

Written evidence submitted by Young People Cornwall (MHS0020)

Young People Cornwall is a youth charity that has been operating since 1974. It works to support Children and Young People move forward in their lives. Please see our website for more information: [Making Waves - Young People Cornwall](#)

Please find a selection of case studies that support the request for information made. These case studies all represent CYP lived experiences of engaging with Young People Cornwall's Services and the wider statutory and VCSE partners.

Individual Case Studies Significant Change Stories

'My most significant change since being able to attend the youth club, in a lockdown, is that I now have the courage and knowledge of how, and when to ask for help. This is thanks to all the staff who were able to keep me safe, and never gave up on me.' young women, aged 17.

C regularly attends the House youth club, and has done so since she was 14 years old. C has spent almost all of her childhood subject to a child protection plan, which has resulted in her being placed in foster care placements, but has always gone home to her mother, despite the turbulent relationship they have. When the first lock down happened staff from the youth club made contact with C. Should things become too much for her at home, youth worker supported her to create a safety plan. C also engaged in some online activities at the youth club, and some 1:1 support from youth worker. The direct work C received developed her self-confidence, and knowledge of how to access services independently. Furthermore, a care package was posted out to C, to provide her with something to do and an alternative way of contacting YPC staff should she need too.

Unfortunately, things became problematic for C at home and she was no longer able to stay with her mother. C contacted youth worker, who was able to safeguard her by putting all the relevant external agencies in place. This resulted in C being placed in temporary accommodation. Worker contacted the IAG team who were able to provide C with a food care package and a twenty five pound voucher for ASDA, to get some extra bits. C later contacted worker and explained that she had no bedding, and no furniture in the place she was staying at. Application to the crisis fund and secured C to spend on items for her accommodation. Furthermore, at Christmas we were able to obtain some other funding and delivered C a Christmas hamper filled with everything she would need for a festive dinner, some games and even mince pies!

C is still in temporary accommodation and is awaiting a place of her own. C has prepared a CV ready to distribute once she has her new place. C is continuing to work with youth worker around transitions, because she is going to turn 18 years old in a few months, and will be leaving children's services. Now that C is living in her own place, C has a much better relationship with her mother. Despite the lockdown C is doing really well and said 'if it wasn't thanks to you guys who never gave up on me, I would most defiantly be on the streets, or even maybe in prison – who knows'.

YM G 17 *'Your boss is banging letting you send these packs out, I played with the yoyo all night'.*

G was 14 years old when his brother took his own life. Throughout his childhood his brother was always in prison. G was cross that the police kept taking brother away, and did not arrive in time to stop his brother taking his own life. Other family trauma.

Permanently excluded from school G said *'after they kicked me out of there I went to another PRU in Liskeard, they were sick there, I still keep in contact with them now', 'they still drop work off to me, they always try and help me out, like you guys', but, I also got kicked out because of my behaviour and I ran out of chances. I then went to P-plus and a private tutor'. 'I really liked the private tutor, he*

showed me I can do it and that I do have a brain, but then I stopped going. G said he has just always continued to be moved around because of his behaviour.

More recently, G walked in on his mum taking loads of tablets. G and his brother sat on their mum until the ambulance arrived to take her to hospital.

G is involved in 'county lines' and is exploited by others. G is open to CAMHS, if he will engage they would like him to have trauma therapy treatment and an assessment for ADHD and assessment on his speech as G is unable to express himself clearly.

G has been accessing YPC provision on and off since he was 14. There have been challenges and G has been asked to leave many times. However he knows the support is always available and consistent. The approach we use G has responded well. More recently, G has really opened up and started talking to YPC staff. All other services cannot believe he has reached out and called staff at YPC because he has never done this before and would like us to continue building that relationship with him with a view to getting him into therapy. Just prior to being 18 the offer from services stopped as he was going to be 18. G stopped engaging.

F Young Man 16 St Austell.

'you are the only person who has listen to me and actually understands how dead this is for me'.

Concerns around exploitation, county lines, homeless, place at college removed.

F has been on a child protection plan. There has been limited referrals made to external agencies for Z, despite having had a social worker since he was 4. F did try to engage with trauma therapy a few years ago, but the therapist forgot to invite his parents to the session and this caused F a lot of distress and has since struggled to trust other agencies.

