A DAY IN THE LIFE
OF A CLINICIAN

WHY I DO IT:
A VOLUNTEER STORY

LATEST CHUMS
DEVELOPMENTS

ERIN’S STORY

JOSH’S NEWSROUND
EXPERIENCE

WHY DOES WORRY
HAPPEN?

WHAT’S BEEN GOING
ON IN THE LAST YEAR
We report this year as CHUMS reaches an incredible 20 years of age. This achievement in itself is recognition for the hard work and dedication of the past and present staff and all those volunteers and supporters who give their time, energy, ideas and funds to support this vital organisation. We continue to be thankful for all the support we receive.

CHUMS has continued to develop and evolve this year. There is still and always will be much to be done. Particular highlights have been receiving the Queens Award for Volunteering, a Luton community award and ongoing support from The Big Potential (BPA) which is supporting and encouraging our vision to grow and innovate within our sector.

On the fundraising side we had a number of successful events during the year. The first #WestFest one day music festival was extremely well received and we particularly thank Al Murray, the “pub landlord” for supporting our opportunity at the BGC Partners fundraising and 9/11 in memoriam day. This was a huge success and we thank BGC for the invitation and their generosity.

Emotional wellbeing and mental health are very much on the agenda through all walks of life today but it’s still only a start. The removal of the barriers and stigmas attached to these often invisible troubles must continue to be broken down. The involvement of the young royal family in these areas is hugely welcome across all organisations who work in these areas; awareness is critical to effect change.

If you have supported or can support CHUMS in any way, we thank you once again for all that you do. Together we look forward to more positive developments over the coming year.

BEN BANKS
CHAIRMAN
20 years is such a milestone and it is hard to believe that in 1997 I started my CHUMS life as a volunteer helping in the newly emerging bereavement service set up by Jackie Tritton, who at the time was a Macmillan nurse. I was really delighted to become the manager in 2000 with funding from the NHS with the remit of developing a countywide bereavement service. I never expected in those early days with a part-time administrator and 10 volunteers that CHUMS would become the organisation it is today.

I have learnt so much and can honestly say that in the main, it has been an incredible time. There have been highs and there have also been some difficult and challenging times but I was never prepared to give up on our quest to ensure that children and young people (CYP) receive the very best support possible to achieve lasting change in their lives.

It has been a real privilege and honour to have been able to have been instrumental in developing such a fabulous service and work with such amazing people whether they be CYP themselves, parent/carers, staff or volunteers. They have all contributed to the service we have today.

I absolutely loved my job as the manager of the bereavement service which I continued for 11 years. By the time we left the NHS we had 11 staff and 350 referrals a year for bereaved children and their families.

Many have touched my heart and I will always remember them. Some have come back as young adults and now volunteer themselves and this is a testament of just what they feel about CHUMS. Some are even employed by CHUMS as members of the team and many parents/carers have also trained as CHUMS volunteers. To have listened to their stories about the people they have loved who have died, to have witnessed their deep pain and distress was at times overwhelming and to have to acknowledge that I could never make it ok was so very hard.

However to have been able to offer a listening ear and some information on what grief is like and to normalise their experience and not medicalise it, to give them an opportunity of meeting others who had also been bereaved, helped so many to feel less isolated and alone and gave them a glimmer of hope for their future.

I have strong support from the board and a massive thanks to Ben Banks the chair, Julian Marsden the governance lead, Jeff Phillips the finance lead and Nanci Hogan the strategic lead. They are all committed and dedicated to ensuring that CHUMS is the best it can be and give a critical eye. We are currently recruiting new NEDs and if you have skills and experience you believe would help CHUMS please contact me.

We have a very strong and committed leadership team and have introduced service managers across all services this year to strengthen support for staff. This year has flown by as we continue to strive to improve the mental health and wellbeing of those CYP referred to our service.

The following pages will give you a flavour of some of the things that have been achieved outside of the umbrella of the NHS. It was a tough decision to embark on a process of ‘spinning out’ and quite scary to do so, but we can have no regrets about where we are today as a service. Reaching out to 3,000 CYP each year across the whole spectrum of mental health has meant that we have had to grow, adapt and improve to become smarter, more efficient and effective with the resources that we have.
The Charity ‘Friends of CHUMS’ continues to support CHUMS through fundraising and this year they have raised a staggering £260,000 towards those parts of our service that do not receive any contractual funding.

My personal highlights of the year were:

- Meeting The Duke and The Duchess of Cambridge. It was an honour to meet them and talk with them about mental health and they were totally absorbed with the stories the young people shared.
- Receiving the Queen’s Award for Voluntary Service which is the equivalent of an MBE, in recognition of everything that volunteers do to enhance the wellbeing of CYP across Luton and Bedfordshire.
- Attending the BGC charity day in memory of those who died in the twin towers and having Al Murray represent CHUMS on the trading floor. This raised a staggering £30K for the ‘Friends of CHUMS’ charity.

Sadly Eileen Martin, a highly esteemed colleague, volunteer and friend died a few months ago following a dignified and courageous battle with cancer. Eileen had volunteered for CHUMS for many years and was very well respected and liked by everyone. Eileen’s laugh was infectious and she was a constant support in the bereavement workshops and also offered 1:1 support. She was also the resident CHUMS caterer and her creative baking was loved by us all. Eileen was the ‘lady in red’ and we will all miss her very much.

The staff, volunteers, board, service user group - Connect and I will continue to ensure we deliver services that make a difference.

DAWN HEWITT
CEO
The Admin Team have completed another successful but challenging year. We have processed 3,078 referrals across all services (an increase of 488 from the previous financial year).

We have supported our amazing fundraising team in the following activities:

- Running a face painting activity at #WestFest music festival
- Baking cakes
- Offering a sewing/repair service for staff
- Completed sponsored skydives

We have also presented at the Annual General Meeting and volunteered at bereavement workshop sessions across the county.

Looking forward to the next financial year we welcome the arrival of a new telephone system and client database, enabling us to be more effective in our day to day activities.

**Katie’s Story**

Katie came to CHUMS with a phobia of dogs and spent 4 sessions with one of our clinicians. She had developed strong anxieties and worries about being around dogs and her fear was really affecting her day to day life.

In her sessions she talked about her fears and concerns and learnt some coping strategies so she wouldn’t feel so scared.

Here in her 3rd session Katie met Duke and was incredibly brave. Using the strategies she learnt, she was able to overcome her fear and sit with Duke - she even stroked him!

