Barnardo's Core Priority Programme in Mental Health and Wellbeing

Baseline evaluation report: May 2021

Mental Health Foundation Scotland

Registered Charity No. 801130 (England), SCO39714 (Scotland). Company Registration No. 2350846

University of Strathclyde Glasgow

Believe in children Barnardo's

Barnardo's Registered Charity Nos. 216250 and SCO37605.

Key abbreviations used

CPP	Core Priority Programme
CYP	Children and young people
IMH	Infant mental health
MHF	Mental Health Foundation
MHWB	Mental health and wellbeing
SET	South Eastern Health and Social Care Trust

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Acknowledgements

The Mental Health Foundation, with its partners the University of Strathclyde, has been commissioned as part of Barnardo's Mental Health and Wellbeing Core Priority Programme to conduct this work. We would like to thank the team for their input, feedback, and support for this report.

Recommended citation: Millar, R. Cameron, J. Colson, A. Quinn, N. Tucker, A. (2021). *Barnardo's Core Priority Programme in Mental Health and Wellbeing. Baseline evaluation report: May 2021*. Glasgow: Mental Health Foundation.

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1. Introduction

This report presents the baseline findings for the evaluation of the Barnardo's Core Priority Programme (CPP) in mental health and wellbeing (MHWB). This is not an evaluation of impact of the CPP MHWB, rather this report aims to present our baseline understanding of strategic partnership work so far across several process-related factors. We also present relevant data relating to baseline systems change and outcomes for children and young people (CYP).

1.1. Report aims and structure

The overall aim of this report is to present findings of the baseline data collection activities within each of the three strategic partnership areas and to identify emerging insights across the CPP MHWB.

To do this, we structure the report as follows. We present the guiding methodological and analytical framework adopted within our overall evaluation before discussing the data collection methods used within the baseline work. Baseline data collection findings are then presented for each partnership in turn as follows: (1) context, (2) baseline insights on process, (3) baseline insights on systems change, and (4) baseline insights on children and young people's outcome. We then consider key emerging insights across the CPP.

1.2. Background context – Core Priority Programme in Mental Health and Wellbeing

Barnardo's CPP in MHWB acknowledges that:

> ***'MHWB is one of the major public health challenges facing our generation. The number of children and young people with MHWB issues is increasing and services providing support are struggling with capacity to manage the ever-increasing referral numbers. We need to address the challenge upstream, address prevention and early intervention'***[1].

In addressing these challenges, Barnardo's recognise the need to improve CYP MHWB and reduce the risks of poor MHWB so that all CYP have improved life chances and potential.

Using a service design and systems thinking approach, Barnardo's, in partnership with local authorities, the NHS, third sector and others, seek to explore, understand, co-design, test and iterate change strategies within and across systems.

1. Taken from Barnardo's document 'Improving CYP's MHWB through a Whole Systems Approach'

Within this, the CPP MHWB assumes that the 'systems' around CYP MHWB are ecological in nature[2] which considers the various environments which can influence their mental health (Bronfenbrenner, 1979). As such, the focus of change within the CPP MHWB is on ensuring that evidence-based early intervention and prevention is prioritised and the system of support is conceptualised not just from the perspective of service interaction, but also the social support networks and knowledge of CYP themselves.

The goals of the CPP MHWB are:

1. To be an agent for systems change
2. To explore and support innovation through new ways of working (participation and collaboration, and continual learning)
3. To influence wider policy and practice to reduce risks to MHWB and increase resilience

The strategic focus of the CPP MHWB is on systems transformation and service design with prevention and early intervention at its core. This place-based approach also focuses on the use of evidence-based practice, co-production with children, young people and families, and working collaboratively with local stakeholders.

Barnardo's CPP MHWB supports local partnerships in three areas: North Tyneside (England), Renfrewshire (Scotland), and South Eastern Trust (NI). Prior to the involvement of the evaluation team, the strategic partnerships in North Tyneside and Renfrewshire undertook an 'inception' phase, facilitated by Barnardo's, to develop a shared understanding of the context specific challenges in each area and to prioritise areas for future work. The inception phase engaged with a wide range of stakeholders through a variety of workshops and consultation activities.

1.3. Background context – evaluation questions

As a result of the above aims of the CPP MHWB, the evaluation aims to address the question of:

What is the added value of a strategic partnership approach facilitated by the third sector to improving children and young people's mental health?

Within this overarching evaluation question, there are three sub-questions:

(1) What is the nature and role of strategic partnerships and what are the barriers and enablers to their functioning?

(2) What is the impact of the strategic partnerships on end user beneficiaries, i.e. on the mental health and wellbeing of children, young people, and families?

(3) What is the impact of the strategic partnerships on the wider system which supports children and young people's mental health?

Within this report, we focus on presenting relevant baseline information to inform future impact evaluation.

2. Taken from Barnardo's document 'MHWB CPP ToC 211020'

1.4. Background context – evaluation activity to date

The evaluation and learning team was commissioned by Barnardo's in August 2019, with work commencing in September 2019. The work is led by the Mental Health Foundation with its academic partners the University of Strathclyde (Social Work & Social Policy and Department of Management Science).

September 2019 – March 2020

Between September 2019 and March 2020, the team undertook a scoping phase to conduct a situational analysis within the three partnership areas. Individual reports were delivered to each strategic partnership area by March 2020. This phase of work involved key stakeholder interviews (n=15), a data scoping exercise, and the identification of key engagement structures for CYP and families within each area. During this phase, the team also conducted a literature review of CYP participation in evaluation and strategic partnerships which was disseminated to strategic partnerships alongside the reports.

March 2020 – August 2020

The ongoing COVID-19 pandemic interrupted planned data collection activities for baseline data collection. Strategic partnership members diverted their attention to critical planning efforts. In the interim, the evaluation team supported strategic partnership learning, resulting in the publication of two evidence overviews on the potential impacts of the pandemic on the mental health and wellbeing of CYP[3], and an overview of bereavement, loss, and grief interventions for CYP[4]. These were shared with each strategic partnership, disseminated internally within Barnardo's, and published on the MHF website.

In the period between March 2020 and August 2020, the evaluation and learning team held theory of change workshops in each of the three strategic partnership areas, which aimed to give feedback on the findings of the scoping reports and provide each partnership with the opportunity to refine their individual theories of change[5]. Short reports were shared with each partnership after each workshop to provide a summary of the workshop, the revised theory of change, and the implications this had for the forthcoming baseline data collection phase.

September 2020 – March 2021

Between September 2020 and March 2021, evaluation activity involved a period of baseline data collection (detailed in sections 2-4), which forms the basis of the content of this report. During this phase of work, we also hosted a seminar on systems change, attended by ~50 participants. This seminar involved presentations from the evaluation team and a keynote from colleagues at THRIVE New York City[6] on a capacity-building and task-sharing initiative to support mental health and wellbeing (Connections-2-Care).

We are mindful that the findings in this report should be interpreted considering the wider context of the ongoing COVID-19 pandemic, subsequent lockdowns and the impact this has had on the mental health and wellbeing of children and young people, as well as the restrictions on the scope and scale of work within the strategic partnership areas.

3. www.mentalhealth.org.uk/publications/impacts-lockdown-mental-health-children-and-young-people
4. www.mentalhealth.org.uk/publications/mapping-interventions-children-and-young-people-experiencing-bereavement-loss-and-grief
5. A theory of change is an explicit representation of how a programme or intervention's short- and mid-term outputs are expected to influence long-term outcomes, including the indicators that provide feedback on performance and the assumptions that the causal story relies upon (Weiss, 1995, 1997)
6. THRIVE NYC were invited to give a keynote presentation as the Connections-2-Care programme represents a successful example of a systems change initiative focusing on prevention/early intervention in mental health and wellbeing.

2. Theoretical framework for the evaluation

Our evaluation approach sits within a wider theoretical framework. We draw on three connected frameworks and approaches: systems thinking, theory of change, and contribution analysis. These three approaches act as a series of stacking lenses, with each building on the foundation laid by the others to allow us to see more detail on certain aspects of the strategic partnerships and their impact.

2.1. Systems change and systems thinking

Understanding and practising systems change benefits from a systems-thinking approach that recognises the dynamic and interrelated connections between the parts of a system and how they fit together to form the greater whole (Foster-Fishman, Nowell and Yang, 2007).

In terms of evaluation, a systems-thinking perspective acknowledges that the strategic partnerships operate in the context of multiple complex systems and that understanding the role and potential impact of the strategic partnerships requires understanding of the larger system.

In terms of strategic partnership work, within a systems-thinking perspective, systems change efforts can be defined broadly as those which:

> ***'try to shift the underlying infrastructure... to support a desired outcome, including shifting policies and practices, resource allocations, relational structures, community norms and values, and skills and attitudes'***
>
> Foster-Fishman and Behrens, 2007, p. 192

Foster-Fishman and colleagues (2007) lay out some core characteristics of systems change efforts as those which:

- focus on problem definition i.e. how the problem is defined, and who/what should be considered as part of the system.
- acknowledge that system level outcomes do not necessarily lead to sustainable systems level change, that we must consider the interactions between different parts of the system that define how it functions.
- have methods to capture the complexity of the system, that have an awareness of the 'whole', and not just the parts.
- target levers for change with cross-level influences i.e. those aspects of the systems that, when changed/shifted, trigger shifts in other components of the system.
- aim to shift system members' mindsets, or worldviews, so that changes to be implemented are paired with complementary worldviews about how those changes should be implemented.
- provide ongoing opportunities for system members to discover and alter their worldview through honest and open discussions about the problem, the system, and potential solutions.

2.2. Theory of change

The use of a systems thinking lens, as described above, will support the development of a robust theory of change. A theory of change is one way to conceptualise and formalise the aims and activities of the strategic partnership within the context of that larger system.

A theory of change is an explicit representation of how a programme or intervention's short and mid-term outputs are expected to influence long-term outcomes, including the indicators that provide feedback on performance and the assumptions that the causal story relies upon (Weiss, 1995, 1997). This enables us to understand how the strategic partnership anticipates it will impact its external environment and the broader system and to develop indicators that can monitor and signal if the partnership is having that anticipated and desired effect.

2.3. Theory-based evaluation – contribution analysis

The theory of change can then also be used as the foundation for theory-based evaluation, which is a useful approach when a comparison with a counterfactual is not possible (Weiss, 1997). We use a method called contribution analysis, which is an approach to understanding the impact of an intervention or programme while acknowledging the role of context.

Examining if the programme's theory of change is consistent with accumulated evidence allows an assessment of an intervention, and whether it is likely to have an impact on long term outcomes. However, it also allows for the acknowledgment that this intervention is only partially responsible for this observed impact on the system as a whole (Mayne, 1999, 2012).

3. Conceptual framework for baseline data collection – evaluation framework

The conceptual framework we use to structure this baseline report is informed by a process and impact outcome framework. The overall framework was developed and informed based on the scoping reports and the theory of change workshops conducted within each strategic partnership area.

For the purposes of this evaluation, we collect data across two levels of analysis: (1) process and (2) impact outcomes. The purpose of this approach enables the evaluation to capture the process of strategic partnership working. The focus on outcomes, both at the system level and CYP outcomes, enables the evaluation to understand both the changes within the system, and the subsequent changes in outcomes for CYP.

3.1. Defining process

Within our definition of process relates to the first evaluation question:

> ***What is the nature and role of strategic partnerships and what are the barriers and enablers to their functioning?***

Within process we focus on partnership context and functioning as core elements of understanding the nature and role of strategic partnerships. We also focus on two additional elements which we have identified as important to understand in terms of how they influence strategic partnership working – these are: (1) how and to what extent the strategic partnerships develop a sense of shared ownership over the process (including how the principles of co-production are implemented), and (2) how and to what extent the strategic partnerships have shared values and a shared vision for mental health and wellbeing and systems change within their respective areas. The core elements of process are detailed in Table 1.

Table 1 Process evaluation framework

Process	Definition
Partnership context is conducive to facilitating change	E.g. Policy, governance, and accountability structures facilitate strategic partnership decision-making and change
Partnerships facilitate shared ownership over change	The extent to which the work of the partnership is seen as a collective responsibility, rather than the job of one agency/team/or organisation, including: • The group is representative of all relevant stakeholders • There is equal inclusion and recognition of voices across the sector, including partnership working and co-production with children and young people, that is the active inclusion of the voices of children and young people within decision-making[7] • Buy-in across members • The process of decision-making is shared, rather than limited to individuals, particularly those with power • There is transparency in decision-making
There is a shared vision and shared values about what change looks like and the aims of the work of the partnership	The extent to which there are shared vision and values within the partnership relating to perceptions and definitions of mental health and wellbeing and systems change.