F feels that no one listens to him and that no one cares. F talks about feeling let down and left behind by everyone. In one meeting I witnessed F asking relatives why she was making him homeless. F needs to build a trusting relationship with a professional that can support him to find somewhere to live, help him budget his money and support him to seek the right professional support from services. F lived with his grandparents, but since Covid-19 they have become unable to continue looking after him and have decided to make F homeless. F was being exploited and to himself when feeling low and depressed. F has on many occasions expressed a wish to end his own life, but does not feel brave enough to do it himself and has wished someone would do it for him.

We provided F with 1:1 support. Included information, strategies, and support around mental health. Organised support from the IAG team. met with F social worker and spoke to his nan to find out what the situation was. Liasised with camhs however appointments were not maintained.

We requested that the SW arrange a CHIN meeting, so we could all meet and support F to have his voice heard and his wishes and views respected.

We supported F to put in an emergency referral to the CAMHS team for an emergency assessment because F has underlying mental illness and a history of suicidal ideation. We prompted the college to also put in a referral. F has now been accepted onto the CAMHS pathway however there are challenges with attending appointments, and the demands from the people exploiting him.

We accessed a crisis fund so that F could obtain funds for an MP3 player. This is an essential piece of equipment in F managing his emotions whilst at college. F displays unpredictable behaviour, due to the trauma he has experienced, which means he can really struggle. Risks in F getting excluded from his college course, but the MP3 has helped him to stay calm.

F also had no trainers, so the crisis fund paid for a new pair and a new clean tracksuit for him to attend college in. Secured 1:1 music tuition, and looked at new places for him to live. The IAG team have also set him up with all of his benefits and a new bank account.

SWkr was absolutely thrilled with the help and support she has had from YPC for F. SWkr said **'this support has made a massive difference to helping me do my job as a social worker'**.

F is able to understand that if he feels he is unable to keep himself safe or feels at risk again then he knows how to reach out for help.

There is a realisation that to tackle exploitation and to protect young people will require new ways of working and to continue working together. Furthermore, mental health services have much more work to do if they are to be able to reach and work with some of the most vulnerable young people.

YW case study

H came through NCS

Concerns picked up around mental health and undiagnosed learning needs.

Referral made to camhs by youth worker. Youth worker took her to appt at Treliske from St Austell as she had no family who could take her.

YWkr had concerns @ abuse at home, Social care referral.

Young woman attended activities at youth centre, and young women's group.

Regular multi-agency meetings with youth worker, social worker, camhs worker.

Young woman stated she was planning to take her own life. Police attended centre.

Youth worker continued to support, working with camhs as they planned to close the support/case as young woman turned 18. Referral to adult mh services.

Support continued through transition to adult services and workers expressed concerns around additional needs.

Young woman continued to engage in online young women's group during lockdown, was chosen as the regional rep for young women's work.

YW case study

B - young person had not been out of the house for over two years, so staff arranged weekly meetings with the young person and mum, where each week the young person worked towards her goal of coming out of the house. Furthermore, the young person worked towards establishing a new working relationship with a professional, so that she could start her journey to becoming independent.

The young person had been missed by all services and even social services had no record of the family despite the young person having a diagnosis of ASD, Anxiety and OCD. Furthermore, the grandparent who lives with the family also required around the clock support with personal care, finances. Based on this information staff were able to refer the young person and the grandparent to social services, for them to carry out an assessment of her care needs and create a care plan for them both. Social services are also going to put in place some respite for mum.

Staff also referred this young person to Outlook South West for her to have CBT. The staff member contacted YPC's IAG team for them to support the family with all of their benefits and ensure they had the right money coming in. Finally with negotiation between social care and cmh team cbt was agreed.

The young person was also offered to join an online youth group to enable the young person to make new friends and develop her social skills. Youth worker continues to meet B weekly and is the only time she leaves the house.

Group case study

Individual need of young people highlighted though BLOOM, social care referrals, iag, police, Headstart.

Individual young people, some with additional learning needs, some excluded from school attending apa, mental health needs, interested in boxing but would not attend community boxing club. Youth worker organised with the coach from the community boxing club to come to the youth centre. 12 week group once a week. None of the yp knew each other. Co-delivered – youth worker, wellbeing worker and boxing coach. Wellbeing worker informally educated @mh, wellbeing doing activity, stress, anxiety strategies. Youth worker co-ordinated, delivered informal iag, support. Boxing coach gave 6 months free attendance once 12 weeks finished. Young people attended. Finished with celebration and certificates. Young people in apa went back in to mainstream education.

