



**Youth Workers bringing a 'voice of hope' to 10-25's in A&E because of self-harm, a suicide attempt or emotional crisis, plus immediate, weekly follow up support sessions in the community; since 2016.**

### **Why is Emerge needed?**

Self-harm related attendances by young people to A&E departments have dramatically increased in recent years, with a 22% jump in 2022.<sup>1</sup> More than half of young people who present with self-harm also present a significant suicide risk and almost nine out of ten young people who attempt suicide also engaged in self-harm.<sup>2</sup>

When young people find themselves in A&E in these circumstances, they often do so reluctantly, experiencing fear and shame based on their own past experiences and the experiences of their peers.<sup>3</sup> As affirmed by A&E staff, A&E's are "busy, noisy and very frightening places...if you've got a mental health issue they can be quite scary places."<sup>4</sup> This can cause young people to enter a fight or flight response resulting in increased levels of volatility, the risk of absconding (running away) from A&E, or of them shutting down entirely, unable to tolerate the physical or mental health care and assessments they need.

Following a visit to A&E, young people may be referred to a community mental health team for ongoing support and treatment but waiting times for this are often weeks or months long, during which time, young people's mental health can deteriorate further.<sup>5</sup> Schools and families struggle to provide the support needed, impacting on education and risking family breakdown. Between 2018 and 2022 there was a 50% increase in referrals to social care where mental health was a factor.<sup>6</sup>

Yet, A&E is a key opportunity for engagement with a young person who self-harms and research has shown that experiencing kindness and compassion in A&E has the potential to challenge young people's negative self-evaluation and break the cycle.<sup>7</sup>

The following quote describes an all too common experience, and the difference that can be made by the right interaction:

"My daughter was in A&E and it had been very challenging. She had taken an overdose, tried to leave the car while I was driving to hospital, and ran away from A&E to try to escape. No one had seen this so we were alone by an exit door and I had to physically pin her down. It was very traumatic for us both but I had held myself mostly together until we got help and she got back into a bed in A&E. When the Emerge volunteers arrived I was a little sceptical at first but they made us both feel very at ease, with no pressure and some humour. She engaged so well with them that I was able to take myself to the toilet and have a good cry. This time alone allowed me to process some of what had happened and to regroup myself. When I came back she was in a much safer headspace and I was able to relax a little.

Her mental health took a long time to settle but she recently got her GCSEs and hopes to start college in September. That night could have been her last... I cannot tell you how valuable you all are and the difference you make. Please pass on my thanks to every person involved with making this all happen."



<sup>1</sup> <https://www.bbc.co.uk/news/uk-england-64874355>

<sup>2</sup> <https://doi.org/10.1016/j.psychres.2019.112553>

<sup>3</sup> <https://doi.org/10.1192%2Fbjp.bp.113.141242>

<sup>4</sup> <https://www.nursingtimes.net/news/hospital/ae-unacceptable-place-for-mental-health-patients-in-crisis-16-05-2017/>

<sup>5</sup> <https://www.theguardian.com/society/2022/oct/10/nhs-mental-health-patients-wait-times>

<sup>6</sup> <https://www.cypnow.co.uk/content/analysis/economic-crisis-sees-young-peoples-mental-health-and-wellbeing-suffer/>

<sup>7</sup> <https://doi.org/10.1192%2Fbjp.bp.113.141242>

**Emerge Advocacy | Charity No: 1171851**

**[www.emergeadvocacy.com](http://www.emergeadvocacy.com)**

** @emerge.advocacy**

** emergeadvocacy**

## Emerge's Hospital-Based Work

Emerge is a youth work charity that supports young people aged ten to twenty-five who are attending hospital<sup>8</sup> because of self-harm, a suicide attempt or emotional crisis.<sup>9</sup> Emerge team members are present in hospital between the hours of 7pm to 11pm to take referrals via nursing staff and self-referrals for non-clinical support within the Emergency Department and wards. The purpose of the support is to build rapport and relationship with the young person to help reduce anxiety, enhance engagement with clinical care, and improve the patient experience for this subsection of patients. This is done through informal conversations where the workers engage young people in talking about whatever they would like to discuss, whether that is related to their present circumstances, or focusses on more light hearted matters of interest to the young person such as hobbies or anything topical. Emerge's team utilise simple card games and colouring to engage young people and help them relax with the aim of further building the rapport and a sense of trust and openness.

Emerge workers also aim to help young people understand the clinical process that will take place during and after the hospital attendance, to answer questions or to allay any concerns the young person might have. They are also able to advocate on behalf of the young person or, preferably, empower them to advocate for themselves in matters regarding their care, their needs, wishes, priorities and hopes so that this can inform and add value to the clinical process.