Our brains are pretty amazing. When our brain recognises a threat, it starts off a load of physical reactions designed to keep us safe. Our heart sends blood away from our less important organs and to the organs and muscles that are needed to run away or fight. Our breathing increases to try and fill our lungs and therefore blood with oxygen. Our bladder and bowels may want to empty themselves to be as light as possible so that we can get away from the threat or to be as nimble as possible to fight it. Not very pleasant but very clever.

Although it doesn’t always feel like it, this reaction is often really helpful. If I suddenly stumbled across a lion down my alley (unlikely, I know!), this bodily response will give me the best chance to get away or to defend myself (unlikely again I know). In a more realistic example, the sense of fear you have when going too close to the edge of a cliff or crossing a busy road is actually a very good thing. The fear I have of burning myself stops me from touching something really hot. You see?

While it can be really helpful in situations like this (not being bothered about the Lion probably wouldn’t end well), this protective mechanism can go off at really unhelpful and non-threatening times, often because our brain recognises something as a threat when it really isn’t. The alarm could go off when we see a spider, when we have exams coming up, if we have to speak to a large crowd or if we bump into a dog down the alley.

There are lots of reason why our brains could be flagging these things as dangerous, from experiences in the past to beliefs that have been passed down to us. The challenge then, is to try and re programme our brain to stop seeing these things as threatening. This is where our work at CHUMS begins. Please speak to one of the team if you’d like to know more.
feedback from children, families and professionals who previously used our service, to say that it made a big difference to how they coped with their loss, how they could talk about difficult feelings, increase their understanding explore their worries and also how they benefitted from meeting others. Some families continue to come to the Remembrance Service annually.

This year we delivered 6 sets of 3 week bereavement workshops for children under 13 and their parents/carers across Bedfordshire. We also delivered 2 sets of teenage workshops over 4 weeks. We held picnics in the parks last summer and have seen many children for individual support at homes, schools and at Wrest Park.

Comments from children and families included – CHUMS helped me be more confident ...helped me reduce my anger ...everyone was individual and mattered ...my child is no longer keeping things to himself ...it opened my eyes for things I could do for my kids and understand myself ...workshops have been a great benefit to us as a family.

We have continued to do some crisis work in schools where required, supporting head teachers and staff following the death of children. We also lend books and workbooks and give out information leaflets.

This year we have written another workshop programme to better suit the needs of younger children and we will start to use this shortly. We continue to have a seat on the advisory panel for the Childhood Bereavement Network and co-chair the Herts and Beds Bereavement Alliance while having representation at local BLEVEC services. Our aim throughout is to ensure that children and young people have access to the best possible bereavement support at the time they need it and to share best practise.

JAN COOPER
BEREAVEMENT AND NEONATAL SPECIALIST

Each year is busy in the CHUMS Bereavement Service as sadly so many children and teenagers every year are faced with the death of a parent, a sibling, a family member or a friend. Our experience shows again and again how important it is that children and young people have access to bereavement support in their families, schools and communities and through specialist services such as CHUMS in order to help them manage the impact of death on their lives.

We are very proud that as the Child Bereavement Service in Bedfordshire we are able to support so many children and families directly with a variety of telephone support, assessments, resources, 1:1 support, family workshops, monthly drop in groups and an annual Remembrance Service. We also help indirectly via the work we do in advising and supporting schools and other adults and professionals around them.

It is now recognised just how vitally important it is to support children’s mental and emotional wellbeing by early and appropriate interventions. We regularly have
Our funding ended on 1st April 2016 and we had a few concerns over what the future would hold but also felt absolutely determined to ensure that we could continue to support families at such a difficult time in their lives. Our grateful thanks go to those who donated on our Justgiving campaign page, to Taylor Wimpey, to #WestFest and especially to a wonderful organisation called The Amateurs Trust who gave a substantial donation. This truly helped us this year to support families and we are really hopeful that we can continue working with them for the next two years. Also we had amazingly kind and generous donations from a few of our families in memory of their little ones - people who have themselves received CHUMS support and want this to be available to other bereaved families. We feel so passionately that this is a vital service for bereaved parents and families to have support as they deal with the loss of a precious baby, whether that loss is as a result of a late miscarriage, compassionate termination due to medical problems, stillbirth or neonatal death. For the families we see, each one of those babies is precious and loved and their death is a devastating loss.

There have been so many wonderful aspects to the year - we have been genuinely humbled and delighted to have been nominated for two awards. We have been able to extend our support to cover Luton and Bedfordshire. We have worked very closely with the Luton and Dunstable Hospital, meaning that there is now a seamless referral process for families. We have worked together to put on events such as a Memory Day in the Summer and a Snowdrop Remembrance Service in December and have had to relocate both events to larger venues due to the higher numbers wanting to attend. We have carried out a great deal of support work by telephone, home visits, 1:1 and couples support, monthly groups and events, along with lending books and helping families who have needed transport to attend groups. We trained and are delighted to now have several volunteers (themselves previous service users) working with us to support families.

In October 2016 the bereavement midwife Tracey Mcgrath at the L&D nominated us under the category of ‘UK Support Organisations’ for the national Butterfly Awards:

Jan Cooper and her team at CHUMS have been a key part of the improvements in the service offered at The Luton & Dunstable Hospital. We hold regular study days co-facilitated by CHUMS and myself, we have had upwards of 100 clinical staff through the first phase of training which has been reintroduced after over 10 years of no formal training. Jan has supported me to implement many changes in the way we support families resulting in the appointment of a full time bereavement post. We are able to refer families for 1:1 support, telephone support, group support and counselling all through CHUMS although they have no funding now for this service they are committed to continuing it through fundraising.

We did not win, however we were proud to have been shortlisted as finalists.

In December we were nominated for Luton Best Awards under the category of “Care in the Community” and we attended a wonderful evening at Luton Hoo, along with many other wonderful organisations and we were so very proud to be given the award.

Like we said at the start - what a year!

JAN COOPER
BEREAVEMENT AND NEONATAL SPECIALIST
FEEDBACK SUGGESTS THAT LEARNING THEY ARE NOT ALONE IS A POWERFUL OUTCOME OF THE PROGRAMMES

The Emotional Wellbeing Service has continued to grow in the last year, providing tier 2 support for children and young people presenting with mild to moderate mental health difficulties. We work closely with colleagues in CAMHS and now meet with them on a weekly basis to discuss all referrals to the service. This ensures that the children receive the right care, at the right time.