Redruth Detached Case Study

Plan to deliver sessions for the month of October, engage young people, refer in to 1 to 1 support if needed, referral in to young men's group planned for Redruth Family Hub, and young women's group. Sessions co-delivered by CRCC and YPC. Local knowledge from CRCC participation youth worker. Detached sessions: Wednesday evenings

- Visited all the hotspots for anti-social behaviour - through feedback from the asb forums, where the most incidents were occurring and where young people would congregate. Staff visited multiple parks, housing estates and the town centre, bad weather meant any people were sparse however saw 2 young men.
- Group of 11 young people meeting in the park. Approached by staff, where they were introduced to their organisations and their role in detached work. Yp were responsive in their engagement. Conversations surrounded their school, Redruth, and their experiences returning after covid. They haven't found this enjoyable, but are feeling more optimistic restrictions are being eased from previous lockdown measures, which they found difficult in spells.
- Staff covered numerous areas in Redruth, all on foot due to the good weather, including local parks and the town. 10 Young people seen in the park, local to Strawberry Lane. Staff engaged with them, whilst they were tying up pictures of their friend who recently passed away. The park had numerous flowers, pictures and banners set up, which they were adding to. Workers talked with yp about them processing the recent deaths. The young people were asking when Hideaway would re-open, but were advised this wasn't possible due to covid restrictions. The group were briefed about their presence on detached, due to the rise of ASB in Redruth. Aside from an assault that happened in the last couple of months, the young people said that they'd been clear of any trouble around the estate. They were informed workers would be operating in the area every Wednesday throughout October.
- Partners inc locality manager, community safety, police are all involved in discussions.

Young People's Voice Transitions

Young people from the centres in Truro and St Austell, and those we have engaged through detached work and VC, who we have supported say

- They are made to move from children's services into adults when they are not ready and would like to stay in CAMHS until they are ready. They might be 17 and have built a relationship with a worker but are made to start moving in to adults months before their 18th birthday.
- Even if we have additional needs, we have to move into adult services.

- they are made to start managing their own care plans and are not ready, so would like the option of support.
- they are put with adults to talk about things which makes them feel uncomfortable and would like this to stop.
- mental health services won't deliver interventions or provide support if they are in that grey area (age 17.5) and about to move services. YP would like an end to this.
- young men in particular need services to be able to provide support for them even if their behaviour is unpredictable because they cannot always control themselves. This is a big one!
- they would also like to be able to extend sessions rather than have just the subscribed amount and then have to start again.
- They would like an explanation of the process at the start, so they are not left guessing what will happen.

Exploitation

A young person attending one of the groups and taking part in sessions including exploitation, awareness raising, self-esteem etc said 'I had no idea what any of this stuff meant before I started coming to this group and I guess I would be a yp to worry about because my step dad has been in prison before and my brothers banned from Cornwall'. Aged 13.

Safety

Young people highlighting they know that the lack of organised activities result in them being involved in increasingly risky behaviour. Eg young man identifying he has to come to college as 'then the adults won't get him.'

Our previous work & consultations with young people highlight they do not feel safe because of knife crime, sexual assault, social media and school pressures, to smoke, use drugs, to be involved in sexting and criminal behaviour. Young people reported 'there are no jobs for us so we are selling drugs. The drug dealers look after us.'

Eg workers went to one area of the town as there have been complaints from members of the public of some disruption around that area. Workers ended up speaking with a young male who regularly attends the youth club. We spoke with him for some time as he was telling us about issues, he was having with his social group that he was avoiding due to the others getting into some trouble (although he would not be clear on what that was). This young male was keen to know when the next youth club session would be on and gave the impression he finds it a safer place to be than spending time with larger groups in town. Here we could also see other young people who were in company with older teenagers at Lemon Quay with ages ranging from 13 to approximately early 20s.

Enabled us to respond to need quickly.

Through reports to Safer Cornwall, town councils, police, social care often from the general public, about concerns of groups of young people or anti-social behaviour we had enquiries about whether we could provide detached and 1 to 1 support immediately.

SHR funding enabled us to remove young people from waiting lists, as referrals for support around anxiety had increased due to covid.