7. By co-production, we refer to the active inclusion of the voices of children and young people in shared decision-making structures in ways which are acceptable for children and young people. We acknowledge that there are different ways in which the voices of children and young people can be included, with no one being 'better' than another necessarily, but each appropriate in different circumstances (Arnstein, 1971; Hart, 1992; Children's Commissioner, 2012; McLaughlin, 2015).

3.2. Defining impact outcomes

We focus on outcomes in addressing the second and third evaluation questions:

> ***What is the impact of the strategic partnerships on the wider system which supports children and young people's mental health?***
>
> ***What is the impact of the strategic partnerships on end user beneficiaries, i.e. on the mental health and wellbeing of children, young people, and families?***

In line with our focus on systems thinking, we define impact at two levels: (1) system level impact outcomes, and (2) impact outcomes for end beneficiaries. To define outcomes at both levels we conducted theory of change workshops within each of the strategic partnership areas.

These workshops built on our scoping reports within each area and enabled further discussion and refinement of the respective theories of change with partnership group members. The outcomes and associated indicators are grouped in Table 2 by the two levels of impact:

(1) **Systems change outcomes** relate to the ways in which the MHWB system changes within each partnership area

(2) **Outcomes for CYP/families** relate to the overall changes in MHWB experienced by CYP

Within Table 2, we highlight indicative outcome indicators used in this report. Some indicators have been omitted since some of the proposed work of each strategic partnership area is yet to commence and therefore accurate baseline data is unavailable and indicators are to be defined in line with this.

Table 2 Defining impact outcomes and indicators

Systems change outcomes	Indicative indicators ✔ = included in baseline report ✘ = not included in baseline report (to be refined in next evaluation phase)	
CYP and families have clear access to and receive prevention-focused and early intervention services/support	✔	• Change in inappropriate referrals to CAMHs • Availability of prevention-focused/early intervention support for all/target groups within local area
	✘	• The extent to which families feel supported as a unit • The ability of professionals to identify families requiring extra support at an early stage • The ability of professionals working with CYP to signpost children and families to prevention/early intervention support
Where relevant, CYP and families have clear access to and receive tier 3/tier 4 (or specialist) support	✔	• Changes in CAMHs waiting list times
	✘	• The extent to which families feel supported as a unit • The ability of professionals working with CYP to signpost children and families to specialist support
System wide use of a common language around MWHB, informed by a social model of MHWB	✔	• Availability of services/supports in each area designed and delivered from a social model of MHWB • Number of professionals trained in the use of consistent messages regarding mental health and wellbeing • ABC PiP only – the extent to which professionals feel confident in implementing common language around MHWB
	✘	• Increased partnership working across professionals
North Tyneside and Renfrewshire only: CYP are better equipped with coping strategies to deal with the stresses of daily life	✔	• Number of professionals working with children and young people trained to equip children and young people with coping strategies
	✘	• The extent to which professionals feel confident in using training to support CYP to develop coping strategies
South Eastern Trust only: Infant mental health (IMH) is on the agenda in other fields e.g. perinatal, early years, adolescent mental health etc.	✔	• How and the extent to which strategic documents in other fields refer to IMH • The extent to which local and national strategic structures are aligned with each other
Long-term CYP outcomes	**Indicative indicators**	
CYP MHWB is improved	(1) Changes in overall mental health and wellbeing (localised measures differ)	
Risks to CYP MHWB are reduced	(2) Changes in perception of risks to MHWB reduce (localised measured differ)	

4. Methods and data sources for baseline data collection

We sought to employ a data collection strategy which could reflect the underpinning theories of change and provide adequate evidence to conduct a contribution analysis. As such, we adopted a mixed methods strategy across the three strategic partnership areas. Table 3 summarises the methods employed across each area.

Ethical approval for baseline data collection (interviews) was approved by both Barnardo's ethics committee and the University of Strathclyde School of Social Work and Social Policy ethics committee in late 2019. Ethical approval for baseline work, which was focused on engaging with CYP, was applied for and approved by the University of Strathclyde Department of Management Science in December 2020.

4.1. Evaluation activity method description

Theory of change workshops

To inform our baseline evaluation activities and review of high-level theories of change, the team delivered three facilitated workshops between March and September 2020. One workshop was delivered in-person, the other two were delivered online.

The workshops were two hours long and included: (1) feedback from scoping phase, (2) an introduction to theory of change, and (3) facilitated discussion on the emerging theories of change in each partnership.

Short reports were shared with each partnership post-workshop to provide a summary of the workshop, the emerging theory of change, and the implications this had for the baseline data collection phase.

Semi-structured interviews

Within the baseline data collection, we conducted semi-structured interviews with those members of steering/governance groups with whom we had not interviewed in our scoping phase of data collections.

Semi-structured interviews focused primarily on participants' experiences of the partnership and how it had been working. Core questions focused on the aims of the partnership, key activities of the partnership, and key successes and challenges experienced. The interview guide is attached in the supplementary material. To complement partnership member interviews, we also spoke with key Barnardo's staff to understand their experiences of the work, developments, and progress within each of the partnership areas since our scoping phase interviews.

Interview data was analysed using NVivo software. The coding framework used is closely aligned with the definition of process detailed in section 3.1. The coding framework is attached in the supplementary material.

8. An update to the original ethics application was made in December 2020 to account for a provider survey as a data collection tool

Table 3 Baseline evaluation activity summary

Baseline evaluation activity summary			
Method	**North Tyneside**	**Renfrewshire**	**ABC PiP**
Theory of change workshop	✔ September 2020 (online)	✔ July 2020 (online)	✔ March 2020 (in-person)
Semi-structured interviews	✔ N=10	✔ N=9	✔ N=7
Partnership documentary analysis	✔	✔	✔
Meeting observation	✔	✔	✔
Intervention mapping	✔	✔	
Use of secondary data	✔ (1) CAMHS waiting list/referral data (2) Health related behaviours survey data	✔ (1) CAMHS waiting list/referral data (2) Children Count Survey data/ SALSUS survey data	✔ (1) ABC PiP service use data
Engagement with CYP		✔	
Provider/ training survey	✔ N=4[9]	✔ N=4[10]	✔ N=45
Strategic document and structures analysis			✔

9. Response rate too low for meaningful analysis
10. Response rate too low for meaningful analysis

Partnership documentary analysis and meeting observation

Analysis of relevant strategic partnership documents was conducted in each of the three partnership areas.

Where relevant, documents analysed included:

- Annual reports
- Reports/agendas prepared for meetings
- Meeting minutes
- Work proposals
- Terms of Reference/Memorandum of Understanding

Relevant documents were analysed using NVivo software. The coding framework used is closely aligned with the definition of process detailed in section 3.1. The coding framework is attached in the supplementary material.

At least one MHF team member attended each steering group meeting over the baseline data collection period. Attending team members took notes on the meeting to inform the evaluation of decisions made, partnership progress and any successes or challenges therein.

Intervention mapping (North Tyneside/Renfrewshire only)

We conducted a descriptive intervention mapping exercise within North Tyneside and Renfrewshire. We collated our findings within table format and classified interventions and supports by several categories:

1. **Intervention type** – promotion, prevention/early intervention, or specialist/crisis
2. **Population** – targeted or universal
3. **Intervention model (approach used)** – predominantly social or medical
4. **Referral source** – GP, self-referral/drop-in/open access, whole-school approach/curriculum, or school/community/other agency
5. **Setting** – school, community, or clinical
6. **Delivery model** – support (individual), support (group), peer support, capacity building, information/advice

Using this information, we input findings into Kumu[11], a system mapping software, which allowed us to visualise the information and explore systems characteristics in more detail. Kumu visualises individual pieces of information as either 'elements' (circles on the map), or 'connections' (links between circles).

We use the elements to denote both interventions/supports and their respective characteristics as outlined by the six points above. We then created connections between each intervention/support and its respective characteristics. The result provides a high-level overview (map) indicating how interventions/supports are characterised in the overall system and permits the user to explore individual aspects of the map in more detail.

Use of secondary data

Across all three partnership areas, we used publicly available data to inform our baseline understanding of the system and children and young people's mental health and wellbeing. Examples of secondary data include CAMHS waiting times and referrals data, existing data from surveys (e.g. SALSUS, Children Count, and Health-Related Behaviours Survey, and service use data)

11. https://www.kumu.io/

Engagement with children and young people (Renfrewshire only)

Building on existing participation structures and through guidance from the Barnardo's Participation Officer in Renfrewshire, we have hired three co-facilitators as sessional staff to support our evaluation and learning team. Work with the co-facilitators will commence in June 2021.

Provider survey (North Tyneside/ Renfrewshire only)

We conducted an online survey with the purpose of understanding the extent to which the values of the partnership were shared and practiced across the wider system.

Our survey address core questions relating to:

1. Supporting families as a unit
2. Working in partnership (with other agencies/CYP)
3. Workforce capacity in terms of promoting good mental health, identifying mental health needs, and trauma-informed practice
4. Views on what the mental health and wellbeing system should look like in the future

Within North Tyneside and Renfrewshire, the survey was distributed to those managing/leading services/teams within the local area. The survey link was sent to key members of the strategic partnership steering groups to distribute to the relevant contacts. Due to the timing of survey distribution, and the pressures presented by the ongoing pandemic situation, survey response was too low across both areas to facilitate meaningful analysis.

Training implementation survey (ABC PiP only)

We conducted an online survey with the purpose of understanding the views of those who had undertaken three key trainings offered by the ABC PiP strategic partnership (Five to Thrive, Community Resilience Model, and Baby Massage/Baby Yoga).

The survey focused on the following factors relating to each training:

1. The usefulness of the training
2. Extent of implementation and how training is used
3. Factors affecting implementation
4. Future training needs

The survey link was distributed by Barnardo's to a mailing list of c150 individuals who had undergone one or a combination of trainings. There were 45 survey respondents reflecting a sample size of 30%. Descriptive analysis of survey data was undertaken using Microsoft Excel and default analysis in the survey software.

Strategic document and structures analysis (ABC PiP only)

Colleagues at Queens University Belfast supported us by conducting a primarily desk-based review of strategic and policy documents with the view to understanding the extent to which infant mental health is on the agenda in wider fields. Their desk-based review was complemented by discussions with several key stakeholders within the South Eastern Trust area.

Within the ABC PiP findings sections, we include headline findings of the review. The full review is attached as supplementary material.

5. North Tyneside findings

5.1. Summary

The strategic partnership (termed strategic alliance) between the North Tyneside Council and Barnardo's was launched in January 2019 with a focus on children and young people's mental health and wellbeing, specifically for ages 5-15.

This section provides baseline findings of the actions implemented to take forward the strategic outcomes of the partnership within the first two years of delivery (January2019 – March 21) and insights into the processes that have sat behind these actions including those which support the overall goal of wider systems change. The findings are based on 10 semi-structured interviews, strategic alliance documentation review, intervention mapping, and secondary data at both the systems (CAMHS referrals and waiting times data) and children and young people outcomes levels (from Health-Related Behaviours Survey).