Our group programmes continue to be popular with young people and families where people can come together to learn strategies for managing difficult feelings. Every term we run a range of programmes including those for children and young people with anxiety, those who have experienced a bereavement and also those who may have difficulties associated with an autism spectrum condition. We now also run a regular training programme for new volunteers to support these workshops which enables us to support more children and young people through these groups. Feedback suggests that learning they are not alone is a powerful outcome of the programmes.

In addition to our group programmes we have continued to support children, young people and families on a one to one basis. We identify clear goals for the intervention which is monitored throughout their support to ensure that this is targeted to the young person’s needs. Our outcome reports suggest that children and young people regularly make progress towards their goals by the end of their intervention.

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Our outcome reports continue to demonstrate positive outcomes with children and young people, on average making significant improvements in their overall wellbeing. We are really proud to receive feedback that the majority of children found that they could talk to us with ease and that we listened to them. Parents often provide positive feedback commenting on how they felt reassured and supported through the process.

In the next year we aim to continue to offer effective and creative support to children, young people and their families. We continue to be committed to the values and principles of CYP-IAPT to ensure that the service provided is effective, efficient and timely.

The Emotional Wellbeing Team have continued to develop their professional skills and we have been successful in training new members of staff in the evidence based therapy programmes delivered by the national CYP-IAPT programme. This has enabled us to enhance our service delivery and keep in line with new and emerging evidence base.

With an expanding team, we have also expanded our capacity to see more children here at our office in Wrest Park. The new rooms have sofas and toys ready to play with. Our Service User Participation Group has helped us with some new artwork for the walls and we enjoy seeing the creative nature of the work that is produced.

DR HANNAH BARON
SENIOR CLINICAL PSYCHOLOGIST

EMOTIONAL WELLBEING SERVICE
Be Yourself!

Be strong
I am enough
Better day every
Breathe

You got this
I can and I will
It gets better
Onwards and upwards
Believe in yourself

Be brave
Calm

Anxiety - Transgender
Low mood - Self harm

This too shall pass
One step at a time
Arrive at the office and read my emails and then prepare to see B, an 11 year old boy who had initially been supported by Caroline Holley in the Bedfordshire Suicide Service after his Dad took his own life late last year. Caroline had provided initial support to the family and I was now offering continued bereavement support.

This was his second session with me so I checked through his notes to remind me that he had bravely coped with talking through his story and drawing out a storyboard in the last session.

I have found B to have a really endearing cheeky character and when we had discussed what we would be doing throughout the sessions, he was very keen to add that he wished to do NO writing as he did enough of this at his school! Therefore we had planned to make a memory jar for his Dad today.

I went to collect him from the waiting room but when I came into the room, I could only see his Mum. She smiled as I called his name and he jumped out at me from his hiding place behind the table!

During our session we explored how things had been, by talking and using a tracker sheet which monitors progress week by week. Then he really appeared to enjoy constructing the memory jar for his Dad using coloured chalk and salt to create the chosen memories of his Dad. He planned to keep the jar by his Dad’s picture in his bedroom.

With B’s consent, I then invited his Mum into the session for some feedback on how he is coping and thoughts about strategies that can help. B proudly shared his memory jar with her. I wish them well until the next time and go to the clinician’s office to write up his notes.

Ruth from the Admin team brings in D’s RCADS and SDQ forms - measuring tools which can provide useful information to help us build a picture of what is happening. Whilst I mention the very busy Admin team, I just want to say how grateful we are for the many essential tasks they do for CHUMS. They are also the first friendly face the children and families see so play a vital role in our support.

Off into the assessment, where my aim is to help D feel safe to talk about things. As is often the way, substantially more history and important concerns come out from talking to D. This includes a long history of bullying by her peers throughout school, being the victim of sexual assault and a great deal of anxiety and confusion over her sexual identity.

We make the initial steps in collaboratively forming a plan of support for D. I also make her aware that I will discuss all of these issues in supervision (a one-to-one with my line manager) with a view to extending the assessment into the next session, and to think about how much support we can provide and what parts might be best offered by other specialist agencies. I reassure her that I will endeavour to get her the best support possible and she will of course make the decisions in the process.

We then also make a safety plan with her carer present of how to look after herself until next session.

I write up the assessment notes and enter details onto the database and then have a cup of tea whilst writing a discharge letter for F who had support for anxiety, low self esteem and selective mutism. This importantly included strategies for his school staff to use to make sure he has an appropriate support network to continue to further build his confidence now our short intervention was over. During this time I also take a couple of calls from families where we have requested more information about their referrals to ensure we are providing the most appropriate service.
14:00PM Now for a sandwich and crisps and a quick ten minute walk around Wrest Park to clear my head and rejuvenate myself for my afternoon sessions. It is really nice to work next to such lovely grounds and to have the opportunity to do this.

14:30PM Time for my next session, P, a ten year old young lady with emetophobia (the fear of being sick or seeing others being sick). This appeared to develop after a particularly nasty episode of gastroenteritis. It is also causing her to have separation anxiety from her Mum and impacting her school attendance, social life and mood. She has not been able to relax and enjoy things and had developed a habit of frequently washing her hands because she is worried about germs.

P attends with her Mum who is also learning the strategies to be a co-therapist in between sessions when she is most anxious. During the session we are using child friendly CBT (cognitive behavioural therapy) which basically helps us to think and do things in more helpful ways to gradually ‘turn down’ our worries and face our fears. P seemed to really enjoy drawing her feelings, practising some relaxation strategies and really embraced the role of being a detective to challenge some of her unhelpful thoughts. As the lead detective, P then decided on a gradual stepladder plan to face her fears and score her goal progress sheet.

15:30PM I wish her well with this and write up her notes and prepare for my last session of the day. I have a quick cup of tea and a cake that Abbie has made for the team to give me a boost.

16:00PM Anne being brings up C, a seven year old girl who is wearing her football kit. It’s her second session and she is having support because her brother died two years ago from a brain tumour and her Mum is currently having palliative care for secondary cancer, which is a very sad and difficult situation. C is understandably finding it difficult to talk about all of this so we decide on a compromise where we would spend some time talking about her feelings and things that could help her and then have a game of football together.

