL DEMAND AVOIDANCE (PDA)

Children with Pathological Demand Avoidance (PDA) avoid demands of others placed on them, which in turn causes anxiety and control issues as they try and avoid the demands. PDA is recognised as part of the autistic spectrum. Children with PDA have good social communication skill and use these to control interactions by developing good role play or social mimicry skills. Children with PDA obsessively resist demands, have extreme mood swings and can be obsessively focused on people.

For More Information:

The National Autistic Society
http://www.autism.org.uk/about/what-is/pda.aspx
PSYCHOSIS

People can experience psychotic incidents due to schizophrenia, bipolar disorder, stress, depression, alcohol or drug use and may experience only one episode or ongoing episodes throughout their lives. Psychosis is a symptom of a serious mental health illness and during psychosis the person loses touch with reality and can hallucinate or have delusions and be extremely paranoid ie a psychotic episode. Usually psychosis episodes do not happen until late teens or adulthood.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/psychosis/about_psychosis

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/disorders/psychosis.aspx
SCHIZOPHRENIA

Schizophrenia is most commonly diagnosed between the ages of 18-36 and is a mental illness which effects thinking and behaviour. Schizophrenia is thought to be a problem in brain chemistry but also runs in families and although stress or drug use may trigger schizophrenia, a number of factors are thought to lead to onset. People with schizophrenia have psychotic episodes with hallucinations, hearing voices and paranoid thoughts. Early diagnosis of schizophrenia can prevent serious illness.

For More Information:

Young Minds
http://www.youngminds.org.uk/for_parents/worried_about_your_child/schizophrenia/getting_help

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/disorders/schizophrenia.aspx
SELF-HARM

Self-harm is where someone intentionally causes bodily harm to themselves. Young people self-harm as a way of dealing with difficult feelings bottled up inside eg anger, feeling helpless, guilt or shame and often being unable to ask for help. Sometimes when young people have faced extreme situations eg abuse they feel dead inside and so self-harm to feel connected to alive. Sometimes young people feel so overwhelmed that they wish to commit suicide as they don’t know how to get out of their problems and death is the only escape. Self-harm can include hitting or cutting themselves, pulling their hair out and even over-dose.

For More Information:

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/self-harm.aspx
POST TRAUMATIC STRESS DISORDER

Post-traumatic Stress Disorder is a reaction to a life threatening event eg a car accident, being abused or witnessing crime. A natural reaction of a child or young person to upsetting events is thinking about the event, hard to relax, clingy and anxious. However if these natural reactions continue to occur over a period of more than 3 or 4 months, then they are said to be caused by post traumatic stress disorder and professional help is needed to overcome these feelings and experiences.

For More Information:

Young Minds

Royal College of Psychiatrists
http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/disorders/traumaticstressinchildren.aspx
INTERCHANGE
SHEFFIELD CIC

Supporting the emotional well-being of young people under 25
Interchange Sheffield CIC
Counselling and Psychotherapy for Children and Young People

Provides person-centred therapeutic services for children and young people from Primary School to 25 years. We have a Sheffield City Council commission to provide a community counselling service for vulnerable young people, and a School based service has been delivered in 3 localities in partnership with Family Action TaMHS.

INTERCHANGE KEY FEATURES:

• Professional qualified, supervised practitioners. BACP (British Association for Counselling & Psychotherapy) organisational member

• 1-1 or group. Short, medium, long term counselling, according to need

• Supervision, support and consultancy for staff

• Service Level Agreements (SLAs) with schools/colleges. Provision also at our city centre base and in community settings

• Young people-friendly team of Therapists and Practitioner- Managers with diverse backgrounds and experience, including teaching and youth work

• Developing on-line and peer support for young people and referrers

• A creative menu of therapeutic group work developed with young people
  E.g. Cage the Rage, Relax and Recharge, Walk and Talk, On the Cutting Edge (art therapy for self harm and self care), Building Bridges to Employment
Contact details

Please get in touch for further information

Interchange office: 0114 201 6672
interchangeproject@ymail.com

Education Services Manager, Safeguarding and SEND Lead:
Leah Booker: leah.booker@interchangesheffield.org.uk

Community Services Manager:
Cherry Smith: cherry.smith@interchangesheffield.org.uk

Director of Services:
Teri Connolly: teri.connolly@interchangesheffield.org.uk