This section is structured as follows:

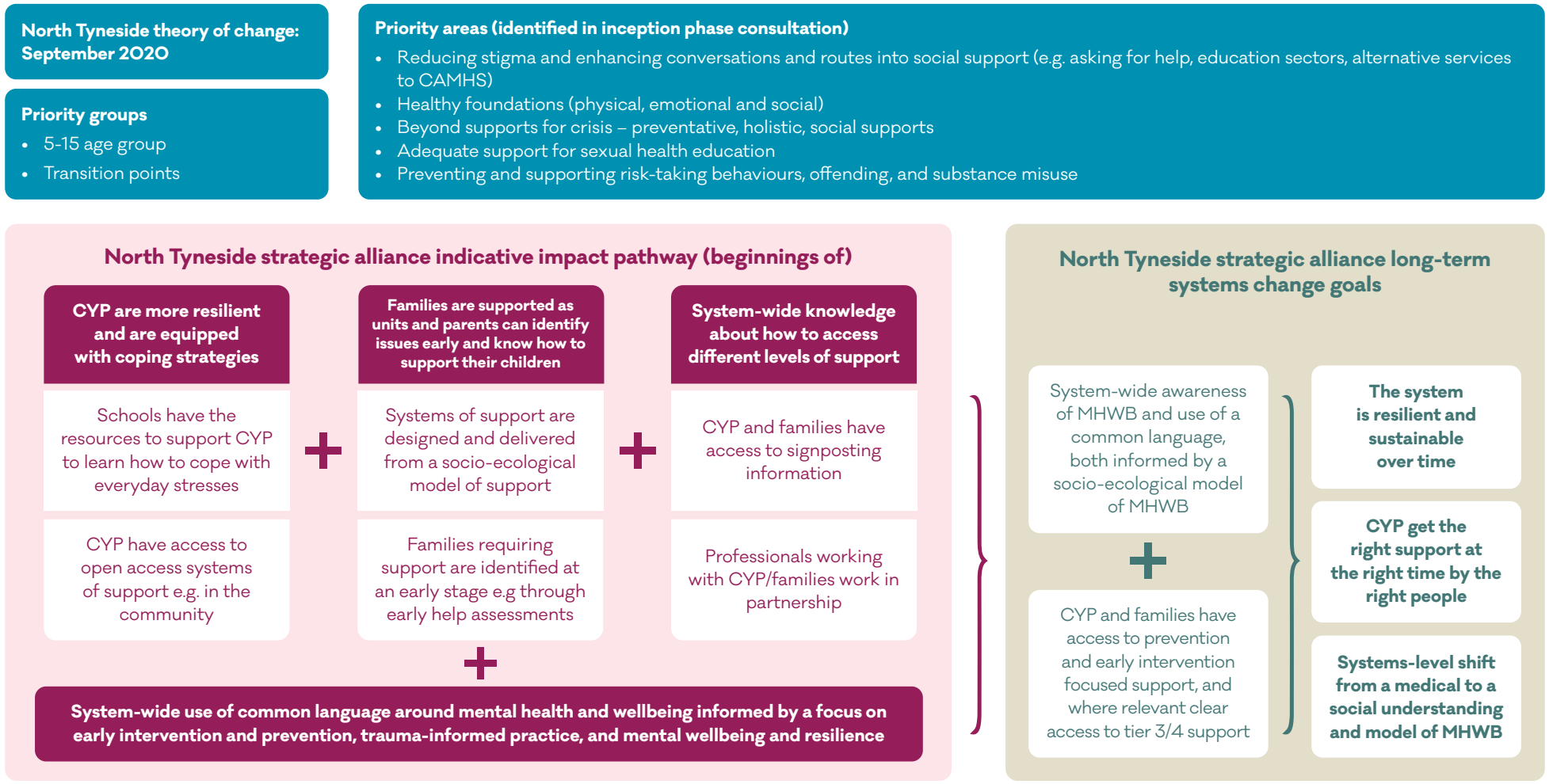
1. Strategic partnership overview (including agreed systems change outcomes and theory of change, and a summary of funded activities and reach)
2. Context (including the strategic partnership journey so far)
3. Baseline insights on process
4. Baseline insights on systems change
5. Baseline insights on children and young people's outcomes

Table 4 North Tyneside strategic alliance summary

North Tyneside strategic alliance					
Key partners	**Core focus**	**Funding (Barnardo's)**	**Funding (matched)/ contributions**	**Accountable to**	**Consultation process**
Barnardo's and North Tyneside Council	Children and young people's mental health (age 5-15, transition points between levels of support; vulnerable groups)	2019/2020: £185,510 (VF[12] = £168,849) 2020/2021: £320,565 (VF = £295,626) Total = £506,075	2019/2020: Matched funding from Culture Bridge NE for social prescribing 2020/2021: c£175,000	Barnardo's CYP MHWB strategic partnership board	Inception phase – consulted with MH2K project Health-Related Behaviour Survey Ongoing work with Young Mayor

12. Voluntary funds

Figure 1 North Tyneside high-level theory of change



Underpinning principles and mechanisms to achieving systems change

1. Partnership working: Collaborative working, shared vision, shared expertise and shared ownership is practised by the strategic partnership. This includes co-production and the empowerment and active inclusion of the voices of children and young people
2. Ecological model of working
3. Effective networks for implementation and communication within the system

Summary of funded activities and reach

- In 2019/2020, the Barnardo's funding seed funded several tests of change. A total of 124 professionals were trained across three programmes and one family-partner post was supported. Nearly 4,000 children and young people took part in the Health-Related Behaviours Survey across 40 schools, and 20 pupils from two schools took part in a pilot social prescribing project.
- In 2020/2021, the Barnardo's funding supported the training of over 40 professionals across two programme areas and supported three posts (one family partner and two children's wellbeing practitioners). The strategic alliance has also secured matched funding for programme provision and support posts to the total of £177,000, with a further post being mainstreamed in the 2021/22 financial year.
- In terms of engagement with and participation of children and young people, around 2,500 children/ young people and parents were surveyed as part of a Mental Health First Aid audit. A group of young people were consulted around the development of a recovery college and 32 practitioners have undergone co-production training through The Base (targeted youth support centre).

5.2. Context

Demographics

North Tyneside has an overall population of 205,985, of this 59,680 are in the overall Barnardo's age range of 0-26 and 25,681 are in the targeted age range for North Tyneside of 5-15. 28,939 (14.4%) North Tyneside residents live in the 18 Lower Super Output Areas that are ranked within the 20% most deprived areas of England.

There are 81 schools in total in North Tyneside with a total school roll of 31,147. 35.8% of schools in North Tyneside fall into either the 'medium' or 'high' bands for Free School Meals eligibility.

In December 2019, the rate of Looked After Children (0-15) in North Tyneside (74 per 10,000) was higher than the national average (65 per 10,000). In December 2019, the rate of children who were referred to Children's Social Services was lower in North Tyneside (373.8 per 10,000) than the national average (544.5 per 10,000).

Local authority and mental health and wellbeing context

North Tyneside council is responsible for the provision of children's services and education. In terms of commissioned health services (NHS North Tyneside CCG), Northumbria Healthcare NHS Foundation Trust provides specialist CAMHS provision while Northumberland, Tyne & Wear NHS Foundation Trust provide specialised community and in-patient services. Prior to 2016, the borough had an integrated commissioning process which has now been disbanded.

Within North Tyneside, there is a strong strategic emphasis on systems change within children and young people's mental health and wellbeing.

The North Tyneside strategic alliance with Barnardo's sits alongside the pre-existing work, including Children and Young People's MHWB strategic group (established in 2014/15 as part of the North Tyneside Local Transformation Plan). This pre-existing strategic group has already been doing work in mental health and wellbeing of children and young people since the recommendations in the Future in Minds 2015 report.[13] These recommendations relate to improving the system around children and young people's mental health and wellbeing through providing an integrated whole-system approach to drive improvements in outcomes.

As a result of recommendations, North Tyneside has transferred to a THRIVE[14] model of support as opposed to a tiered model of support and has seen the development and input of a youth council and young mayor alongside a participation and advocacy team. The PROMOTE:NE[15] report, published in 2017, highlighted the local need for a stronger focus on prevention, better alignment of mental health policies, the need to evaluate the roll out of Local Transformation Plans, and the need for a whole-systems approach to thinking about mental health.

Moreover, there is a strong tradition of partnership working within Children's Services in North Tyneside led by the borough-wide children and young people's plan[16] which provides a further framework for the integration of services and improved outcomes. Evidence of partnership working on the ground is seen by the multi-agency HIVE team (formerly Raising the Health and Education of Looked After Children (RHELAC) and The Virtual School) who support looked after children in North Tyneside.

The MH2K project[17] was carried out prior to the formation of the strategic alliance. Delivered by third sector organisations Involve and Leaders Unlocked, the project was jointly funded by The Wellcome Trust and North Tyneside Clinical Commissioning Group. The project trained peer researchers who then engaged more widely with their peers (~500 young people engaged). The MH2K project has been the primary source of youth participation utilised to inform the work of the strategic alliance.

13. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
14. https://www.annafreud.org/mental-health-professionals/thrive-framework/
15. https://www.dur.ac.uk/resources/ilg/PROMOTE_Report.pdf
16. https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/Children%20and%20young%20people%20plan.pdf
17. https://www.involve.org.uk/resources/publications/project-reports/mh2k-north-tyneside

Strategic partnership journey and key facts

Key strategic partnership facts

The North Tyneside strategic alliance group was formed in 2019. It is a continuation of the work of the pre-existing Children and Young People's MHWB strategic group.

It is a partnership between Barnardo's and North Tyneside Council.

The 'senior officers' group' of the strategic alliance meet approximately every 6-8 weeks.

Group members represent the key players in the mental health and wellbeing space in North Tyneside[1] with the group chaired by Public Health. Membership represents a variety of strategic managers and officers across North Tyneside Council (Children and Families; Education, Learning and Skills; Participation and Advocacy; School Improvement; HIVE; Public Health; Children's and Adult's Services; Safeguarding and Children's Services; and Educational Psychology). At the trust and health board level, there is representation from the Clinical Commissioning Group, and the Northumbria Healthcare NHS Foundation Trust. Third sector representation has changed with current representation from Voda (a local charity supporting volunteers and voluntary groups in the community).

The group reports to the CYP MHWB strategic partnership board.

The group has received c£250,000 funding per financial year from Barnardo's and has primarily used this to seed fund capacity-building among staff (training and posts) and direct support provision.

The current programme manager is funded via Barnardo's in a 0.4FTE seconded post.

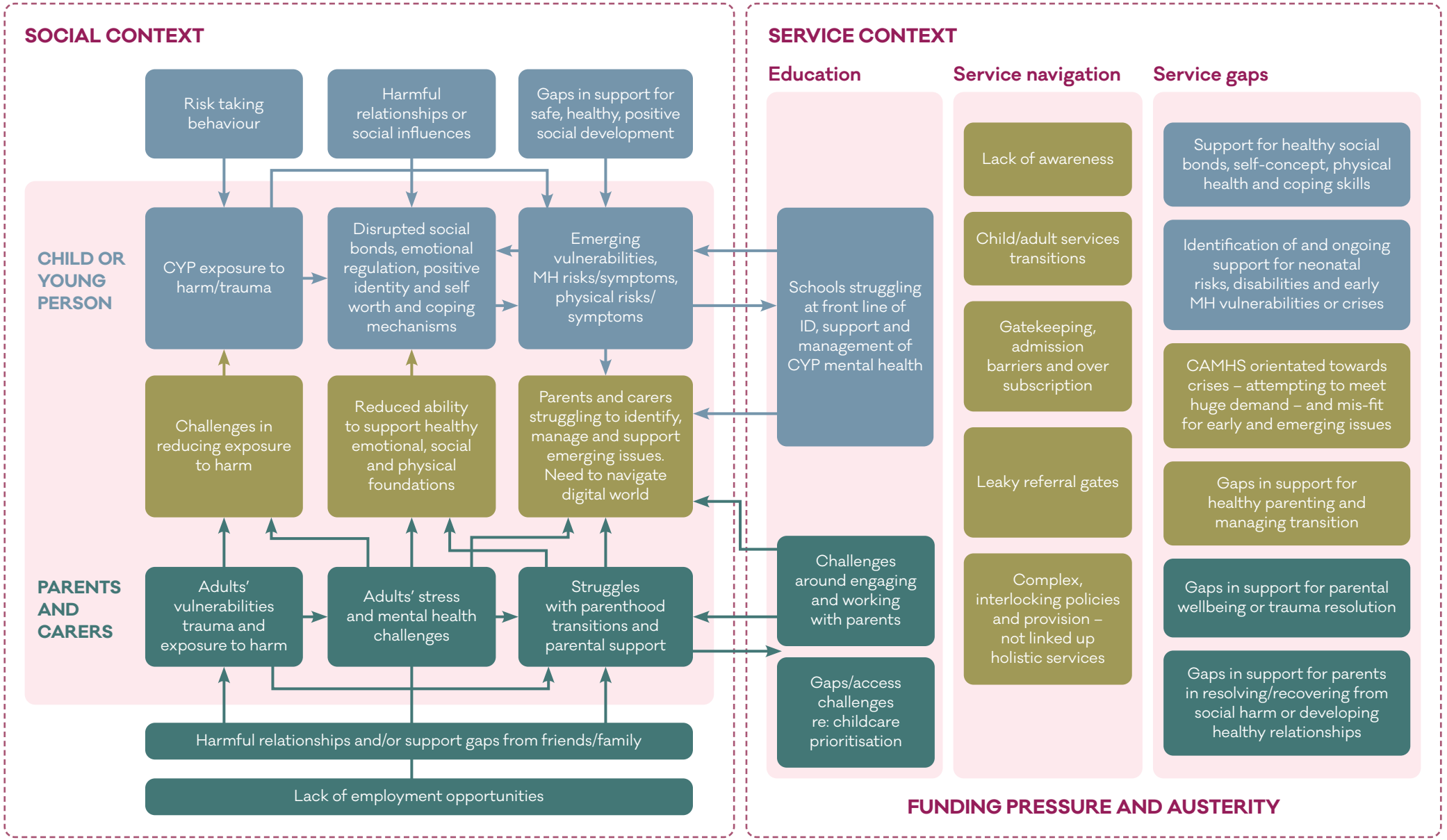
Identifying priority areas and consultation

In the first half of 2019, Barnardo's facilitated an 'inception phase' focused on working with key stakeholders and groups to explore the mental health and wellbeing system within North Tyneside, and to identify gaps in need and support across the system. Through three key professionals' workshops, the inception phase involved engagement with 66 practitioners and 16 strategic managers, slanted towards education professionals.