This service began as a pilot project in 2016 at the Royal Surrey Hospital, set up by the founder following an experience in her capacity as a community-based youth worker supporting a young person already known to her as she accompanied her during a number of attendances to hospital. The initiative was well received by clinical staff within the hospital with the following remark being made by the then Locum Consultant in Emergency Medicine and Psychiatry Lead after a year of operation:

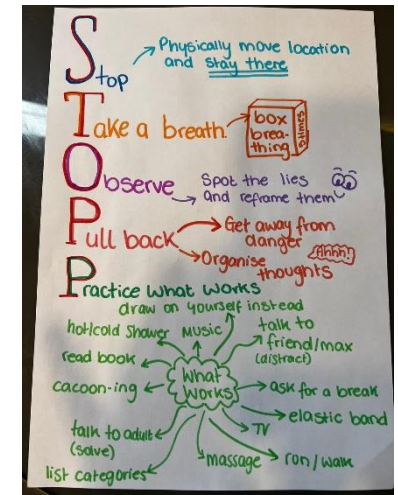
'Emerge offers a caring and compassionate service to teenagers and young adults in their time of great distress, the value of which cannot be underestimated. Patients consistently give positive feedback. It has been demonstrated time and again that creating a calming environment around patients experiencing psychiatric disturbance benefits them greatly, shortening admissions, lessening the severity of their illness and medication requirements. The Emerge service is fundamental to this process and adds staffing at a one to one level without cost to the NHS, win-win in terms of psychiatric care!'

<sup>8</sup> Emerge works in general hospitals as opposed to specialist psychiatric hospitals. The team works in A&E, children's wards and short stay wards

## Emerge's Follow-Up Work

Emerge offers follow up support to young people following their attendance at hospital which takes place in the community, comprised of weekly or fortnightly sessions usually lasting up to three months but which can continue if needed. The purpose of Emerge's follow up support is as follows:

1. To ensure the young person knows that they are valuable, cared for and supported by those who matter to them, and by their Emerge worker as they develop a trusting relationship. For this to succeed, it is important that the support from Emerge is engaged with freely by the young person, and that they influence the 'where, what and when' of their sessions.
2. To help the young person develop healthy coping strategies and find ways to keep themselves safe. This is done through informal conversations but at times the Emerge worker or young person will write things down with young people to help them remember what has been discussed if this feels natural. An example of this can be seen here with the use of the STOPP model.<sup>10</sup>
3. To connect young people with people and resources for ongoing support, deepening or acquiring new friendships, skills and interests to help them recover a sense of purpose and hope. The Emerge worker can accompany the young person to new activities or sources of support if necessary.



As Emerge is able to begin supporting young people straight away, it can help bridge the time between hospital discharge and to commencement of therapeutic work in the community. Not all young people supported by Emerge go on to need a clinical service, with some finding that their circumstances stabilise over time, and with the support of the Emerge team. Emerge's follow up support does not replace any assessment or intervention that would take place through health and social care services. Where young people are under the care of mental health or social care professionals, Emerge proactively connects with these professionals to ascertain whether there is value that can be added by Emerge's involvement and how best to tailor this support.

<sup>9</sup> [www.emergeadvocacy.com](http://www.emergeadvocacy.com)

<sup>10</sup> [www.hey.nhs.uk/wp/wp-content/uploads/2020/08/OHC\\_STOPP.pdf](http://www.hey.nhs.uk/wp/wp-content/uploads/2020/08/OHC_STOPP.pdf)

## The Development of Emerge's Model

When Emerge began in 2016, the concept of having youth workers alongside clinical staff working with young people during intense and vulnerable situations raised some eyebrows and unspoken questions among clinicians who had not had the opportunity to directly observe Emerge's work in practice.

*"What value could non-clinical people possibly add and is it even appropriate that they're here?"*

This sentiment was expressed in conversations Emerge's founder had with a variety of professionals including a Nursing Manager in a community-based mental health team, and a Director of Nursing for community-based services. There was also resistance from some crisis team staff who visited hospitals to assess young people, while others were supportive.

In more recent years, there have been significant developments in theory and wider practice with has seen youth work in a clinical setting become normalised and sought after in a variety of contexts including interventions for violent crime,<sup>11</sup> diabetes<sup>12</sup> and mental health.<sup>13</sup>

This paper seeks to lay out the building blocks of Emerge's model, to explore how this dovetails with clinical models of support and to demonstrate the impact of Emerge's support in the lives of real young people. This consists of four building blocks:

1. **Youth work model**<sup>14</sup>
2. **Trauma informed approach**<sup>15</sup>
3. **Aligned with THRIVE framework for systems change**<sup>16</sup>
4. **Through co-regulation**<sup>17</sup>

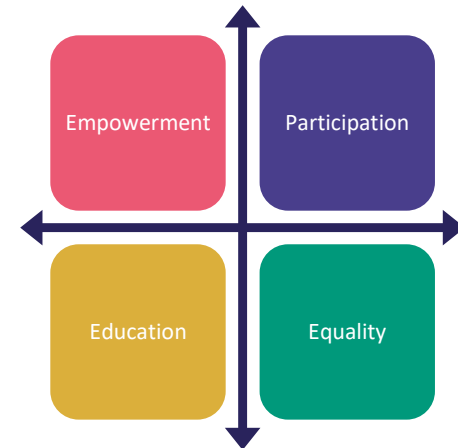
These building blocks are the foundation from which Emerge's identity is shaped. Emerge is also a Christian charity with values and beliefs embedded in a relational theology which holds hope for young people, even in the bleakest of circumstances. Emerge's support is open to young people of all faiths and none, and is delivered in a person-centred manner, with no agenda to discuss matters of faith. Emerge exists to bring care and compassion indiscriminately, working collaboratively for the best outcomes for young people.