16:45PM It got to the time of the promised game of football and we noticed that it had started to chuck it down with rain! But a promise is a promise and we moved the furniture in the clinic room and we made goals with chairs. I got C to promise she wouldn’t tell anyone and we used a soft ball to play football. C became very excited during our match and went in for a tackle on me, missed the ball and kicked me in the shin! I’ve played football for many years against big ugly men but this was some foul, which made me fall to my knees holding my leg! Needless to say that C found this hilarious! I hadn’t expected to need my shin pads when I left for work this morning to play football with a seven year old! Thankfully it stopped raining, I recovered and we went outside to burn off some energy with the ball.

17:15PM I wish C and her family well until next time, write up her notes and then my last job of the day is to load the van for our bereavement workshop tomorrow. Feeling quite tired by this time, I was very grateful and relieved to learn that Diane and two very helpful volunteers Amanda and Betsy had already done it! So homeward bound for me after a busy, slightly stressful but very rewarding day.

SHAUN MARK
SENIOR FAMILY CARE PRACTITIONER
Whilst we are currently waiting to hear back from possible grants, we have currently received funding for 26 Recreational Therapeutic Programmes thanks to the Central Beds and Luton Music Services as well as Beds and Luton Community Foundation and London Luton Airport Community Trust Fund. This will enable us to support over 150 young people across Bedfordshire in recreational therapeutic programmes by April 2018.

Our Recreational Therapeutic programmes offer creative and innovative ways of reaching out to young people aged 9-18 years. Some of these students may not easily engage with traditional therapies and/or are disengaged with education; they may be at risk of exclusion or have been excluded from a previous school. They may also be struggling with anxiety to a point that makes traditional group work or 1:1 support difficult.

Through using football and music we are able to evidence a tangible difference in behaviour, anxiety and engagement in learning.

Since launching the Recreational Therapeutic Music Service at the end of 2015 we have delivered 23 programmes in both primary and secondary schools across the county. Across the service we have received encouraging feedback from the children and young people we have worked with as well as their teachers.

The children throughout the weeks would tell me how much they were enjoying the sessions and the performance was incredible! We had many adults in the room that day close to tears with how proud they were of the children. You all worked so hard to support the children and gave them the confidence to believe in themselves and work as a team. You have supported them in raising their self-esteem which they can transfer into the classroom and beyond. Thank you.

Amy Clarke
Inclusions Worker
Bushmead Primary School

People let me take my time in speaking and were genuinely really nice!

N
(aged 14)

I loved performing with friends, learning to play the ukulele and I really liked the discussions. Go to CHUMS. It’s amazing, fun and you learn things for the future and now. They were the best days of my life at school. It’s what got me into school

L
(aged 10)

The reason I came is because my anger was getting the better of me and I was getting in more trouble at school so school recommended coming to TACTICS so I would get in less trouble and lead a normal life without flipping out over every little thing and it has become a lot better since coming here. I’ve learnt that if you change your outlook on something it can have a better outcome than a negative one. Instead you can try a new tactic and win. I used to be like Suárez who didn’t care about anything and just do what I want. Now I think harder and actually care about things.

J
(aged 12)

If I am worrying about doing something I can practise deep breathing. It taught me to calm down, relax and not get so worried.

A
(aged 13)

One child informed us that he managed to attend a sleep-over away from home, and another felt confident enough to read a scripture in church. These were things the children felt they were not able to do before the programme. Some children were surprised by their hidden talents, and one child discovered new skills at drumming which was a huge confidence booster and a stress-buster! All of the children commented that it was an enjoyable experience which has inspired them to continue developing their abilities or join other groups. The Head Teacher watched the video which you kindly provided, and she was pleasantly surprised to see how much the children’s confidence improved each week. She felt this was a very worthwhile programme and is grateful that our children were given the opportunity to partake

Jo Overton
Family Worker
Sacred Heart Catholic Primary School

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J
(aged 12)
Thank You CHUMS

We love CHUMS

Young Carers
The Young Carers Service supports children and young people who are helping to care for someone with a disability, chronic/serious illness, mental health condition or learning difficulty, whether that be a parent or sibling. Being a young carer can affect many areas in their lives including school attainment and attendance, social interaction and their future opportunities.

Support is offered through group work in schools as well as a number of monthly drop-in facilities. Young carers are able to access individual mentoring in order to gain some individual support which will give them a dedicated person to talk to as well as an opportunity to develop their skills and increase their confidence and resilience.

Young carers are also able to access activity days and trips with other young carers within their peer group. Activities this year have included a day at Inspire Sports Village and a trip to Harry Potter World. In the summer we plan to offer an overnight camping stay and a football programme alongside Thorpe Park.

ANNETTE COOPER
YOUNG CARERS AND FRIENDSHIP SCHEME MANAGER

The CHUMS Friendship Scheme is a youth provision for young people aged 11-25 with disabilities in Luton. The scheme is open on a Friday evening from 7pm to 9pm during term time and the half term period. The young people are also offered day trips and activity days in the holidays.

The evening sessions are informal and take place within the youth zone at The Chalk Hills Academy. The young people have access to a pool table, table tennis, console games and computers. CHUMS also has craft activities each week and theme nights each month. There is a large contained outside area for the warmer months and the young people enjoy relaxing and catching up here.

In the last few months we have enjoyed a pantomime trip, a trip to Woburn Safari park, bowling and a day of pampering with a visiting nail technician which both the boys and girls enjoyed immensely! On one of the Friday evening sessions we had a visit from the music therapy service at CHUMS and the young people enjoyed singing and learning to play many different instruments.

ANNETTE COOPER
YOUNG CARERS AND FRIENDSHIP SCHEME MANAGER

WHERE DO MOST OF THE REFERRALS TO CHUMS COME FROM?

<table>
<thead>
<tr>
<th>FROM A LUTON POSTCODE</th>
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<tr>
<td>FROM A CENTRAL BEDS POSTCODE</td>
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<td>FROM A BEDS BOROUGH POSTCODE</td>
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(TOTAL NUMBER OF REFERRALS: 426 | 2267 | 383)
The trauma team has had another busy year working with many children who have experienced very distressing events. Our multi-disciplinary team is working with children & young people and their families who have experienced traumatic bereavement and other traumas which have had a tremendous impact on their lives resulting in psychological, physical and social problems.

We have worked with 73 children across the county offering approximately 500 hours of assessment and evidence based intervention to young people and their families. This work is often very complex and children and young people need to feel safe with their therapist before talking about very upsetting events. Ultimately, finding a way to communicate the distress of traumatic experiences is the start of a road to recovery.