The inception phase also incorporated insights from the previous MH2K[18] project in North Tyneside which engaged with 522 children and young people. Data from a survey of 132 parents around the challenges supporting children and young people's mental health and wellbeing were also included. Reflecting the breadth of the starting point for this work, Barnardo's developed an 'insights map' to reflect the inception phase (Figure 2).

18. https://www.involve.org.uk/resources/publications/project-reports/mh2k-north-tyneside

Figure 2 North Tyneside strategic partnership key insights from inception phase



The inception phase concluded with a development day in July 2019, aiming to bring together stakeholders to discuss the insights from the preceding work. Nine key insights were developed which span the 0-26 target age-range of Barnardo's. The strategic partnership further prioritised this broad spectrum of insights to focus on a target age-range of 5-15, with a focus on the tier 1/tier 2/tier 3 support space and transitions between these.

The nine insights are (bold are those within the 5-15 age-range):

1. Supporting parents in early years development (pre-birth-4)
2. Concerns about childcare access, cost and MHWB support (pre-birth-4)
3. Early identification and support of children and young people's health issues, disabilities, and vulnerabilities (pre-birth-4)
4. **Reducing stigma and enhancing conversations and routes into social support (ages 5-10)**
5. **Healthy foundations – physical, emotional, and social (ages 5-10)**
6. **Beyond support for serious issues/ crisis – meeting the gap around preventative, holistic, and social supports (ages 11-15)**
7. **Ensuring adequate support for sexual health education and support (11+)**
8. **Preventing and supporting risk-taking behaviours, offending and substance use (11+)**
9. Supporting young people into adulthood and (potentially) parenthood (ages 16-25)

To further refine the findings and recommendations of the inception phase, strategic alliance core group members took part in a theory of change workshop in September 2020, facilitated by the evaluation team.

Up until now, the strategic partnership in North Tyneside has devoted existing funding from both the 2019/2020 and 2020/2021 financial years to seed-fund several tests of change interventions that align with the priority areas outlined above. These key activities are detailed in Table 5. These tests of change relate to direct support provision (including peer support), workforce/parental capacity building, and co-production.

Several tests of change have been carried forward through both financial years, with several being mainstreamed or achieving matched funding to ensure longevity.

Table 5 North Tyneside key funded activities

Key activities (2019/20)			
Activity	**Activity type**	**Reach/usage/ capacity**	**Cost/other details**
THRIVE practitioners	Direct support	24 school staff trained	£36,166
Friends Resilience training	Capacity-building	80 practitioners trained (+ follow-up/supervision)	£10,500
Sleep Scotland awareness training (two-tier)	Capacity-building	c20 trained in sleep awareness	£7,500
CAMHS/Early Help (Family Partner) pilot	Direct support Capacity-building	One Family Partner	£33,521
Health-Related Behaviours Survey (in 40 schools)	Research	N=3,816 respondents (primary and secondary pupils)	n/a
Peer mentoring/ support model (continuation of)	Peer support	One – member of staff left after completing training	£7,000
Cultural social prescribing pilot	Direct support	20 pupils from two schools taken part in pilot	£25,000 (matched funding from Culture Bridge North East)

Key activities (2020/21)			
Activity	**Activity type**	**Reach/usage/ capacity**	**Cost/other details**
Capacity-building in schools (Mental Health First Aid)	Capacity-building	16 schools (two key staff/school trained in MHFA, wider groups access to MHFA champion training); 16 schools to offer hub model of support to locality schools	£88,260
The Link Programme	Direct support	Delayed due to second lockdown and schools closing. Staff now recruited and first cohort of six pupils starting imminently	£71,750 (matched with £25,000 from HIVE team) Funding for LAC through Pupil Premium Plus
Cornerstone VR headsets	Direct support Capacity-building	First eight staff trained, starting to roll out now. Further eight staff to be trained.	£25,500
Sleep Awareness Training	Capacity-building	TBC (two-day training for cohort of school staff)	£15,284
CAMHS/Early Help (Family Partner)	Direct support Capacity-building	One family partner	£35,000 (to be mainstreamed from April 2021)
Children's Wellbeing Practitioners (CWPs) (in Early Help Team) pilot	Direct support Capacity-building	Three CWPs (one dropped out after recruitment)	£38,000 (£152,000.00 from Health Education England and then mainstream)
Seconded post (programme manager)	Programme management	n/a	£12,446

Co-production/ engagement	Key details		
Activity	**Activity type**	**Reach/usage/ capacity**	**Cost/other details**
Engagement with and participation from CYP	Consultation about recovery college	Young people from range of groups consulted and have joined steering group.	
	Audit for MHFA	Pupils from 16 schools surveyed (1417), as were their parents (932)	
	Co-production workshop	32 members of staff – multi-agency LA and Voluntary sector	The Base given Barnardo's funding

5.3. Baseline insights on process

Developing shared ownership

In the below sections, we comment on key factors which have influenced the process of developing shared ownership over the work of the strategic partnership.

Structure and governance of the strategic alliance

The strategic alliance in North Tyneside follows a clear structure, documented by a Terms of Reference, that outlines group membership, aims of the partnership and core purpose. The Terms of Reference are reviewed periodically to ensure they reflect any partnership changes (latest review proposed in December 2020 to account for updated governance structure and engagement with children and young people).

Furthermore, there is a clear governance structure that the strategic alliance reports into e.g, Children and Young People's Strategic Partnership Board. Some interviewees reflected on how the strategic alliance has in some ways not clearly differentiated its purpose from the Mental Health and Wellbeing of Children and Young People's Strategic Group.

Strategic alliance core group meetings are structured around a pre-defined agenda distributed prior to each meeting alongside previous meeting minutes. This ensures that those on the meeting distribution list are aware of what is going on and are given the opportunity to add items to the agenda.

Consistency in leadership

A major challenge for the North Tyneside strategic alliance has been the lack of

consistency in leadership over the work. The current interim programme manager is the third in post. For many strategic alliance group members, this lack of consistency has been problematic in terms of providing drive and consistent oversight of vision of the partnership leading to a loss of 'pace and grip' as one respondent put it. Moreover, due to the COVID-19 pandemic, the chairing and overall momentum of the group was felt to have been disrupted as Public Health attention turned to more urgent matters of pandemic response and recovery.

Inclusive engagement – whose agenda is early intervention and prevention?

There is broad agreement that the membership of the strategic alliance represents some of the agencies and stakeholders with respect to children and young peoples' mental health and wellbeing but there have been some challenges in ensuring this membership is representative. Whilst the overall aim of the Barnardo's CPP in MHWB is to adopt a focus on early intervention and, it is noted that to drive forward whole systems change, all aspects of the system need to be represented. Some members have noted that membership is currently weighted towards health/local authority, with little representation from specialist mental health teams and no representation from primary health care providers. The lack of third/voluntary sector representation was also raised.

Even though there are a variety of members represented on the strategic alliance group, there has been acknowledgement that COVID-19 has presented challenges in terms of engagement of current members. This is largely through members requiring to prioritise their time to attend critical planning meetings, or the increased and changing demands on frontline service provision.

Inclusive engagement – developing shared ownership with children and young people

The voice of children and young people is seen as central to work in North Tyneside as a whole, with strong participation and engagement structures evident and active across the borough e.g. the Young Mayor and topic-specific youth committees. The youth Emotional Wellbeing and Mental Health and Wellbeing Committee is chaired by the current Young Mayor. The MH:2K work with children and young people, conducted prior to the strategic alliance, is a noted success in North Tyneside for its approach to large scale engagement and participation of children and young people. Likewise, the importance of understanding what real impact looks like for children and young people is acknowledged within the strategic alliance:

> ***"You get into waiting lists and very much focused on delivery and those kinds of things. What is the NHS scorecard-y type things, as opposed to real benefit, real impact, and what does it mean for children and families? Getting that broader perspective, I think is probably what we'd like to be able to have a better basis for understanding."*** NT_1_9

However, the direct representation of children and young people is less actively included within the strategic alliance meetings, likely because of the original participation worker no longer being in post and delays to recruitment. Whilst the voice of children and young people is included as a regular agenda item, feedback is provided through others, rather than directly from children and young people. The Young Mayor has participated in one meeting; however, it was felt by interviewees that the more traditional format of the meeting was not conducive to the full and active participation of the Young Mayor. To ensure the active

inclusion of children and young people, co-production training has now been provided to 32 members of staff across the local authority and voluntary sector.

Collectivity – thinking and acting as a partnership

Many interviewees noted a 'relationship-focused mindset' towards systems change as a key strength of the strategic alliance in North Tyneside. Strong existing relationships and a history of partnership working in North Tyneside have enabled the group to facilitate multi-agency communication and space for discussions, allowing individuals to consider the system from different perspectives, and to learn about other services and supports available in the borough.

Moreover, this communication and space for discussion has pushed individuals to look at historic relationships between agencies and this has resulted in a recognised need to address implicit power dynamics and politics within the group to move forward as a collective:

> ***"The true benefits of approaching this work as a partnership will only be realised if, as a part of that partnership, power dynamics are made visible and explored. We need to talk about power dynamics."*** NT_1_7

> ***"I think there are conflicts of interest for people... people have to present it as though it's from their agency, and like everywhere else, there's a lot of politics, a lot of allegiances that play out"*** NT_1_4

However, varying levels of engagement across the group also influences the ability to think collectively. Currently, varying levels of engagement are a consequence of increased service demands and critical planning due to COVID-19. This has resulted in a lack of clarity and transparency over how certain proposals have been developed. As a result, some individuals felt less like equal partners within the group and that they were at 'arms-length' to work being prioritised. Likewise, other members have highlighted a lack of clarity around decision-making, especially around which proposals are "rubber stamped". Moreover, some feel that resulting proposals have been somewhat random, driven by annual funding deadlines, with projects funded being more opportunistic than strategic systems-focused proposals.

Consequently, individuals have played key roles in developing certain proposals and taking individual pieces of work forward. This has resulted in some interviewees feeling that there is a risk of funding decisions based on a selection of projects from 'those who shout the loudest', and an overall drift in terms of partnership focus and coherence of approach.

Developing shared values and vision

In the following sections we address the extent to which there is a shared vision and shared values relating to two core components of the Barnardo's CPP MHWB: mental health and wellbeing, and systems change.

Defining mental health and wellbeing

The North Tyneside strategic alliance terms of reference places the focus of mental health and wellbeing firmly on early intervention and prevention, a view which is shared across partnership members. The focus on early intervention and prevention is seen through a social, rather than a medical, lens shifting the emphasis away from specialist CAMHS provision to provision of support in other settings through different means.