## Building Block 1: Youth Work Model

Youth work has its roots in faith-based social action dating back to the early nineteenth century when individuals noticed deprivation, crime, and a lack of opportunities among young people and were moved to action. Churches provided food, education and safe spaces for young people who otherwise would have gone without these fundamental things. This was the seedbed for the YMCA.<sup>18</sup>

Youth clubs developed, becoming popular and, by the 1960's, the idea was taken up by local councils who started open-access youth clubs in communities across the UK.<sup>19</sup> Due to financial pressures in the 1990's, council youth work receded again and became predominantly 'targeted' rather than open to all. Meanwhile, many churches continued to provide youth clubs and work with all young people who wanted to participate, with the faith sector becoming the largest employer of youth workers in the UK by 2000.<sup>20</sup> Organisations like the Oasis Trust<sup>21</sup> and Centre for Youth Ministry<sup>22</sup> developed professional training courses for Christian youth workers to undergraduate and postgraduate level. These qualifications include the nationally recognised JNC qualification which is the industry standard for statutory youth workers in England and Wales.<sup>23</sup>

In the 1990's, the four cornerstones of youth work were defined and remain central to understanding youth work today:<sup>24</sup>



<sup>11</sup> <https://www.redthread.org.uk/>

<sup>12</sup> <https://www.mpft.nhs.uk/services/diabetes-services-children/youth-work>

<sup>13</sup> <https://www.rockinghorse.org.uk/projects/hospital-youth-worker/>

<sup>14</sup> <https://nya.org.uk/national-youth-work-curriculum/>

<sup>15</sup> <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

<sup>16</sup> Wolpert et al 2019, <https://implementingthrive.org/about-us/>

<sup>17</sup> Rosanbalm and Murray 2017

<sup>18</sup> <https://ymca.org.uk/about-us/>

<sup>19</sup> <https://nya.org.uk/our-history/>

<sup>20</sup> <https://infed.org/mobi/the-case-for-youth-work/>

<sup>21</sup> <https://oasisuk.org>

<sup>22</sup> <https://cym.ac.uk/>

<sup>23</sup> <https://nya.org.uk/for-providers/>

<sup>24</sup> <https://nya.org.uk/national-youth-work-curriculum/>

## Participation

Youth work supports young people and works with them to become partners and leaders in their own learning, to help them gain influence over issues they are concerned about and to engage them with systems and processes.

## Equality

Youth work is for all young people. It respects differences and builds connections between different groups and individuals. It recognises and promotes human rights, social justice and anti-oppressive practices, supporting and challenging young people to reflect on their understanding of themselves and their behaviour towards others.

## Education

Youth work offers informal learning opportunities that can complement formal learning in schools and colleges. It gives young people the opportunity to learn about themselves, about others, about issues they care about or that concern them and about society and how to engage in their communities.

## Empowerment

Youth work helps young people to develop the skills and confidence to make decisions and act on issues that affect their own lives, the lives of others, their communities and society. This enables young people to take control, have a voice and get involved as advocates.

Emerge operates according to a youth work model and aligns with the principles and practices of youth work. While Emerge's Founder and some staff are qualified youth workers, Emerge values the diversity brought by team members from other disciplines including education, psychology, social care and those who are 'experts by experience'. Emerge does not require its team members to be qualified youth workers, rather, through training and continued development of its team according to youth work best practice, Emerge utilises the model and its many advantages within the service the charity provides for young people.

Emerge's workforce is a combination of staff and volunteers with the role of the volunteer being particularly important to the model, due to the centrality of youth work coming from and being embedded within local communities. By recruiting, training and supporting local volunteers, Emerge adds skills and resources to communities and equips local people to respond to the needs within their communities. In this way, support is provided by individuals who are culturally representative of the young people they serve, and are able to use their local knowledge to signpost and support young people. Young people find it impactful when they discover that the person supporting them is not being paid to be there as this reinforces their value as a person.

## Youth Work in a Clinical Setting

When young people come to A&E, they enter into a clinical system. This system has bright lights, many unfamiliar sounds and smells, and involves unfamiliar people asking very personal questions. This experience can feel overwhelming and impersonal which commonly results in young people feeling very anxious and struggling to engage with the care they need.

*In the waiting room there was a drunk guy shouting which was scary, and by the time I saw the doctor I was not in a good place and couldn't think how to answer his questions. When Emerge came in, even though they were wearing face masks I could tell they were smiling and straight away I started to feel calmer. – 'Keeley', age 17*

When young people become overwhelmed they can present as withdrawn and unresponsive, unable to tolerate physical health checks like having blood taken or ECGs. This impedes the clinical care and assessment they need. Young people may present with volatile behaviour including becoming angry, distressed or running away from the hospital. This results in increased levels of stress and distress for staff, may involve the involvement of the Police and, again, disrupts and threatens young people's ability to receive the care they need. This can be traumatic for young people, their families, and the professionals seeking to care for them.