Where possible we record pre and post intervention scores on questionnaires to evaluate how successful the intervention was. From those clients undergoing a trauma focussed intervention we can see the effectiveness of the interventions.

CASE STUDIES

One D is a 12 year unaccompanied asylum seeker. He was assessed and treated under the trauma team for 7 sessions before moving out of the area with his foster carer. D found it hard to understand the reports his carer had made which were suggestive of mental health problems like emotional outburst, nightmares and periods of absences. He was able to engage in some emotional literacy and resource work speaking about his family and country of origin and his own strengths and abilities. He was also able to recount, using Eye Movement Desensitisation Reprocessing his traumatic memory of being on a boat in the Mediterranean and seeing other refugees drown in a shark infested sea. At the end of our sessions D's foster carer reported significant improvements in his mood and sleep but D's questionnaire showed a worsening of symptoms. To start with he had recorded none but at the end was able to identify that he did have differing emotions and upsetting thoughts at times, something he had denied to start with. His scores at the end were suggestive of a young man who was more able to identify and express his emotional state and access help from his foster family when needed. As a consequence his home and school life was improving.
G was a 13 year old girl who was referred initially for anxiety in school. Usual approaches to treatment had not worked until she was able to start speaking about her experiences. At the age of 6, she had experienced neglect due to her father’s depression and relationship breakdown. These events had thrust her into a world where she became the carer for her father and younger brother over a prolonged period, changing her perspective of who she could or could not trust in her world. This case was a long and complex one incorporating many multi agency referrals but after support from the trauma service she is now accessing education and preparing for exams and college. G has also become an ambassador for children’s mental health and has been an active member of the CHUMS Service User Participation Group.

WHERE ASSESSMENT ITSELF CAN BE AN INTERVENTION

I met with an 11 year old boy for an assessment after he started experiencing intrusive memories of a time when he used to live with his mum and she was physically abusive to him. He has been living with his grandparents for over 4 years and was doing well in school but these memories suddenly became more frequent and distressing. During the assessment I spent time talking to him about one particular memory he found most distressing and then helped him to understand why people might have high emotions when these memories pop into their minds. He reported that he felt differently as soon as he told me about the memory because I reacted in a kind way which made him feel better. He said that now he understands more about how his memory is working and he feels better because it makes sense to him now.

We would like to be able to provide this level of intervention to all children across Bedfordshire and to target funds to early intervention to reduce the strain on services in the future. Effective treatment at this stage can have lasting effects on the child, their family and their own children as it paves the way for new more adaptive coping strategies for the future.

DR RUSSELL HURN
CONSULTANT PSYCHOLOGIST AND CLINICAL LEAD

This year we have also been involved in a ground breaking pilot group programme for Syrian refugees. Working with another social enterprise company in Bradford, Bevan Health Care, we were able to identify a gap in services for this vulnerable group. Bevan provide general medical support for hard to reach communities and have been working very closely with the families who have arrived in Bradford as part of the Vulnerable Persons Relocation Scheme. These families have been granted refugee status for 5 years and are trying to integrate into UK society.

Two

SYRIAN REFUGEES

Two
For many of them this has been difficult. These families often have suffered three types of trauma. The trauma of what they experienced in their home country, the trauma of the journey or emigration and the resettlement into a foreign culture.

With support from Bevan we identified a small number of Syrian families with children who had been identified as experiencing trauma. These families all spoke Arabic so we had to include interpreters in the design and delivery of the group. We invited the children aged 6-11 to three clinical sessions and a final fourth road trip at the end. These group sessions were based on the integration of Eye Movement Desensitisation Reprocessing (EMDR) research and recreational therapeutic music group work. The aim of these sessions was to improve children’s emotional literacy using music, song and art activities and within the safety of the sessions provide some education about bad memories and some brief processing of these events. The theme of the group was trees and bird migration. Using stories, music and art we enabled the children to integrate an age appropriate narrative of their life experiences.

This project was reviewed and presented at the EMDR UK & Ireland national conference and a regional event in Bury St Edmunds aimed at improving the resources for refugee families and unaccompanied asylum seeking children. We have now secured some funding to re-run the programme in Central Bedfordshire and we have started enlisting families now living locally. We have plans to publish the development of the programme in a peer reviewed journal.

DR RUSSELL HURN
CONSULTANT PSYCHOLOGIST AND CLINICAL LEAD

I came to CHUMS because I was struggling with how I felt. I was worrying a lot and felt like I was different from everybody else. While I was at CHUMS I learnt lots of different strategies to help me cope like positive self talk, breathing techniques and finding ways to release feelings safely. Since coming, I sleep a lot better and whenever I need some advice, I look over the work that we’ve done so I can remember all the things that will help me. I’m going to make a notice board with all of my work on it so I can see it easily.

Shaun said ‘Erin has been really brave to talk about her worries and worked very hard at practicing the strategies we explored to help her to cope with her anxiety. Erin has excellent creative skills, which she put to good use in the sessions and came up with great ideas. Erin can feel proud of herself as she has many positive qualities, and it has been a pleasure to work with her’

Anxiety is very common. For anybody that is experiencing anxiety, it is important to remember that talking to somebody you trust in your family, or a teacher at school, or a friend, is the first step to helping things get better’
Josh struggled with mental health problems, all by himself, without realising what he was facing and without telling anyone. As he reached breaking point he opened up to his dad about his anxieties, from then onwards he started to get help. He was referred to CHUMS in 2015 and started receiving treatment for OCD in July of that year. Dr. Hannah Baron was fantastic with Josh and over the course of the next nine months Joshua started to get his OCD under control; by early summer 2016 he no longer required treatment. When he “left” he said that he would like to do something to help, if he could, which indirectly led to him working with the BBC.

In December 2016, BBC Newsround had contacted Hannah, who then spoke with Josh and his family. They were told that the BBC wanted to make a program about young people who have experience of managing anxiety and Joshua was asked if he would like to be involved. He said “yes” and over the next four months he became part of the team working on the program.

Firstly, he was interviewed via video link to see how he could contribute. Then as the program developed, Josh worked with the producer/director and crew to help tell his OCD story. The crew were brilliant with Joshua, hugely supportive and understanding and with a real determination to get the message across to their young audience, that it’s important to be able to talk about mental health. In particular, Joshua had realised that if he had been able to talk about his problems earlier, then things could have been easier for him, especially as he had the support of friends and family.