In emphasising a social model to mental health and wellbeing, the strategic alliance adopt three focal aspects to the work in North Tyneside also noted by interviewees:

1. Normalising emotions and responses to daily stress and promoting resilience
2. Integrating an ethos of trauma-informed approaches and practice across the system at all levels
3. A sociological perspective, emphasising families and the interpersonal relationships that children and young people have with those around them

There was a lack of clarity around priority groups for this work, with some noting the need for both whole-school approaches to mental health and wellbeing and the need to target support for those who require more than the universal provision.

Defining systems change

Despite a largely shared vision of mental health and wellbeing, there were some differences in how those in the partnership viewed the ways in which systems change around mental health and wellbeing should occur. Varying perspectives on systems change might suggest a difference in understanding of how the overall goals of the strategic partnership are to be achieved.

Within the terms of reference, systems change is defined as 'testing different innovative models of working which are sustainable and create system change'. This definition is largely shared across the partnership members with the purpose of achieving two things:

1. Shifting mindsets, culture and narrative around mental health and wellbeing
2. Making the system work better operationally through building capacity within community, schools, families, and children and young people at all levels, and through ensuring access to early help

However, conflict arises when the two aspects of this definition, that is (1) testing different innovative models, and (2) sustainable, system change, are not realised in practice. For example, many of those interviewed talked about systems change from the perspective of having a consistent, coherent, and multi-agency approach to mental-health and wellbeing that takes a long-term, strategic perspective on change.

This is contrasted with one-off or annual funding pots and opportunistic project developments. Interviewees also reflected on this work as an opportunity to take an iterative approach to testing different approaches to change which, paired with annual funding cycles, does not always translate into a coherent approach. Some members suggested that proposals end up being fragmented, with the partnership 'still living in the short-term' (NT_1_9). The new Mental Health and Emotional Wellbeing Strategy, currently being drafted in North Tyneside, aims to address a more long-term, strategic outlook.

Others have acknowledged the need to ensure that both testing innovative models and sustaining long-term change are balanced by considering how to mainstream and scale-up different projects if they are successful. There is a need to understand what supports are available across the system as well as understanding the dynamics of how the system works. However, placing or changing the nature of resources in one part of the system can have potential consequences on another part, and these effects, intended or not, should also be understood. An example of the above conflict was given within the school context. Whilst the value of the Mental Health First Aid and THRIVE work is acknowledged, there is recognition that there are a lot of training offers available to school staff and that it is not altogether clear what each training provides and how courses differ. Further to this, there is not a clear pathway to understand if individual trainings on offer are making a difference to school staff and their pupils.

Role of Barnardo's and benefits of third sector partner

The role played by Barnardo's as a third sector partner has been largely seen as advantageous within North Tyneside for several reasons.

As a source of funding, Barnardo's have brought additional resource to North Tyneside which has not been taken from elsewhere in the local authority. Some have said that this has facilitated creative thinking and space to test new and innovative ideas, as well as scale-up existing initiatives in North Tyneside. However, it was also noted that others felt the annual funding cycles of Barnardo's presented a challenge to maintaining a long-term strategic vision of systems change.

As a source of independent expertise, the partnership with Barnardo's has introduced innovative ideas to those in North Tyneside and afforded an opportunity to learn about new ideas and think about how to integrate ideas more strategically in practice. Of note was the specific expertise around trauma-informed approaches and practice, which interviewees noted as producing a 'groundswell' or 'planting seeds' in integrating and implementing such ideas and

approaches in North Tyneside. Learning from other forms of expertise are realised through Barnardo's access to and direct involvement in evidence-based research and practice and more informal relationships with international experts. An example given was the learning Barnardo's facilitated through bringing together international expertise on models of peer support.

Barnardo's has also played a role in empowering ideas and providing ambition to the strategic alliance in North Tyneside as they are considered independent from the local authority. As one interviewee stated, they have felt motivated by the fact that "it's somebody else's investment in you" (NT_1_2). Others reflected that this stood in contrast to the way things were done in the local authority and the alliance has provided local authority stakeholders to have the space and time to think more coherently about the system as a whole and to focus on the early intervention and prevention agenda.

This was contrasted to the traditionally more opportunistic way of working within the local authority. Paired with the financial resource provided by Barnardo's, members have felt empowered to take new ideas forward and capitalise on opportunities to scale-up existing initiatives. However, Barnardo's annual funding cycles presented a more practical challenge to realising this ambition.

There is an overall sense that a combination of the above factors, that is funding, expertise, and empowerment, has provided the space to think creatively and move forward with new ideas and scaling up existing initiatives. However, the role of Barnardo's was impacted by several factors. First, a lack of stability in staffing has led to a feeling that the presence of Barnardo's has been slightly lost within the partnership. Paired with inconsistency in a programme manager post, this has led to some feeling a loss of coordination of the work of the partnership and ability to drive work forward. Likewise, COVID-19 has presented uncertainty around funding streams in future financial years, making it challenging for the partnership to consider the intended long-term nature of systems change desired, leaving decisions about annual spend feeling, in some cases, more opportunistic than strategic.

5.4. Baseline insights on systems change

To generate a baseline understanding of the current system related to children and young people's mental health and wellbeing, we looked at several system factors relating to the outcomes detailed in section 3.2. First, we conducted an intervention mapping exercise, to fully understand the supports available within the system, the characteristics of the system, and highlighting any gaps therein. Second, we look at available system data relating to existing demand and use of CAMHS within North Tyneside. Doing so enables us to get a sense of the pressures on the current system in terms of waiting times and rejected referrals.

Taken together, these two perspectives on the current functioning of the system give us a useful baseline, not only to understand the current system, but also to understand how the proposed work of the partnership sits within this wider picture.

In what follows, we comment on baseline insights according to the systems change outcomes listed in section 3.2. For each outcome we discuss baseline insights and comment on corresponding proposed work of the partnership with an explanation on how proposed work aims to contribute to each outcome.

Children and young people have clear access to and receive prevention-focused and early intervention services/support

Baseline insights

From a supply perspective, the intervention mapping highlights that many supports/interventions in North Tyneside offer prevention/early intervention focused support. However, the mapping also highlights the centrality of support provision in the community setting. What is not clear is the capacity of community-based supports and the extent of coverage for specific groups. Likewise, much mental health promotion focused activities are based in the community setting, with PSHE and the Emotionally Healthy Schools Resource Pack being the key promotion activities in the school setting. There is also limited provision of peer support models to provide children and young people with prevention/early intervention supports.

In terms of demand and pressure on the system, between February 2018 and January 2019, **there were 1,832 new referrals** to CAMHS, with an **acceptance rate of 77%** (1407 accepted) and 23% rejected (421). During this period there was an overall **8% increase in annual referral rates** (+138 referrals), with neurodevelopmental disorders seeing the largest increase in referrals, but there was also an **increase in the number of accepted referrals (from 71% in 2017/18 to 77% in 2018/19)**.

Delivery and proposed delivery

Much of the Barnardo's strategic partnership investment has been focused on improving the provision of early intervention and prevention support. This has been implemented across three areas:

1. **Capacity-building:** upskilling the workforce – 80 Friends Resilience practitioners have been trained in both the community and school setting to provide programmes relating to issues such as anxiety, depression, and resilience. In the school setting, 24 school staff have been trained as THRIVE practitioners to work more effectively and engage with vulnerable young people
2. **Programmatic work** – North Tyneside has also invested in several programmes aiming to address specific risks to mental health and wellbeing. Programmes include training in sleep awareness, Cornerstone Virtual Reality headsets, and social prescribing as well as training and capacity building around the delivery of these programmes.
3. **Capacity-building: new posts** – North Tyneside has introduced, or built upon, new posts to improve access to prevention/early intervention focused support, particularly for those who are referred to, but who do not meet the threshold for, specialist CAMHS support. These posts include a Family Partner who will provide family support and triage for those referred to CAMHS who do not meet the threshold. Likewise, investment in three Children's Wellbeing Practitioners will provide short-term focused intervention for those presenting mild to moderate anxiety/low mood.

Where relevant, children and young people, and their families, have clear access to and receive tier 3/tier 4 (or specialist) support

Baseline insights

Lengthy waiting times for those able to access CAMHS supports/interventions presents a further risk to mental health and wellbeing, in that existing mental

health problems could be further worsened in waiting to access CAMHS supports/ interventions. During 2018/19 there was an **increase in waiting time and the numbers** of children and young people on the waiting list, albeit that the proportion of accepted referrals also increased. In August 2018, the total number of children and young people on the CAMHS waiting list was 257 – with 207 referrals to the neurodevelopmental disorders team (25-week average wait), 44 referrals for the emotional disorders team (18-week average wait), six for the specialist ADHD team (six-week average wait).

Delivery and proposed delivery

In terms of ensuring that children and young people who require some level of additional support, have clear access to and receive specialist support, North Tyneside has focused on ensuring those who do not meet the threshold for CAMHS are not remaining on waiting lists where other supports can be provided. North Tyneside has introduced, and has built upon existing, posts to improve access to prevention/early intervention focused support for those who are referred to, but who do not meet the threshold for, specialist CAMHS support. These posts include a Family Partner who will develop a family support offer and triage for those referred to CAMHS who do not meet the threshold. Likewise, investment in three Children's Wellbeing Practitioners will provide short-term focused intervention for those presenting mild to moderate anxiety/ low mood.

System-wide use of a common language around mental health and wellbeing informed by a social model of mental health and wellbeing

Baseline insights

From a supply perspective, the intervention mapping highlights that many supports/ interventions in North Tyneside do appear to be designed/delivered from a more social model of mental health and wellbeing as this characteristic features centrally on the map. However, workforce capacity-building features less centrally in the map, indicating that whilst many supports/ interventions adopt a social model of support, there may be a broader need to embed the system wide use of a common language around mental health and wellbeing in terms of capacity-building for the adults around the child.

Delivery and proposed delivery

In terms of developing a common language around mental health and wellbeing, North Tyneside has chosen to focus on the school setting where it has invested in a programme of capacity-building around Mental Health First Aid (MHFA) with the aim of building a

more focused whole-school approach to mental health and wellbeing that sits at the heart of school improvement. A pilot phase of this work has seen two staff from each of 16 schools trained in MHFA. In future, these 16 schools will act as hubs of support to other schools, and a variety of levels of MHFA training will be offered to wider groups of staff with the goal to roll the programme out to all schools over the next three years. Strategic alliance core group members have also had the opportunity to attend trauma-informed practice training to learn about approaches to working which acknowledge the impact of trauma on children and young people, families and staff more widely.

Children and young people are better equipped with coping strategies to deal with the stresses of daily life

Baseline insights

The intervention mapping highlights that universal approaches to promoting mental health and wellbeing are, aside from PSHE, largely provided by the voluntary sector, within the community-setting. Whilst there are a number of these kinds of activities, it is less clear the capacity of and extent to which these organisations can provide such activities across the population. Moreover, whilst the PSHE curriculum is a whole-school approach, it is not exclusively focused on mental health and wellbeing.

Delivery and proposed delivery

To ensure that children and young people are better equipped with coping strategies to deal with the stresses of daily life, North Tyneside have invested in several programmes to address some of the key risks to mental health and wellbeing including sleep awareness training, social prescribing, and Cornerstone Virtual Reality Headsets. Moreover, workforce capacity-building (Friends Resilience, THRIVE practitioners, and Mental Health First Aid) seeks to upskill staff to focus on working with young people to build their resilience and enhance emotional wellbeing.

5.5. Baseline insights on children and young peoples' outcomes

The Health-Related Behaviours Survey was carried out in early 2019 and collected data from 3,816 children and young people in primary school years 4-6 (aged 8 to 11) and secondary school years 8-10 (aged 12 to 15) in North Tyneside.

The survey findings give an overall sense of the mental health and wellbeing of those within these key age-groups and provides a useful baseline for the evaluation of the Barnardo's CPP in mental health and wellbeing in North Tyneside, given the focus on the 5-15 age-range. Below, we consider the findings relating first to overall mental health and wellbeing, including resilience, and second, any findings relating to risks to mental health and wellbeing.

Overall mental health and wellbeing and resilience of CYP in North Tyneside

The data shows an overall **downward trend in overall self-reported wellbeing levels with age**. Findings suggest that nearly 1 in 3 in the older age-group sample had low/mid-low resilience scores as opposed to just over 1 in 10 in the lower age-group. From the sample of primary aged children (years 4 and 6), 30% had high resilience scores, whereas 12% had low/mid-low scores. However, within a sample of secondary aged children (years 8 and 10), 17% had high resilience scores,

whereas 28% had low/mid-low resilience scores. Similarly, using the Stirling Children's Wellbeing Scale, the same survey shows that within the sample 36% recorded high/max wellbeing scores, whereas 14% had low/med-low scores. Within the secondary-aged sample, 23% of pupils recorded high/max wellbeing scores, whereas 30% recorded low/med-low scores.