A 2021 review of mental health care within Emergency Departments in the NHS confirmed these difficulties.<sup>25</sup> The report made recommendations to improve staff wellbeing and support, reduce burnout, reduce the likelihood of staff errors and give staff more time and flexibility to respond to demands. The review also recommended improved engagement with, and care for, the families of patients and a greater implementation of person-centred care.

The person centred approach that is implicit within youth work, and the dedicated time that youth workers can invest in young people within the Emergency Department, means that youth workers are well placed to ease these situations. By virtue of not holding a position of authority or assessment of the young person, youth workers can de-escalate potentially volatile situations and provide the reassurance needed for young people to engage with clinical staff, easing the role of nurses and doctors.

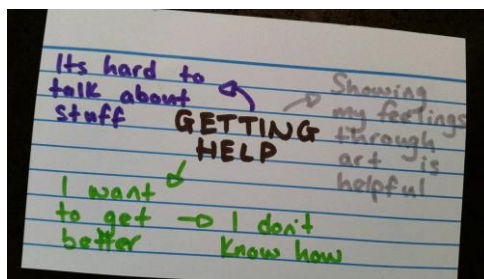
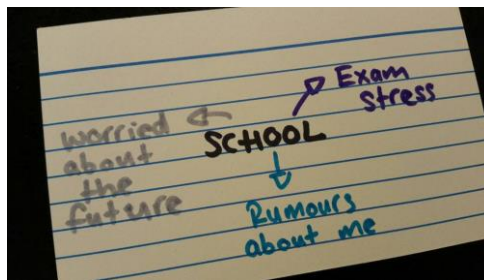
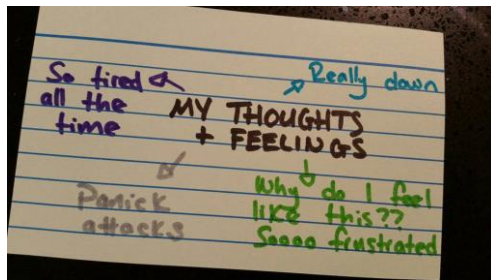
*Thank you very much for providing this exceptional service for our patients at a time they most need it. I have been very impressed that this service has been available at very unsociable hours and this has helped so much diffusing some very emotional situations. Your work is amazing! - Staff Nurse*

<sup>25</sup> <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2021/09/Mental-Health-Sept21i.pdf>



The way Emerge works involves all four cornerstones of youth work:

- **Participation** is key because young people choose whether or not they would like to engage, and the conversations and activities are tailored to their needs. This is discerned explicitly (through conversation with the young person) and implicitly (by observing their body language and the situation more generally) so that the youth worker monitors how the young person is responding to the support and their clinical care, adjusting accordingly.
- Through these interactions, Emerge encourages young people to participate in their treatment, **empowering** them to share their thoughts, questions, needs and wishes with the clinical professionals caring for them. This is done by encouraging young people to share with clinicians details they have confided in the youth worker through making lists, mind maps, or doing something creative with young people to remind them of what they would like to say. The images below show a set of cards created by a young person with their youth worker which they used to aid a discussion during their assessment with a member of a crisis team.



- When there are safeguarding concerns, information is always shared, but done so with the young person's knowledge and in a collaborative and transparent way wherever possible.
- Emerge's support is open to all young people meeting the referral criteria who may be attending hospitals where the service operates. Emerge ensures that young people are able to access the service through displaying

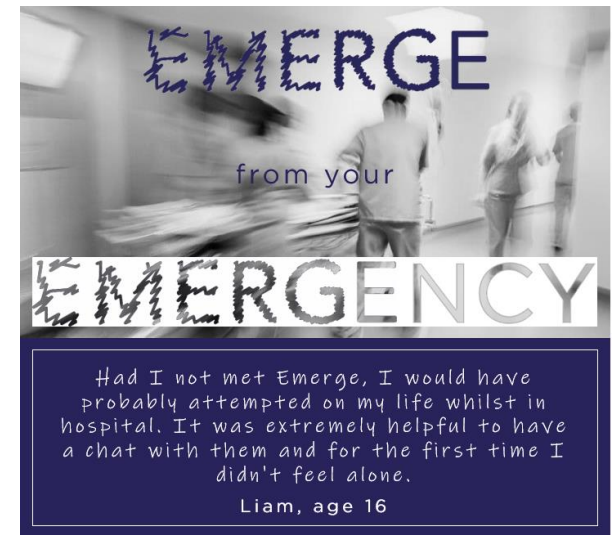
promotional material in patient waiting areas describing the support and giving information on how young people can self-refer. Emerge also works with nursing staff to raise awareness of the service so that it can be proactively offered to young people during triage. The Emerge service further promotes **equality** by helping young people access other avenues of support and resources which they otherwise may not know about or have the confidence to access, for example, local youth counselling services.