One Sunday in January, at the BBC in Salford, filming started, in front of a “green screen”. These scenes formed the basis of the animation used in “Inside My Head: A Newsround Special”. Then, at half-term the “live action” was shot, with family and friends: at home, on the downs at Dunstable and on the hockey pitch with team mates at Leighton Buzzard Hockey Club. His last piece of filming was at a school in London, alongside Lucy from “Time to Change”, discussing mental health with school pupils.

As the final edit came together there was a last piece of voiceover work and sound recording. Then on the day the program went out Joshua was interviewed on BBC Newsround, Radio 5 live and BBC Breakfast, all within the space of two hours.

Joshua’s friends and family were very supportive of his participation in the documentary and all involved are justifiably proud of the final program. Joshua was clear that he didn’t want any attention focused on him for contributing to the program. However, working with such a great team from the BBC was a very positive experience for Joshua and which has helped him in his own battle with OCD. But far more than that, the feedback everyone received, both personally and more widely, such as from social media has been very positive. The program contributed significantly to an increase in children and their families talking about mental health and seeking help. And what Joshua said in filming is still true: “If you’re worried about how you’re feeling, tell someone. There’s loads of help out there and things really can get better”

PETER GALE
JOSH’S DAD
The charity ‘Friends of CHUMS’ was set the task to raise over £260,000 this year. This is a step up from 2015/2016 but we have worked very hard over the last 12 months to achieve this target.

Money raised this year has continued to support the parts of CHUMS that receive no contractual funding, including the Stillbirth and Neonatal Bereavement Service, the Recreational Therapeutic Football & Music Programmes, the Disability Friendship Scheme and our Crisis Response Bereavement Service. It also supported the introduction of Mental Health Awareness Workshops in schools and continues to entirely fund the CHUMS Trauma Service.

We were once again supported by a number of key local and national grant funders which helped raise over 50% of our fundraising income. This included The Harpur Trust, The Amateurs Trust, The Bedfordshire and Luton Community Foundation, London Luton Airport Ltd Fund, The Coop Community Fund, The Barbara Ward Foundation, The Oakdene Foundation, The John Apthorp Charity, The Gale Family Trust and The Robert Lucas Trust. We were also invited to take part in the BGC Charity Day with Al Murray representing us on the trading floor, which raised an incredible £30,000.

CHUMS has hosted several events throughout the year including our annual Skydive and Golf Day. 2016 also saw us hold our first one day music festival held in Westoning in June. #WestFest saw over 1,000 people enjoy a day filled with live music and entertainment and raised £10,000 for the Stillbirth & Neonatal and Crisis Response Services.

From having a CHUMS collection box at their shop to taking on a personal challenge for sponsorship, families and individuals have shown their support to CHUMS, often as a way of saying thank you for the support we have given them. A huge thank you to everyone who has run, cycled, swum, baked, hosted a raffle or quiz, played golf and fundraised in endless creative ways to support vulnerable children, young people and their families.

Thank you to everyone who has supported us over the past year and we hope to continue to work with you in the future.

...families and individuals have shown their support to CHUMS, often as a way of saying thank you for the support we have given them...
If you are interested in joining the team or would like to receive further information regarding volunteering opportunities, please do not hesitate to contact me at paula.fensome@chums.uk.com

PAULA FENSOME
VOLUNTEER AND EVENTS CO-ORDINATOR

This year has seen a rise in interest from potential volunteers wishing to help with our many therapeutic workshops.

We had 15 Volunteers and 6 members of staff attend the accredited OCN bereavement training programme which we run annually. The training starts in November and runs for 10 weeks finishing in February. Volunteers have been very proactive helping with the many services we provide for young people. We have recently taken Young Carers to Harry Potter World and the Friendship Group to Woburn Safari Park. Without the assistance and help from volunteers these outings could not take place.
**Volunteer Interview**

**Interview with Kerry**

Hi Kerry, thanks for agreeing to do this for us.

No problem at all...

I guess a good place to start would be for you to tell us a bit about yourself?

Sure, my name’s Kerry. I’m a 51 year old Mum of 3 married to Graeme and live in the beautiful village of Harlington. I’ve worked in education for 15 years, currently in Learning Support at Harlington Upper School, supporting students with learning difficulties and physical needs. My special area of interest is autism.

My hobbies are photography, baking and walking our little dog called Marley. I love holidays (especially skiing and camping) and spend lots of time researching where I’d like to travel to next!

So, how were you first introduced to CHUMS then?

In August 2010 my eldest son died. His name was Luke and he was 17. Rose and Adam were 8 and 15 at the time. We were catapulted into a living nightmare and the months that followed were a blur of shock and disbelief. My daughter was having trouble sleeping and had become highly anxious. A neighbour gave me the phone number of CHUMS and urged me to call. Several days later we had a home visit from the lovely Russell Bradley. He was so calm and reassuring; something about him gave me a feeling of hope.

Can you remember much about coming to CHUMS for the first time? What was it like on that first day?

I can remember very clearly! I walked in to the Bereavement Workshop on Day 1, feeling very anxious and having no idea what to expect but within half an hour I was at ease. It’s hard to explain how or why, but the staff and volunteers were so gentle and kind, I just knew we were in safe hands.

What impact did the support you receive have on you and your family?

The impact was immeasurable. We attended the bereavement workshops, and my daughter Rose also received some 1:1 support to address the nightmares and anxiety she was experiencing. We attended the Dragonfly Day as a family, Rose went to Dell farm, we went to the Christmas remembrance service and for some time I attended the ongoing parents’ group. Rose continued to use the strategies she had learnt at CHUMS and the whole experience helped us to process our grief in a realistic and positive way. I met people who I connected with and still remain in contact with to this day.

What would you say to someone who was thinking about taking up some volunteer work?

Brilliant. Thanks for giving up some of your time. Is there anything else you think is important to say?

I would share this quote... “By lighting a torch for others, you also brighten your own path”

I was so grateful to CHUMS for the support we had received and had toyed with the idea of getting involved somehow as a volunteer. One day I was looking through Luke’s Facebook and I came across a post he had written several months before he died. It was a quote from Albert Einstein, “Only a life lived for others is worth living”. It was a real ‘light bulb’ moment for me. It felt like a message from Luke and I decided there and then to become a volunteer. My husband paid for the bereavement training as an early Christmas present and I embarked on the course in September 2012.

Was it strange to be volunteering for somewhere where you had been personally?