In terms of supporting resilience with self-esteem, **boys report higher levels of self-esteem than girls** and findings suggest that nearly 1 in 10 (8%) of secondary pupils have very low self-esteem. When secondary pupils were asked about self-esteem, a gender gap in self-reported levels of self-esteem between boys and girls becomes apparent from the survey data, with boys reporting higher levels of self-esteem (32%) than girls (21%).

Perceived risks to mental health and wellbeing for CYP in North Tyneside

With respect to the risks to mental health and wellbeing, the survey findings give us a sense of some of the worries and concerns of children and young people which may present a risk to and ultimately have an impact on their overall mental health and wellbeing. Overall, the percentage of young people identifying concerns rose with age between the two age-groups. Below is an in-depth focus on the key findings regarding children and young people's worries and concerns from the two age-groups.

Overall, **family and relationships** presented the biggest worries and concerns for the younger age-group, with family worrying this age-group the most, followed by relationships with friends. Nearly 60% of this age-group sample reported worrying about family, with boys being slightly more worried about this than girls. Moreover, relationships with friends caused worry or concern for nearly half of this age sample, with girls worrying slightly more (48%) about this than boys (43%). Moreover over 1 in 3 of this age-group identified bullying as a concern, further highlighting the worry caused by interpersonal relationships for this group of children.

There were several **differences between girls and boys** within the survey findings for the young age-groups, namely:

- A larger proportion of girls worried about schoolwork and tests (39% vs 27%)
- Whereas crime was in the top five concerns for boys, with nearly 1 in 3 mentioning it, it did not appear in the top five concerns for girls
- Likewise, over 1 in 3 girls report the way that they look as a major concern, whereas it did not appear in the top five concerns for boys.
- Apart from familial relationships, more girls reported being worried than boys in all top five concerns identified from the survey.

Overall, concerns in the older age-group centre around **education and the future.** Exams and tests presented one of the primary concerns for the older age-group, with over 1 in 7 girls (72%) worrying about exams and tests and nearly 1 in 5 boys (44%) reporting the same concerns. Relatedly, their career and future were also a primary concern for this age-group with over half of boys (50%) and girls (60%) reporting this as a source of worry.

In terms of **differences between boys and girls**, like the younger age-group sample, a bigger proportion of girls self-identified as being worried overall when compared with boys.

6. Renfrewshire Findings

6.1. Summary

The Strategic partnership between Renfrewshire Council and Barnardo's was launched in January 2019 with a focus on children and young people's mental health and wellbeing, specifically for ages 5-15.

This section provides baseline findings of the actions implemented to take forward the strategic outcomes of the partnership within the first two years of delivery (January 2019 – March 21) and insights into the processes that have sat behind these actions including those which support the overall goal of wider systems change. The findings are based on nine semi-structured interviews, strategic partnership documentation review, intervention mapping, and secondary data at both the systems (CAMHS referrals and waiting times data) and children and young people outcomes levels (from Children Count and SALSUS Surveys).

This section is structured as follows:

1. Strategic partnership overview (including theory of change, and a summary of funded activities and reach)
2. Context (including the strategic partnership journey so far)
3. Baseline insights on process
4. Baseline insights on systems change
5. Baseline insights on children and young people's outcomes

Table 6 Renfrewshire strategic partnership summary

Renfrewshire Strategic partnership					
Key partners	**Core focus**	**Funding (Barnardo's)**	**Funding (matched)/ contributions**	**Accountable to**	**Consultation process**
Barnardo's and Renfrewshire Council	Children and young people's mental health (age 5-15, transition points between tier 1, tier 2, tier 3)	2019/2020: £191,664 (VF[19] = £106,564) 2020/2021: £319,282 (VF = £220,527) Total = £510,946	Scottish Government Funding (incl. wider mental health and wellbeing funding)	Barnardo's Renfrewshire Children's Services Planning Partnership	Inception phase – consulted with 66 practitioners, 26 strategic managers, 79 children/ young people, eight parents/ carers Ongoing work with participation worker

19. Voluntary funds

Renfrewshire theory of change

Figure 3 Renfrewshire high-level theory of change

Target population

1. 5-15 year olds
2. Transitions between tiers of support
3. CYP who have experienced trauma

Key principles and approaches to working

1. Partnership working (including the empowerment and active inclusion of children and young people voices)
2. Use of socio-ecological model of working
3. Effective networks for implementation and communication within the system (i.e. that everyone has the skills, knowledge, motivation, time and space to act

Summary of funded activities and reach

- In 2019/2020, the Barnardo's funding seed funded several tests of change. A total of 49 professionals were trained across three programme areas. One full-time participation worker in Barnardo's, and two part time posts for the NVR programme were supported. Over 50 young people were engaged through programme delivery in HOP (To Tell or Not To Tell), CoPI (Philosophising to support wellbeing), and work with young carers.
- In 2020/2021, the Barnardo's funding supported the training of over 30 professionals across two programmes. One full-time participation worker in Barnardo's, and one parenting support coordinator for the Empowering Parents Empowering Communities Programme were supported. Peer support has been facilitated for around 12 parents and three young people have been hired as co-facilitators to deliver the To Tell Or Not to Tell programme
- In terms of engagement with and participation of children and young people, the Barnardo's participation worker has continually engaged with multiple groups of young people, with a total of around 79 young people participating in a variety of activities since 2019.

6.2. Context

Demographics

Renfrewshire has an overall population of around 177,790. Of this population 53,163 are in the overall Barnardo's age range of 0-26, and 21,149 are in the targeted age range for Renfrewshire of 5-15. 28% of the data zones in Renfrewshire fall into the most deprived 20% data zones in Scotland.

There are 62 schools in Renfrewshire with a school roll of just over 23,500. Free school meals in Renfrewshire (38.6%) are slightly higher than the national average (37.9%). There are around 1,090 pupils aged between 15-18 in Renfrewshire who are in receipt of Educational Maintenance Allowance (EMA), which is 3.9% of all those in receipt of EMAs in Scotland.

The rate of children (0-15) on the child protection register in Renfrewshire (3.4 per 1,000) is higher than the national average (2.9). There are 656 looked after children (0-18) in Renfrewshire, 55% of whom are male. 18% of the looked after children are under 5 and 12% are 16 or over. 1% are known to be from a minority ethnic background and 5% are known to have a disability.

Local authority and mental health and wellbeing context

The Renfrewshire strategic partnership sits within a national policy context (including the Scottish Mental Health Strategy[20]) advocating for Good Mental Health for All and which implements a national model of practice to ensure that children and young people get the right support, at the right time, and from the right people. This policy context includes the recommendations of the children and young people's mental health task force[21] which reported in July

20. https://www.gov.scot/publications/mental-health-strategy-2017-2027/
21. https://www.gov.scot/publications/children-young-peoples-mental-health-task-force-recommendations/

2019. The task force was established in response to increasing pressures on child and youth mental health systems across Scotland, including growing CAMHS waiting lists and increasing rejected referrals. The recommendations outlined the need for transformational change with several key principles which aligns to the approach taken within the Strategic partnership. These are:

- Taking a preventative approach underpinned by Getting It Right For Every Child (GIRFEC)
- Working across the whole system
- Implementing 'no wrong door' model with universal and community-based services offering additional support where possible and aligning into specialist where required
- Children and young people's voices being central to identification of need and determining what help and support is provided

In October 2020, the Scottish Government also launched its response to the mental health impact of COVID-19 through the Mental Health Transition and Recovery Plan[22]. The needs of children and young people are a core part of the plan which highlights the need for increased family support, effective signposting to help, and interventions for emotional wellbeing. Schools are flagged as effective settings to support the mental health of children and young people. In March 2020 the Independent Care Review in Scotland also published its final conclusions 'The Promise'[23]. This continues the theme of transformational change being required but with a focus on the care system. The Transition and Recovery plan and The Promise recommendations have aligned financial resources available to local areas.

At a local level, the implementation of the strategic partnership has taken place at a time of significant change. The 'Right for Renfrewshire' local authority transformation programme aims to deliver a leaner, more efficient organisation with resources focused where needed most. There is focus on increased integration of teams, community empowerment, and collaboration with partners. Much of the focus resonates with the principles and approaches of the Strategic partnership. However, Right for Renfrewshire also focuses on financial efficiencies which has meant offers of volunteer redundancy and early retirement where changes to roles or services are identified. The plan was to deliver the programme over three years from 2019-2022 however in April 2020 the RfR programme was put on hold due to the Coronavirus pandemic.

22. https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/
23. https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf

Strategic partnership journey and key facts

Key strategic partnership facts

The Renfrewshire strategic partnership was formed in 2019 and is a partnership between Barnardo's and Renfrewshire Council.

The steering group of the strategic partnership originally met every other month but is currently reviewing the governance structure considering other related streams of work and funding within Renfrewshire.

Group members represent 13 key players in the mental health and wellbeing space in Renfrewshire with the group chaired by the Head of Childcare and Criminal Justice. Membership represents a variety of strategic manager and officers across Renfrewshire Council (Education, Educational Psychology, and Health and Wellbeing). At the Health and Social Care Partnership level, there is representation from CAMHS, Children's' Services, and Health and Social Care. The third sector is represented by Dartington Service Design Lab and Engage Renfrewshire (the Third Sector Interface organisation for Renfrewshire).

The group reports to Barnardo's and the Renfrewshire Children's Services Planning Partnership that sits within Renfrewshire Community Planning Partnership.
The group has received c£500,000 from Barnardo's and has primarily used this to seed fund capacity-building among staff (training and new posts), direct support provision and co-production activities.

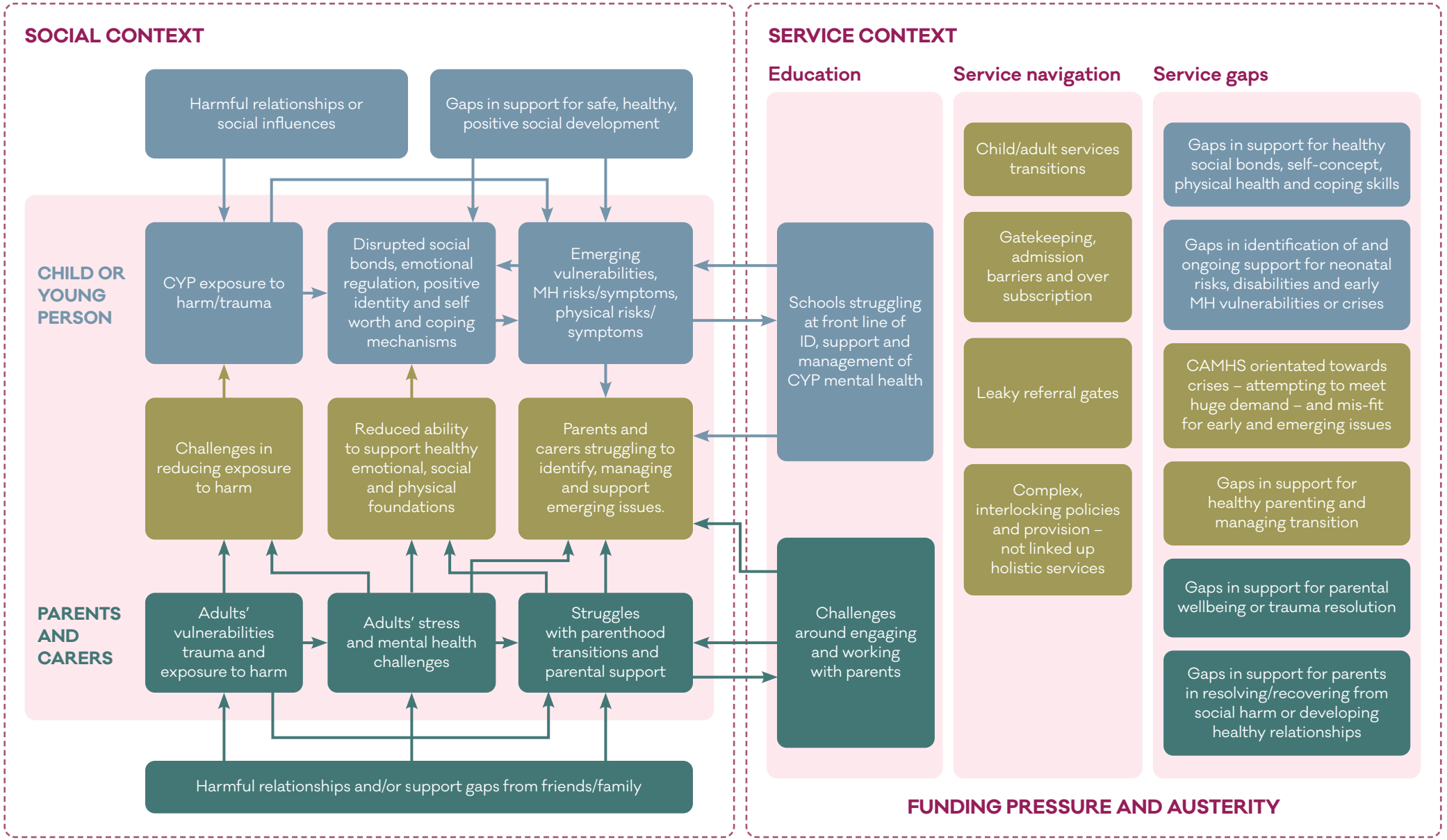
The overall focus of the partnership is on improving and transforming the system of support for ages 5-15 with a focus on transitions within and between tier 1/tier 2/tier 3, particularly for vulnerable groups of children and young people.