[Emerge] was an amazing advocate for me and really helped me validate to myself that I was in pain and it was okay to ask for help and asking the Doctor or Nurse something when my anxiety wouldn't allow it. – 'Lucy', age 15

- Emerge engages in informal **education** with young people, helping them to understand and orientate themselves within the clinical process. Through conversations, the team help young people to think of, and begin to use, healthier coping strategies that will work for them.

[Emerge] is professional and has gained my daughter's trust, she said she is able to open up and talk to them. The ideas they have suggested to my daughter have helped a lot. With the ideas, my daughter is able to express and receive love. That is already very different from before. – Mum of 'Cora', age 13

Working according to youth work principles results in a much smoother time for all involved and in many cases **leads to better outcomes for young people** as it means they can engage with the clinical care they need. Young people benefit from the informal coaching they receive which helps them identify positive coping strategies.



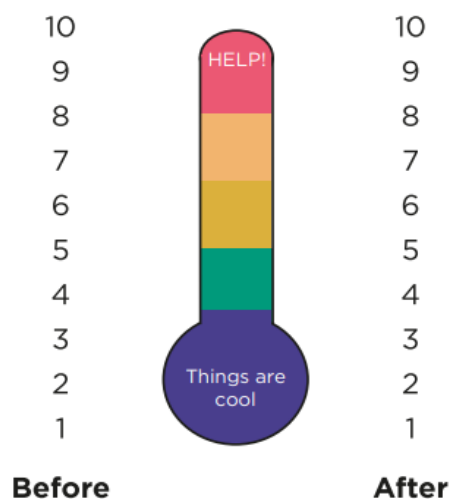
As reflected in this quote from 'Liam', this can reduce risks and feelings of isolation within the clinical process through a relational and empowering approach.

## Measuring Impact

To measure the impact of the service, Emerge uses an adapted version of the 'Distress Screening Tool' (DST). This tool was initially introduced to assess hospital-based anxiety and depression in children who were diagnosed with cancer. It was developed by Draper and Marcellino for use with unaccompanied asylum seeking children. The DST is recognised as a helpful tool 'to assess the emotional health of young people during times of potential distress in a non-pathologising way.'<sup>26</sup>

Emerge team members ask young people to rate their emotional temperature at the beginning and end of a session with them in hospital. This graphic shows the tool as Emerge presents it to young people:

### What's your emotional temperature?



Scoring a ten means things feel totally overwhelming and a zero means things are 'cool' – feeling totally safe and manageable. From Emerge's data of over 800 responses, on average young people are at 6.2 when they first encounter Emerge and have come down to a 4.1 by the end of the session with the team member which could be anything from twenty minutes to two hours depending on the circumstances. This reduction in distress makes a tangible difference to young people and the clinical staff seeking to care for them, as the following case study illustrates.

## What follows is an Emerge team member's account:

When I first saw seventeen-year-old Naomi, she was sitting on the floor of a side room in Majors – it was a 'fit to sit' room with chairs only. She had been brought in because of a suspected overdose of paracetamol and was sitting with her knees up and her face buried in them, hugging her legs. A doctor and nurse were standing either side of her, speaking to each other over her head, and looking down to speak to her. They were frustrated as she wouldn't talk to them or let them take blood.

I observed this, and then crouched down near to Naomi and asked her if it would be okay if I sat down. She nodded slightly so I did. There was still a conversation going on above us between the doctor and nurse, but I put that out of my mind and spoke directly to Naomi, commenting that it seemed there was a lot going on. On the back of Emerge's leaflets we have a mindful colouring page with our slogan 'voice of hope' written out in large letters with patterns and shapes to colour. I got two of them out of my bag along with some coloured pens and asked her if she liked colouring. She didn't respond but picked up one of the pens. We sat and coloured together for a while and the doctor and nurse left to attend to other patients.

I noticed that it was very hot and stuffy in the side room, commented on this and asked her if she thought we should prop the door open. She agreed and, while I was standing up, I asked her if she would like a drink from the water dispenser. She said yes, so I got us both a drink. When I came back in, I said I was going to sit on the chair, making a joke about getting a numb behind from sitting on the floor and asked her with a smile if she was feeling similar. She took the water and sat on a chair.

After some time of colouring and chatting about random things like what she liked to do with her friends, I asked her how she was feeling about being in hospital. It wasn't her first time, and she said that she was afraid of needles. We spoke about the need for the nurse to take some blood from her and I asked her what could help her manage this. She said that she was feeling a bit better and that, if I would distract her while the nurse did it, she thought she would be alright. The nurse returned and took blood without incident. Once this was done, Naomi relaxed further which I could see from her body language and she started to meet my eye.

Over the next hour or so, we were able to talk about some of her hopes and things she thought would help her moving forwards. As I left her, she was feeling sleepy and had curled up on the two-seater chair with her hoodie as a blanket.