I did worry that it might feel strange to be on the ‘other side of the fence’ but the CHUMS family is so welcoming and loving that you immediately feel part of the team.

Actually, a lot of our volunteers and staff have been through CHUMS as service users in the past. How do you think your personal experience has impacted your role as a support to others?

Because of my own situation, it’s natural that I empathise with parents who have experienced the loss of a child, or families affected by suicide, but I do feel a connection, whatever the circumstances of the loss. I truly believe in the bereavement workshops, as I am living proof that they work! And it’s very powerful to be able to say to someone in the early stages of grief “I survived and you can too”.

I guess people volunteer at places for a variety of reasons. Why do you do it? And what difference do you want to make?

Someone said to me recently that they wonder if I volunteer because I seek redemption.. I wasn’t able to save my own son, so helping others relieves my guilt. Maybe that is partly true, but I volunteer because it feels meaningful to me. People gave up their time for us when we needed support, so now it’s our turn to help others. It ‘keeps the circle turning’.

I feel privileged to be involved, and it’s inspiring to work with people who have such commitment and compassion. When the families say ‘thank you’ at the end of the workshops I get an overwhelming feeling that I have done something worthwhile. We are so grateful to CHUMS for the support we had received and had toyed with the idea of getting involved somehow as a volunteer. One day I was looking through Luke’s Facebook and I came across a post he had written several months before he died. It was a quote from Albert Einstein, “Only a life lived for others is worth living”. It was a real ‘light bulb’ moment for me. It felt like a message from Luke and I decided there and then to become a volunteer. My husband paid for the bereavement training as an early Christmas present and I embarked on the course in September 2012.

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What would you say to someone who was thinking about taking up some volunteer work?

Brilliant. Thanks for giving up some of your time. Is there anything else you think is important to say?
Young people are at the heart of everything we do at CHUMS which is why having a Service User Participation Group is so important. The group consists of young people who have accessed various CHUMS services including Bereavement, Emotional Wellbeing and Trauma. We meet on a regular basis to discuss service development, ideas for raising awareness of emotional and mental health issues and how best to promote the work being done by CHUMS.

One of our recent projects has been to develop an introductory letter for young people coming to CHUMS which explains who we are, what will be discussed during their assessment and what will happen next. This has been successful in helping to alleviate the anxieties a young person may feel about coming to see us for the first time.

The group have also been involved in sharing their experiences of CHUMS and developing resources for our website and social media platforms. This includes short videos and documentaries.

We have a group of trained service users who assist us with our staff recruitment by participating in interview panels. This is such a beneficial and empowering process for a young person in that they are developing their social skills and confidence and gaining inside knowledge about how to best present themselves to a prospective employer; all transferrable skills for the future.

As has been the case for the last 2 years, members of the group will this year be helping to host our Annual Open Evening. It is always so rewarding to see them participating in such a special occasion and overcoming their fears and anxieties to give something back to CHUMS.

What young people say about Service User Participation:

The group has brought some sort of normality into my otherwise hectic life. It is a safe and at ease environment and it has truly helped expand my friendships with others with similar problems that I have.

Since joining the group I feel more confident and able to express myself more

Following on from the Connect group’s success at the YOPEY awards last year they were then recognised by the Concern for Mental Health Charity and were invited to attend a very lavish awards ceremony at The Churchill Hotel in London where they were presented with “Young People of the Year” awards and a donation to their chosen charity CHUMS.

NIKI SCOTT
SERVICE USER PARTICIPATION OFFICER

THE CONNECT GROUP AT THE CONCERN FOR MENTAL HEALTH CHARITY AWARDS
This is not only a brand new service to CHUMS but part of a new national initiative to deliver low-level interventions to children, young people, and their families. Our team comprises four trainee Children’s Wellbeing Practitioners (CWPs): Ellie, Sophie, Natasha and Sarah who are being supervised and mentored by Becky, Clinical Development Manager. This is not only a brand new service to CHUMS but part of a new national initiative to deliver low-level interventions to children, young people, and their families. CHUMS is one of only 15 services to be piloting this new enterprise.

Over the next year, the CWPs will complete a year placement at CHUMS, during which time they will work, train and study simultaneously, attending regular lectures and workshops at University College London’s Anna Freud centre.

We are confident that this service will be an innovative and fresh addition to the Children and Young People’s Improving Access to Psychological Therapy (CYP IAPT) commitment that CHUMS has already signed up to. We will be offering 1:1 and group based interventions to children and young people with mild to moderate mental health issues such as anxiety, depression and behavioural difficulties at a Tier 1 level. These will be brief, evidence-based, low-level interventions aimed at supporting children and young people who might otherwise not receive a service. While working to provide early targeted support to children and young people whose needs do not meet the threshold for Tier 2 or 3 services, our key goal will be to help prevent escalation of their difficulties. We will endeavour to create strong links with those in the community, particularly school nurses, SENCO workers, teachers, families and especially children and young people. To continue our aim of avoiding more serious difficulties where applicable (either pre or post intervention), we will support and signpost young people and their families to other services locally. Therefore part of our role will be establishing a comprehensive understanding of local services.

While we are currently in our induction period, we are already providing a short term anxiety programme, over 4 sessions to parents and children. Within this programme we deliver concurrent parent and children’s sessions, with the intention to help the families develop a better understanding of anxiety and how they might work together to manage this.

In the coming months, we hope to develop two pilot programmes: a generic wellbeing group for families and a series of workshops for parents on promoting emotional wellbeing. Both programmes are aimed at those families who do not meet the criteria for Tier 2 services but where there are recognised emotional wellbeing needs. In addition to this, we will be undertaking an audit of the Emotional Wellbeing Service at CHUMS to follow up cases that have not attended the service after being offered an appointment, or have been signposted elsewhere. It is hoped that this will provide more information about how to make services more accessible to families.

Having only been here for a few weeks, we are excited to see how our role will develop and assist the CHUMS team in the great work that they already do.
Having come to the end of the first official year of the Crisis Response Service, we have arrived at a point where we can review the service and think about how we may continue to develop in the coming months. Below is a summary of events which have taken place in the last year and the changes that we are planning to instigate.

REFERRALS AND IMPROVING ACCESS

Since March 2016 to date we have supported 55 individual referrals which resulted from 23 deaths by suicide or suspected suicide, of which 6 were female and 17 male. This is only a percentage of the total number of families affected by suicide in Bedfordshire as we are not as yet receiving the referrals directly from the police. Therefore only those who have heard about the service from others have been able to make referrals.