Identifying priority areas and consultation

In the first half of 2019, Barnardo's facilitated an 'inception phase' focused on working with key stakeholders and groups to explore the mental health and wellbeing system within Renfrewshire, and to identify gaps in need and support across the system.

Through consultation workshops and focus groups, the inception phase involved engagement with 66 practitioners, 26 strategic managers, and 72 children and young people. Reflecting the breadth of the starting point for this work, Barnardo's developed an 'insights map' to reflect the inception phase (Figure 4).

Figure 4 Renfrewshire strategic partnership key insights from inception phase



The inception phase concluded with a development day, to bring together stakeholders to discuss the insights from the preceding work. Seven key insights were developed which span the 0-26 target age-range of Barnardo's. The strategic partnership further prioritised this broad spectrum of insights to focus on a target age-range of 5-15, with a focus on the tier 1/ tier 2/tier 3 support space and transitions between these.

The seven insights are (in bold are those within the 5-15 age-range):

1. Supporting parents in early years development (pre-birth-4)
2. Early identification and support of children and young people's health issues, disabilities, and vulnerabilities (pre-birth-4)
3. **Healthy foundations – physical, emotional, and social (ages 5-10)**
4. **Reducing stigma and enhancing conversations and routes into social support (ages 5-10)**
5. **Beyond support for serious issues/ crisis – meeting the gap around preventative, holistic, and social supports (ages 11-15)**
6. Supporting young people into adulthood and (potentially) parenthood (ages 16-25)
7. **Increasing awareness and smoother navigation into services for children and young people, parents and professionals**

A further prioritisation exercise amongst stakeholders highlighted key themes and recommendations for guiding the work of the strategic partnership moving forward. These are:

1. **Signposting:** awareness of services and supports available and the ability to signpost young people to appropriate support, especially when seeking 'lower tier' support
2. **Earlier investment and earlier intervention:** supporting resilience building and trauma-informed approaches to managing early vulnerabilities
3. **Awareness and stigma:** reaching those groups who need help, but do not always seek it
4. **CAMHS challenges:** addressing inappropriate referrals and the perception that CAMHS is the only support available
5. **Better meeting the needs of 16-25-year-olds:** supporting those young people on the edge of care or transitioning to adult services
6. **Pressure on workers:** training the workforce to deal with trauma and risk, and ensuring peer-to-peer support
7. **Digital service and support provision:** addressing gaps between children and young people's and parental/professional digital engagement
8. **Increasing personalisation of support**

To further refine the findings and recommendations of the inception phase and to discuss the insights in terms of systems change, strategic partnership steering group members took part in a theory of change workshop in July 2020.

Table 7 Renfrewshire key funded activities

Key activities (2019/20)			
Activity	**Activity type**	**Reach/usage/ capacity**	**Cost/other details**
HOP – To Tell or Not To Tell co-facilitator training (ONGOING)	Co-production Peer support	Three peer facilitators employed sessionally (approx. 5 hrs per week) 17 project volunteers and participants	£4,000
NVR pilot	Capacity-building	One PT (0.2FTE) post one back-fill teacher day per week	£7633
Art Intervention Pilot	Capacity-building	Training of 12 Renfrewshire school support/teaching staff	£5752
Avatar Pilot	Support	Software and 12-month support package n/a	£3957
Philosophising to support wellbeing (CoPI) pilot	Support	One class	£33,269
Youth Achievement Awards	Peer support		£80
Analysis of CAMHS referrals and pathways/ local mapping interventions	Research	n/a	£0
Y-Roc training and delivery	Capacity-building	12 practitioners	No cost
CRM training	Capacity-building	n = c25	£700
Young Carers test of change	Support	18 arts group participants 12 allotment group participants Six cross-over with engagement in HOP (included in HOP figures)	£5,000

Key activities (2020/21)			
Activity	**Activity type**	**Reach/usage/ capacity**	**Cost/other details**
Video Interactive Guidance (children at the 'edge of care)[24]	Direct support	10 practitioners – TBC	£19,200
Non-Violence Resistance (NVR) approaches (TFT – Children First)	Capacity-building Direct support	TBC	£35,157
Motivational interviewing	Capacity-building	20 practitioners – TBC	£5,472
Empowering Parents Empowering Communities Programme (EPEC)	Peer support	8-12 parents	£17,600
Parenting Support Coordinator (linked to EPEC)	Capacity-building	One parenting support coordinator	£48,000
Barnardo's Peer Support Pilot Project[25]	Peer support	TBC	£43,219
Voluntary Sector Fund[26]	Capacity-building	TBC	£47,500
Honest, Open, Proud (HOP) peer programme	Co-production Peer support	Trained n=3 co-facilitators Sessions delivered to young people	£3,900

24. Links with NVR work on relationships
25. Linked to SRN training delivered in Renfrewshire
26. Linked to Dartington work (EASC) and managed by Engage Renfrewshire

Other	Key details		
Co-production/ engagement with families through Barnardo's Participation Worker	Co-production	Development of an engagement plan (supported by SRN)	
		Renfrewshire consultation/ general engagement (April 2019 – ongoing)	79 CYP Eight parents/ carers

Up until now, the strategic partnership in Renfrewshire have devoted existing funding from both the 2019/2020 and 2020/2021 financial years to seed-fund several tests of change relating to the priority areas outlined above (detailed in Table 7). These tests of change relate to direct support provision, including peer support, workforce/parental capacity building, and co-production.

Alongside these tests of change, the strategic partnership steering group has developed a wider proposal of an approach to be implemented within Renfrewshire. The proposal for forthcoming work in Renfrewshire is based on a 'partnership hub' model called 'The Renfrewshire Wellbeing Bridge'. The Wellbeing Bridge is an approach and model of working based on the values of inclusion, community mental health and wellbeing, and relationships. Proposed work focuses on bringing together a selection of psychologically led and peer-led approaches, implementation support, and monitoring to support capacity-building[27].

Moving forward, the Wellbeing Bridge will sit within the governance structure and have oversight within a portfolio of finance and delivery within Renfrewshire including programmes and projects funded by the Barnardo's CPP MHWB and additional funds from Scottish Government, core council budgets, and the Drugs and Alcohol Commission.

6.3. Baseline insights on process

Evaluation question addressed:

> ***What is the nature and role of strategic partnerships and what are the barriers and enablers to their functioning?***

In the following, we outline the findings from baseline evaluation activity relating to the nature and role of strategic partnerships. We comment on two core characteristics of the strategic partnership in terms of (1) developing shared ownership over the work of the partnership and (2) developing shared vision and values for the work of the partnership. In addition, we consider the role that Barnardo's, as a third sector organisation, has played in the functioning of the strategic partnership in Renfrewshire. At this point we consider these factors primarily with respect to the strategic partnership steering group members.

27. Taken from Renfrewshire strategic partnership funding proposal document (received January 2021)

Developing shared ownership

Below, we comment on key factors which have influenced the development of shared ownership over strategic partnership work.

Steering group membership and format

The steering group membership of the strategic partnership is broadly representative of some of the key stakeholders and agencies within the mental health and wellbeing system for children and young people. However, membership does not currently represent the voices of children and young people directly, but consultation and youth engagement activities are reported upon within steering group meetings.

Membership is also representative of a variety of levels of staff including both heads of service and service managers. The effectiveness of current steering group membership has been questioned with some concerned that having a variety of levels of staff represented, in some ways, confuses the role, remit, and capacity of the steering group, particularly amidst the COVID-19 pandemic, where service managers were required to focus efforts on emergency planning. One interviewee asked,

> ***"Are you looking at a governance board or are you looking at an operational implementation group? I do wonder a little bit sometimes whether we've quite got that right and whether the governance board needs to have a greater degree of oversight with the practical implementation feeding into that."*** RENF_1_3

Nevertheless, having several heads of service around the table has ensured strategic commitment and buy-in to the work of the partnership in Renfrewshire; however, a lack of clarity on expectations for engagement with the steering group has placed the onus on individuals to drive forward individual pieces of work. Moreover, having a programme manager with established networks and strong working relationships within the local authority has further facilitated gaining trust and buy-in from members of the steering group affording the opportunity to both galvanise existing, and establish new, relationships within Renfrewshire.

Nevertheless, developing a sense of shared ownership has been a challenge in Renfrewshire. This challenge is however accepted as an almost necessary part of the process to facilitate systems change:

> ***"It is about getting people on board and it is about, for me, very much it's about that sometimes it's been three steps forward and two steps back, but I think you need to go through that process alongside people to get to where we are within each of the partnerships. I just feel, do you know, if we had accelerated that process in Renfrewshire, yes, we'd be delivering services just now, but we wouldn't be creating system change."*** BARN_1_2

Personnel changes and engagement with steering group members has been varied. This often results in a lack of clarity over the purpose of the group and decisions about actions taken forward with many feeling that too much time was spent discussing rather than acting.

Moreover, sometimes this was further confused by a lack of clear chairing or structure to steering group meetings at the beginning of the strategic partnership where a project management focused approach was perhaps required to maintain momentum in driving work forward:

"Clear actions with timescales so that everyone is clear what we're trying to achieve would be a big thing. You then might get more buy-in, people more interested, people understanding exactly what we're trying to achieve." RENF_1_1

Inclusive engagement – developing shared ownership with children and young people

Many steering group members acknowledge the vital importance of the inclusion of the voices of those with lived experience. However, it is not always clear to what extent members perceive the importance of including the voices of children and young people to mean a level of power sharing and partnership working with children and young people as opposed to more traditional approaches to consultation. For example, the importance of evidence derived from the Children Count survey is acknowledged as an important piece of evidence collating the voices and experiences of children and young people. However, the Children Count survey adopts a more consultative rather than participatory approach.

Amongst steering group members, co-production and consultation is also perceived to be something that Barnardo's 'brings to the table' rather than something perhaps to be practiced as a partnership:

"One of the most important things that Barnardo's brought to this was consultation with young people. That has been going on right the way through this process ... but one of the really valuable bits was all that consultation that was done that was really helpful" RENF_1_7

However, there has been a noted shift in the use of language around co-production within the Renfrewshire strategic partnership, moving from a 'we design, they use' type mindset to one investing in and acknowledging the importance of peer support and peer-facilitated pieces of work e.g. feedback on 'The Bridge' proposal, and funding of the To Tell or Not to Tell pilot programme. This shift has been, in large part, due to having a dedicated participation worker post.