<sup>26</sup> The Distress Screening Tool, Ana Draper, Elisa Marcellino, 2023

## Building Block 2: Trauma Informed Approach<sup>27</sup>

Emerge noticed that there was a **gap in knowledge and language between the youth work world and the clinical one**. Those not familiar with youth work often presumed that youth workers would not have the skills or boundaries to operate in a clinical context. Youth workers struggled to articulate how what they did as youth workers could add value to clinical care. This gap is helpfully addressed by an understanding of trauma informed care. The synergy between youth work and trauma informed care is described in the following table.

To set this in context, trauma informed care was first defined in 2014 and comprised six principles:



While the remits and boundaries of each profession vary, the principles of trauma informed care are now recognised as best practice in working with vulnerable people.<sup>28</sup>

The language of trauma informed care opens up a space where people from all kinds of professions and levels of qualification can speak the same language and value the contribution we each make.

A youth worker working with a young person, is not 'just hanging out with them'. Through a trauma informed approach, they are creating a **safe** environment built on **trust** where the young person can benefit from **peer support** and engage in activities which build their **resilience**.

This is done through **non-judgemental** interactions which seek to enable young people to perceive and **build on their strengths** while equipping them to **overcome their challenges**.

In speaking with a social worker or mental health nurse, or whoever else may be involved, youth workers can be confident in their role and, from this place, work **collaboratively** for the best outcomes for the young person.

Professionals seek to help young people discover what they need rather than coming from a position of authority with information on how they are going to 'fix' them. The way is open to **see the good in someone, not just the challenges they face**.

Trauma Informed Principle	Youth Work Principle / Link
Safety: <b>everyone involved is, and feels, physically and psychologically safe</b>	Safety is fostered through meaningful <b>relationships</b> which are the bedrock of youth work
Trustworthiness and transparency: <b>decisions are made with transparency and with the goal of building and maintaining trust</b>	When we have relationship, this is built on trust and, by fostering <b>participation</b> , young people are genuinely known and involved, and feel a sense of agency; there is no 'us and them'
Peer support: <b>people who benefit from the support become an integral part of the planning and delivery of it</b>	Youth work brings people together, helping young people build supportive relationships with their peers and with youth workers (who often are perceived more like peers due to the strength of the relationship and the <b>level playing field</b> that we work to create)
Collaboration and mutuality: <b>power differences are recognised and addressed</b>	This level playing field results in power dynamics being dismantled so that young people's <b>voices are amplified</b>
Empowerment, voice and choice: <b>strengths are recognised and built upon, including belief in a person's resilience and capacity to heal from trauma</b>	As youth workers, we coach young people in ways to <b>overcome challenges</b> and give them opportunities to try new things in a safe environment
Cultural, historical and gender: <b>biases and stereotypes are recognised and addressed</b>	Youth work is person centred – we see and celebrate who young people are and we work with them and support them <b>indiscriminately</b>



<sup>27</sup> <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

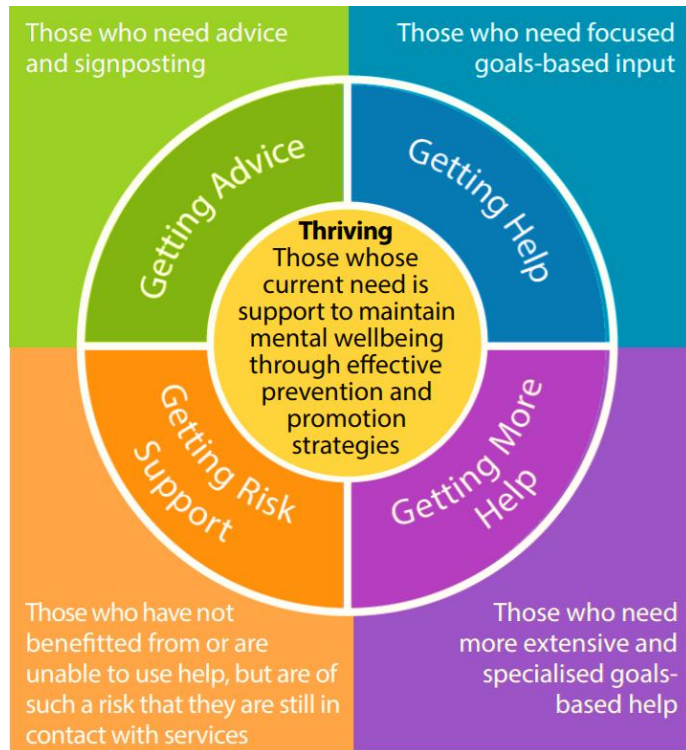
<sup>28</sup> [https://assets.publishing.service.gov.uk/media/642af3a77de82b000c31350d/Changing\\_Futures\\_Evaluation\\_-\\_Trauma\\_informed\\_approaches\\_REA.pdf](https://assets.publishing.service.gov.uk/media/642af3a77de82b000c31350d/Changing_Futures_Evaluation_-_Trauma_informed_approaches_REA.pdf)



### Building Block 3: Aligned with THRIVE<sup>29</sup>

While trauma informed care has been developing national and international recognition, the THRIVE model has been developed in England and adopted in many regions as the model for supporting young people's mental health and emotional wellbeing, including Surrey where Emerge is based.