In response to this, we have taken steps to improve links with Bedfordshire Police. We have also liaised with the Coroner’s office to ensure we are updated of policies and procedures to enable us to give relevant and accurate advice.

We are also aware that there is a need to rebrand the service to make it more clear what support is on offer and who this is aimed at. As unfortunately, the feedback we have received suggests that this was not apparent from the name ‘Crisis Response Service’. In view of this we are in the process of changing the name to the Bedfordshire Suicide Bereavement Service. The name change brings us in line with similar services in other counties.

SERVICES PROVIDED

Our package of care aims to initiate support as soon after the death as possible, as our experience has shown that giving early support can make a real difference to how people manage this most devastating death. Email has proved a popular way for people to keep in touch and advice will often be sought in this way. Liaison with professionals also helps ease some of the burden for people. Support is provided up to and including the inquest. Children can be referred to the bereavement or trauma service and adults signposted to other agencies. Invitations to the Dragonfly workshops and the Dragonfly support group are given, with gentle encouragement to come along.

The Dragonfly group started in December 2016 and has had steady numbers attending each month. The group offers emotional support while also providing advice and practical coping strategies. The aim is to help break down isolation and loneliness, often the fallout from a suicide death.

FUTURE DEVELOPMENTS

We have run part 1 of a training course designed to inform attendees how they may support a family following a death by suicide. It is anticipated that part 2 of this training will take place within the next quarter. The training is intended for volunteers to enhance skills. We have a lovely band of volunteers who consistently support this service and plan to develop this support into a befriending service. We can then support individuals either by visiting and providing a supportive listening approach or accompanying them to what can be a daunting first group.

We realise how important collecting evidence is, not only for our own service but the future of suicide support services across the country. We are in the process of revising the outcome measures used and the process of data collection. It is anticipated that new measures will be rolled out in the next quarter, enabling us to gather more specific and relevant information about what benefits our service users, to ensure the continued development of the service.

This autumn we are running a retreat for adults and families that have been referred to the service. Following a kind donation which will fund part of this weekend, we hope to raise the remaining money needed using a Facebook page and peoples’ generosity. The weekend aims to provide a relaxing and nurturing environment in which people can reconnect with family and meet new people. There will be more structured activities along the lines of connecting with memories and dealing with difficult emotions. There will also be opportunities to come together and learn from one another. People will have the opportunity to walk, enjoy complimentary therapies and just take time out from busy lives.

CAROLINE HOLLEY
BEDFORDSHIRE SUICIDE BEREAVEMENT SERVICE CO-ORDINATOR
Reflecting on my first year as Finance Director of CHUMS, I am surprised by how much we have achieved. Financial processes and regular reporting have been implemented. This ensures that those making decisions within the business now have the information they need. It also ensures there is accountability and control. We have worked hard at understanding the profitability of the many services we provide, getting to grips with cost drivers and highlighting areas where efficiency can be improved, so we can ensure we are getting the most out of every £1 generated.

High overheads, narrow margins and a high reliance on grants and fundraising, means the finances continue to be challenging. In spite of this, our forecast for this financial year is strong.

I am extremely grateful to our donors, supporters, volunteers and staff for helping us to achieve these financial results in the face of a tough prevailing environment.

CHRISTINA SWEET
FINANCE DIRECTOR

As you will have read in the previous pages, CHUMS continues to offer a number of services to the communities across Luton and Bedfordshire. We are always looking for new initiatives and opportunities to develop services further and this year we have launched two new initiatives. This is in line with "Future in Mind", a document published by the Department of Health in 2015 stating that schools should contribute to the transformational changes to children’s mental health services and play an effective role in support when children need it. This ethos is replicated in the updated Ofsted framework.

Future in Mind states that “The strength of the mental health of our future adult population is the responsibility of all departments of society – health, education, policing etc. Children and young people with mental health difficulties cost all of these departments more money - it is in everyone’s best interest to invest in the children and young people of today”. 
In response to this, we have been commissioned to support lower, middle and primary schools across Bedford Borough and Central Bedfordshire by offering mental health training and peer consultation sessions on a half termly basis across four school clusters. We are working in partnership with CAMHS who are supporting upper schools. Feedback so far has been very positive and schools appreciate this additional support. As part of the commissioned work we are also offering early intervention therapeutic groups to children aged 5-10 years who are showing the earliest signs of mental health difficulties including anxiety, withdrawal and friendship difficulties as well as a number of therapeutic football programmes. We are currently planning to run a school transition programme over the summer holidays alongside CAMHS staff, supporting those young people who will find the transition to upper school particularly difficult.

We have been successful in a bid to gain the support of four Child Wellbeing Practitioners with a Clinical Development Lead to support them. These posts have been created to improve access to early intervention mental health support and to ensure more children and young people are able to access support before 2020. The posts are supported by a national training programme. Sophie, Ellie, Natasha and Sarah are already supporting children in an anxiety group programme and once their training commences they will be supporting additional children and young people across the school clusters.

CHUMS will continue to develop services across Luton and Bedfordshire as well as explore opportunities to replicate its service delivery in neighbouring counties.

**AMANDA THAXTER**

OPERATIONS AND DEVELOPMENT DIRECTOR

As always I see the future as one of exciting possibilities. There is so much more that needs to be done to reduce stigma and increase capacity so that all children and young people who are struggling can access support when it is most needed. We are therefore strengthening the Charity team to increase our fundraising income over the next 12 months.

We have developed a strategy to move beyond Bedfordshire to reach out to many more CYP and to give them the opportunity to receive the high quality evidence based interventions we deliver. We plan to deliver many more resiliency programmes within schools to reduce the rate of suicide in young people, giving them confidence to talk about their mental health. We have also just written two short books on loss and grief and divorce and separation. We plan to add more to the list.

If you are able to support CHUMS in any way either as a sessional member of staff, a volunteer either in the business, clinical delivery or the charity, then please let us know.

Once again thank you to all of you for your ongoing and continuous support, it means such a lot and we could not deliver the service that we do without your support.

**DAWN**
**CHUMS MISSION**

To improve the mental health and emotional wellbeing of children and young people, enabling positive and fulfilling lives.

**CHUMS VALUES**

We are united in our belief that all children and young people deserve the best we can give.

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<td>Humanity and warmth delivered by a committed and dedicated team.</td>
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