The flexibility of the programme enabled us to adapt our response depending on the need demonstrated by young people and their families. So for example we estimated a certain number of crisis support sessions, however need far outstripped what we originally thought so we reduced the number of detached sessions to enable us to deliver more crisis support.

'My most significant change since accessing the hub is that I am now getting the right support for my mental health, which has helped me to stay at college' ... Young women aged 17

T is a 17 year old young women who has had a lot of traumatic experiences. This has resulted in her withdrawing from her family and friends, to spend time alone. Struggling to manage strong emotions such as anxiety and sadness was impacting T's ability to attend college and progress with her photography course. T's father contacted the staff at the hub and brought her in for an assessment. Due to previous police involvement staff at the hub were able to obtain T's crime reference numbers and secure funding for her to have 6 months trauma focused therapy with CLEAR. The staff were able to arrange with CLEAR that the therapy sessions be delivered during her time at college, to reduce any additional distress the family may face from being unable to get T to the sessions. Whilst T waited for the support to start she used the HUB as a safe space to come to each week and check in with how she was feeling. Using a youth work approach staff were able to engage T in activities that she could do at home to look after her mental health. T completed a mental health first aid kit with youth workers so that she could remind her self of the positive ways to look after her mental health when she wasn't feeling so good. Youth workers in the Hub showed T how to make stress balls, and gave her informal education around managing her frustration. T also struggled with low mood, so youth workers made lava lamps and clay models which enabled her to take notice of the little things around her. T said to staff *'I had forgotten how much I love doing all this stuff and how good it makes you feel. I think I just get stuck on snap chat'*.

'My most significant change since coming to the HUB is that I can now recognize when im going to flip'... young man aged 20

L is a 20 year old young man who is currently homeless. He has been placed in an 'adult' mental health unit, where there are no support staff. L has been diagnosed with Autism, Depression, Anxiety, and Attention Deficit Disorder. L cannot read and write and struggles to manage his emotions. His mum could not manage his behaviour and threw him out. L is also not in employment, education, or training. L was really anxious about trusting a professional for support. He attended the hub a few times before he shared his story with staff. Since attending the hub staff have supported him to ensure he has got food and drink. They have also referred him onto a fishing project which he now attends weekly. The staff have also referred him onto another NEET project run by youth workers where he will receive support back into employment or training. L has also been have informal education from youth workers on how to look after his mental health when he is struggling. L has been attending the HUB and playing the drums with youth workers, which L said *'without this place I wouldn't be coping as well as I am'*. He also wants to start boxing, so youth workers have arranged for our qualified Empire Fighting change youth worker to come in and provide him with a session on boxing. If L feels this is a beneficial coping strategy then youth workers are going to support him to attend his local gym. It should also be noted that L is no longer involved with any ASB since accessing support from the Hub.

My most significant change since attending the hub is I no longer feel the need to kill myself every time I'm having a bad day'...L young women aged 16

A&E referred L into the HUB after she had made an attempt to kill herself. L had felt so low that she was intoxicated with alcohol and walking on the train tracks. The police found her and took her to hospital. When L arrived she was exhausted. L shared with staff that she felt so low she thought it was best to just kill herself. Youth workers supported L to complete a referral form for 1:1 support. They also completed a safety plan with her. Youth workers then provided L with psychoeducation to understand why she might feel so low, and what to do when she does. L engaged well with the work and said 'oh! I thought if you had shit mental health you just kill yourself'. Unfortunately, L's family also have a long history of mental illness, so there is no one at home to support L with eth positive information she needs to look after her wellbeing. L also shared with staff that she enjoyed baking, so youth workers supported her to join her local youth club where she could engage in meaningful activities that made her feel good. Since receiving the support from the HUB L has now started college and secured a part time job.

'Our most significant change since coming to the Hub is that we now know how to look after our mental health'... young women aged 15 and young women aged 14.

Two young women accessed the hub reporting that they had been really struggling with their behaviour at school and were at risk of being permanently excluded, which they both did not want. Youth workers in the hub provided them with psychoeducation on what mental health is, positive ways to look after their mental health and they then completed a mental health first aid kit. The girls said they loved the session and really enjoyed being able to learn how to look after themselves. Sometime later they called back into the hub to let staff know that they use their first aid kits all the time and its really helping them manage their emotions whilst at school.

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