THRIVE organises care into needs-based groupings, centred on the young person and what their needs are at any given time.



Services and support then operate with these groupings, and work according to the eight principles of THRIVE, which align closely with the principles of youth work and trauma informed care.

The eight principles of THRIVE:

- 1. Common Language:** The conceptual framework, and its five needs based groupings, supports a shared language and understanding across the system.
- 2. Needs-Led:** Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need at any one point, what the plan is and everyone's role within that plan.
- 3. Shared Decision Making:** Voice of children, young people and families is central. Shared decision making processes are core to the selection of the needs based grouping for a given child or young person.
- 4. Proactive Prevention and Promotion:** Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strength including safety planning where relevant.
- 5. Partnership Working:** Effective cross-sector working, with shared responsibility, accountability and mutual respect.
- 6. Outcome-Informed:** Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussion if goals are not achieved.
- 7. Reducing Stigma:** Ensuring mental health and wellbeing is everyone's business.
- 8. Accessibility:** Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

The implementation of THRIVE in the county of Surrey where Emerge began had a considerable impact on the perception of youth work in a clinical setting. THRIVE validated the contributions of everybody in the young person's life, broadening the response to mental and emotional wellbeing outwards from a purely clinical domain. Increasingly, a wider cross-section of people are included, with the importance and impact of trusting relationships being given priority.

THRIVE principles encourage clinical professionals and 'the system' to work together with these other adults, to 'wrap around' them and support them to support the young person.

<sup>29</sup> Wolpert et al 2019, <https://implementingthrive.org/about-us/>

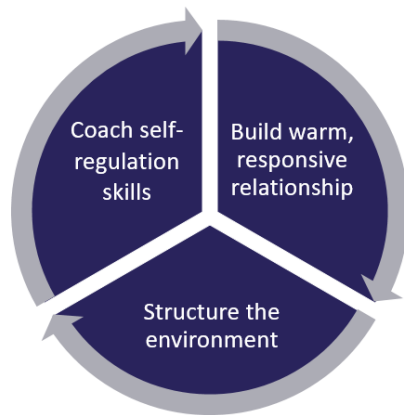


#### Building Block 4: Through co-regulation<sup>30</sup>

Co-regulation is the practice of helping someone who is in distress (dysregulation) come back into a place of calm and a feeling of safety (regulation). It is called co-regulation because it happens through partnership, like a co-pilot.

This is underpinned by discoveries in neuroscience by Dr Simon Porges, which have been developed for practice by psychologist, Deb Dana.<sup>31</sup> The premise is that our nervous systems are constantly broadcasting and receiving senses of safety and danger at an autonomic level. This is subconscious, similar to the actions of the heart and digestive system. A person who is in a place of wellbeing, feeling content, safe and peaceful, will exude this into the room and this will be picked up by the nervous systems of others. Therefore, before words are spoken, or body language noticed, a person who is distressed can begin to 'borrow' the internal sense of peace and safety embodied by a supportive person.

This can then be built upon by conscious methods of co-regulation through three stages:



Youth workers are naturally placed to facilitate co-regulation in this context because they:

- are skilled in fostering relational connection with young people
- understand informal education and how to 'structure the environment' for young people
- instinctively empower and coach young people to learn new skills, coping strategies and techniques to overcome their struggles

The following quotes demonstrate the ways in which Emerge team members have facilitated co-regulation with young people in distress:

"Very kind, understanding and empathetic lady who shared her own experiences and made me feel at ease which is not easy."

"Emerge explained what was happening, who I would see and what to expect, this really helped me feel calmer and helped when CAMHS came to see me."

"We made a play list on my phone that I could listen to when I feel anxious and she gave me the idea to make a picture board of things I hope to do one day."

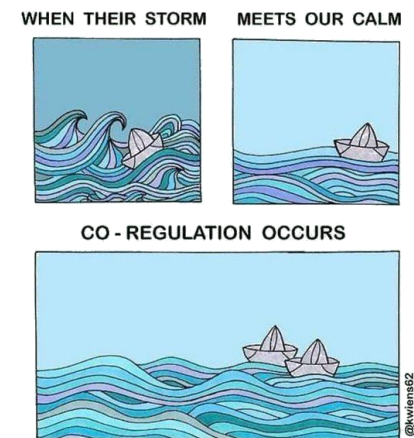
"I don't know why but as soon as Emerge came into the room I started to feel calmer. Even though they were wearing masks I could tell they were smiling and I really felt different."

This concept is encapsulated in the metaphor of a storm, which Emerge uses in training team members. Emerge understands self-harm and suicide attempts as ways in which young people try to cope with the storms of life. These behaviours are the 'umbrella' they are using to find shelter. Unfortunately, the umbrella is a faulty one but, rather than simply telling them not to use it, the task of supportive adults is to gently come alongside young people and create a safe space where they can explore what a healthier coping umbrella might look like for them.

In the turbulence of A&E, and during the aftermath of crisis, Emerge seeks to be a stabilising presence.

Emerge's team members come alongside young people in their storm, but are not rocked by it themselves. Rather, they aim to provide breathing space by facilitating an immediate sense of safety, in order to help young people to engage with the clinical care they need. They help young people recognise their own strengths and resources, and work to empower them to identify and utilise the components of a healthy coping umbrella with which they can go forwards.

In this way, Emerge exists to be an effective partner with clinicians in the crisis space, working together for the best outcomes for young people.



<sup>30</sup> Rosanbalm and Murray 2017

<sup>31</sup> Deb Dana, Anchored: How to Befriend Your Nervous System Using Polyvagal Theory, 2021

## The Impact in Young People's Lives

To ground the use of these building blocks in Emerge's practice, we are pleased to share a case study of a young lady named Jas. This is [a true story which you can hear Jas describe herself in this short video](#).



What isn't shared in the video is the way in which Jas' story encapsulates both Emerge's journey from being perceived as an outlier to a key part of the picture, and the specific ways in which the building blocks of our approach were utilised to make a lasting difference in her life. This account is written by Emerge's Founder who supported Jas:

When Emerge first met Jas, she was 17 and on a children's ward having been brought to hospital following a suicide attempt. She had previously spent time in a residential eating disorder unit and was under the care of a specialist mental health team for young people with high levels of risk. In hospital, our team connected with Jas by doing drawing with her and she shared a number of concerns with us which we were able to pass on to her care coordinator.

We commenced our community-based follow up support with her and I met her for coffee or a walk each week to get to know her and understand what life was like for Jas. She was on the cusp of transfer to adult mental health services, as she was about to turn 18, and this was a source of anxiety for her.

When Jas began to work with the adult's services team, she was quickly told she had a diagnosis of a personality disorder, something which she found difficult to accept. I helped Jas find out more about the diagnosis through reputable websites and encouraged her to discuss her concerns with her care team. This was a very turbulent time for Jas who had repeated times of crisis and hospital admissions but, due to her diagnosis, she was dealt with in very boundary ways and instructed simply to follow her safety plan if she felt distressed. Jas felt unable to do this and I observed that Jas often seemed too dysregulated to be able to make rational decisions to keep herself safe according to her safety plan. I shared this with her care team, who responded that they were the ones with the clinical expertise and encouraged me to reinforce the boundaries and perspective they held, suggesting that I took a 'recovery college' course to learn about personality disorders.

Jas was finding life increasingly difficult and she was in A&E regularly, usually brought in by the Police or Ambulance Service.

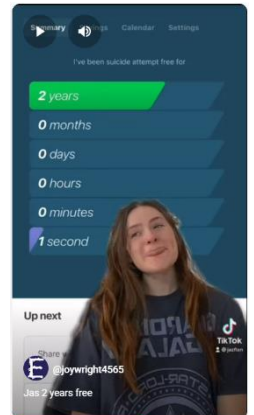
I continued to meet with Jas, helping her to find positive outlets for her distress and, most importantly, maintaining the relationship and Jas' sense of connection to people who she felt understood her, and believed in her future. When the time came to end our support with Jas, things were still not in a positive place and this was a

difficult decision but we had supported her for over a year (which was well beyond our normal three months). Her care team had requested that we disengage with her as they unfortunately felt that her unwillingness to accept her diagnosis and work with their approach was not being helped by Emerge's involvement. Jas sent us occasional updates and, after a few months, told us that she was being transferred to a different community team due to a reorganisation of services. This new team decided to start from scratch and reassess Jas, leading eventually to a rejection of the personality disorder diagnosis, instead recognising that Jas has ASD and complex PTSD.

This resulted in a new approach to the care Jas received. Jas began to feel understood by the mental health professionals caring for her and was able to begin to feel a sense of hope as she stabilised. Once more stable, she was referred for trauma therapy and encouraged by her mental health team to reconnect with Emerge in recognition that this would be important for her. They suggested that Emerge give her specific relational support during her trauma therapy, which I was very pleased to do.

It has now been years since Jas self-harmed or tried to take her life – she sent us this [video of her passing the milestone of two-years self-harm free](#). She has a job, a partner, and while life may not always be straightforward, she is enjoying her life and looking towards her future.

The reason this was able to happen was because Jas' new care team listened, developed a trusting relationship with her, and helped her receive the support she needed. Emerge's part in this was in being that safe person during the stormy times, and giving Jas outlets during our times together where she could vent, encouraging her to hold on, and helping her try to find ways to manage her distress that didn't risk her safety.



Jas would say that, without Emerge, she doesn't think she would have lasted to the point of meeting her new care team and this underlines the importance of trusting, safe and empowering relationships for young people during times of crisis. Through her times with her youth worker, Jas was able to snatch snippets of safety and hope. These helped sustain her and gave her confidence that it is possible for adults to understand and to help so that, when the time came, she could engage with the therapy she needed.

**People in crisis need people, not systems. By implementing the building blocks described here, it is possible for all of us to be that safe, supportive person to young people, no matter which part of the system we come from.**