The participation worker has developed and supported several engagement and co-production activities which have been adopted and reflected in the work of the strategic partnership e.g. children and young people's surveys and workshops, a workshop on the strategic partnership 2019/20 funding application, and has overseen the onboarding three co-facilitators as part of the To Tell Or Not To Tell pilot work. However, the approach to co-production endorsed by Barnardo's causes concern for at least one steering group member:

"What worries me is we're trying to shoehorn an adult recovery model into young people and there's a lot of problems with the adult mental health recovery model and sometimes it just feels a bit, you're using fancy words for the sake of things that we're doing in terms of co-production." RENF_1_6

Balancing collective buy-in, individual priorities and incentives to engage

The steering group has facilitated a greater understanding of what supports/services other teams/agencies are providing but some feel it has not facilitated less siloed working. There is a need to balance the development of collective buy-in to the work of the strategic partnership and individual organisational objectives and priorities that members have. For example, the partnership between health and Renfrewshire Council members has been influenced by the distinct structural separation of agencies and historical relationships with CAMHS provision in the local authority.

"CAMHS has always been there to deliver what it delivers. We've always wanted them to deliver more, and they never have been able to which has just led to frustration and disappointment amongst all professionals and kids just falling between the gaps" RENF_1_4

On the other hand, some suggested that the 'carrots and sticks' approach to the partnership from Barnardo's, in terms of providing funding and CPD opportunities, brings an incentive to engage and has generated buy-in through allowing those involved to capitalise and move forward with ideas and thinking that had been around for a while.

Clarifying the role of the steering group and strategic partnership

The language used within the partnership steering group meeting has not always been accessible for members with some stating language is overly complicated and jargonised which, for some, has led to a lack of clarity over the purpose and role of the group and lack of confidence in leading work or taking actions forward. A lack of clarity over the purpose of the partnership has been expressed by others as due to lack of clear documentation citing the remit of the group:

"I have struggled to articulate exactly what it is that we're trying to do and what's different about it from other things that we have done. That has been difficult because people within the council and elsewhere will ask exactly what the project is. I can speak in broad terms about system change and improving mental health and wellbeing but what does that actually mean?" RENF_1_4

This has been further emphasised by a lack of clarity within the council about the placement of this partnership amongst the wider work going on in Renfrewshire as it is not considered within a main workstream and has been confused with similar work, namely Early Action Systems Change[28]. Nevertheless, the steering group structure and governance is currently under review and is being integrated within a more central workstream due to wider sources of funding for mental health and wellbeing within Renfrewshire including Scottish Government, core council budgets, and the Drugs and Alcohol Commission.

Motivation to collectively refocus and move forward

It was generally felt that the inception phase of the strategic partnership afforded too much time to exploring local issues. Frustration arose with inaction because the inception phase did not necessarily reveal anything 'new' and the partnership could have moved a bit quicker in terms of achieving its outcomes. However, during COVID-19, despite there being no steering group meetings in the initial months of the pandemic, it was felt that, when the steering group met again in summer 2020, there was motivation in the group to act, particularly considering the realised and anticipated impact of the pandemic on children and young people. In more recent months, key individuals in the steering group have developed a proposal for the 'Wellbeing Bridge' approach to supporting mental health and wellbeing. In doing so, there have been challenges in terms of the two-way channels of communication, engagement, and getting feedback from colleagues on developing the proposal.

28. A National Lottery Community Fund system change initiative focusing on improving emotional wellbeing and tackling coercive control – https://www.dartington.org.uk/earlyactionsystemchange

Moreover, additional financial resource coming into Renfrewshire, accompanied by additional levels of compliance and reporting to Scottish Government, has influenced a shift at the level of strategic partnership. This shift has seen the local authority taking more ownership for the work of the partnership to ensure it complements wider work and is compliant with wider reporting requirements. In this sense, the work of the partnership has become less about Barnardo's leading and driving things forward. Likewise, it has also provided an opportunity for Barnardo's to shape the wider agenda within Renfrewshire.

Developing shared values and vision

In the following, we comment on the extent to which there is a shared vision and values within the strategic partnership with respect to two core components of the CPP MHWB work, that is 'mental health and wellbeing' and 'systems change'.

Defining mental health and wellbeing

Within the proposal for The Bridge, mental health is defined according to the WHO definition of mental health and wellbeing:

> ***"Mental health is not just the absence of mental disorder. It is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community"*** The Bridge funding proposal, November 2020

Within this proposal, the definition of mental health and wellbeing acknowledges that emotional distress and traumatic incidents are normal parts of growing up, and that families, parental capacity and confidence, and interpersonal relationships have an influence on the mental health and wellbeing of children and young people. Moreover, the proposal recognises the importance of self-referral.

There is acknowledgement within the steering group that mental health needs to move beyond a medical framework, beyond a focus on diagnosis and service provision, to a wider conceptualisation of mental health and wellbeing that does not always necessitate clinical or therapeutic intervention, but that adopts a social-ecological perspective, with particular focus on the role of trauma, the family, the adults around the child and the community, and early intervention and prevention within that.

Nevertheless, some feel that with such a broad conceptualisation of mental health and wellbeing comes a lack of clarity on what is being targeted and how that is to be measured. There are also varying perceptions of what is meant by mental health, with some concern that the term is still too strongly associated with a focus on 'mental health problems' and pathologising responses to stress and distress when the real focus should be on resilience, capacity-building and normalising the responses to daily life stresses and distress as the approach to targeting early intervention to ensure that stress and distress do not impact future mental health.

Defining systems change

Systems change is defined and understood through a variety of lenses within the strategic partnership. These lenses are not necessarily mutually exclusive, rather they reflect different aspects of what systems change tries to achieve. Varying perspectives on systems change might suggest a difference in understanding of how the overall goals of the strategic partnership are to be achieved.

Some refer to systems change as a process of **shifting mindsets** around the mental health and wellbeing of children and young people toward an early intervention and prevention focused approach to supporting mental health and wellbeing as well as helping people to understand others, not just to see things in different ways. This was also described as preparing the 'seed-bed', or groundwork, for implementation:

> ***"I think there's been a long time getting the seed-bed right, getting the ground right and maybe that needed to happen. We cannot just assume that the things will work because we know that they're needed and everybody's happy for them. If there is the context there, then you'll flounder a bit."*** RENF_1_5

> ***"We talk about systems change and the most important part is mindset change and it takes the longest, but it could be that just by bringing people together over a course of several months we actually did achieve some mindset change around some of that."*** RENF_1_7

Others refer to systems change from the perspective of **changing the way the system operates**. In this respect, there is a focus is on upskilling and building the capacity of front-line practitioners, professionals, and parents to support children and young people, but also to 'join up the system' so that when practitioners/ parents cannot continue to support a young person, they know where to signpost them to sufficient support.

Likewise, systems change is also perceived and a process of **'filling in the gaps'** in the system through support provision as well as identifying those children and young people who 'fall through the net'. In this respect, the strategic partnership proposal of a community-based approach to working in a multi-agency way fits within this. Facilitating system-wide partnership working is core to delivery proposals in Renfrewshire:

> ***"You can frontload some of the stuff that might actually stop it escalating and getting out of control then you might begin to make some form of difference. When those services are working much more closely together you can triage issues as well that means that it's the right people that are around the table and that you're making better choices early on"*** RENF_1_3

Systems change is also seen as moving beyond focusing on any one project to a more holistic focus on 'a bigger whole' to **achieve long-term and more sustainable impact**.

> ***"We don't want to be creating this thing that's going to be redundant and not be maintainable – sustainable!"*** RENF_1_7

Role of Barnardo's

In the following, we discuss the role Barnardo's has played in facilitating the strategic partnership work in Renfrewshire as well as the factors influencing its role.

Barnardo's as a source of funding to achieve impact

In part, the role of Barnardo's is seen from a longer-term funding perspective to support early intervention and prevention work and systems change. Likewise, the funding is seen as something greater than implementing an individual project or programme:

> ***"[There is] a greater impetus towards making sure that actually you get traction and really make an impact and that it isn't just perceived as a little project sitting off to the side but that it's part of that bigger whole which does result in ... that sum of the parts being greater"*** RENF_1_3

From a funding perspective, Barnardo's has provided the capacity for the strategic partnership to develop concepts and ideas and to test solutions. Thus, Barnardo's has seed-funded ideas which can then be developed and funded at greater scale more widely if successful. However, Barnardo's annual funding cycles have presented a challenge to this type of work as funds have to be spent 'on time' by the end of the financial year. As a result, there has been some frustration in terms of loss of momentum, a lack of action, and slow decision-making in the strategic partnership.

Clarifying expectations of the role of Barnardo's

There has been some confusion around the expectations of the role of Barnardo's in facilitating the work of the strategic partnership. Whereas the role of Barnardo's was intended to facilitate a partnership approach to systems change, others see their role as taking a lead in driving forward this change.

However, there has been a shift in the role of Barnardo's, particularly over the last 12 months, whereby Barnardo's have moved from leading the partnership to Renfrewshire Council taking more ownership over the work in part because of the integration of the partnership within a more central workstream on mental health and wellbeing within Renfrewshire.

Providing direction and support through programme management and local expertise

The consistency in programme management from Barnardo's has been critical to driving forward the work in the Renfrewshire strategic partnership. The programme manager role in Renfrewshire has further been supported through established local networks, strong working relationships and contextual knowledge of the local area which has been important to generating buy-in, maintaining relationships, and facilitating continuous engagement as well as providing administrative support to the partnership.

Partnership with a third sector organisation and the changing image of Barnardo's in Renfrewshire

From the local authority perspective, a strategic partnership with a third sector organisation is also perceived as beneficial because of the way third sector organisations run i.e. they are more 'business-minded' and are more willing and able to act fast to impact change. Barnardo's is also able to push-back and challenge certain ideas and mind-sets with an independent, 'outside' perspective. Despite this, there were some who felt that Barnardo's had not been able to fully appreciate the complexity of the system in Renfrewshire, either through not understanding the extent of supports already available in Renfrewshire or the inability of the inception phase to capture the complexity without follow-up discussion.

Barnardo's is being perceived in a different capacity within Renfrewshire, moving away from Barnardo's as a service provider to Barnardo's as having significant expertise in children and young people's mental health and wellbeing at a strategic level, particularly with respect to trauma-informed practice and co-production. This is seen through invites to workshops relating to Renfrewshire Children's Services Plan and to all mental health and wellbeing meetings at the local authority level. The changing image of Barnardo's has been supported by the long history of working relationships with Barnardo's in Renfrewshire e.g. through Five to Thrive and Paisley Threads. In this respect, the strategic partnership with Barnardo's is facilitating a two-way flow of communication between the strategic level, what is going on in communities, and evidence-based practice.

> ***"It's very much they're looking at [Barnardo's] in terms of that advisory capacity"*** BARN_1_2

6.4. Baseline insights on systems change

To generate a baseline understanding of the current system related to children and young people's mental health and wellbeing, we looked at several system aspects relating to the outcomes detailed in section 3.2.

First, we conducted an intervention mapping exercise, to fully understand the supports available within the system, and how to characterise the system overall. Second, we looked at available system-level data relating to existing demand and use of CAMHS within Renfrewshire. Doing so enabled us to get a sense of the pressures on the current system in terms of waiting times and rejected referrals. Third, we looked at available data on children and young people's outcomes (from the Children Count and SALSUS surveys).

Taken together, these perspectives on the current functioning of the system give us a useful baseline to understand the characteristics of the current system as well as demands placed on specialist services, and how the proposed work of the partnership sits within this wider picture.

In what follows, we comment on baseline insights according to the systems change outcomes detailed in section 3.2. For each outcome we discuss baseline insights and comment on corresponding proposed work of the partnership with an explanation on how proposed work aims to contribute to each outcome.

Children and young people have clear access to and receive prevention-focused and early intervention services/support

Baseline insights

From a supply perspective, the intervention mapping highlights that many supports/interventions in Renfrewshire offer prevention/early intervention focused support. However, the mapping also highlights the centrality of the school setting within the system in Renfrewshire, with many featuring whole-school approaches to promoting mental health and wellbeing. This highlights the immense amount of provision in schools. Whilst the extent of provision in schools is positive, it places additional pressures on school staff, particularly in the context of the COVID-19 pandemic, and risks missing those who do not attend or engage with school. Community-based supports often offer more targeted work with specific groups of children and young people, but what is not clear from the mapping is the capacity of community-based organisations to provide such support and the extent of coverage for specific groups. There is also limited provision of peer support models to provide children and young people with prevention/early intervention supports/interventions.

In terms of demand on specialist services, the number of inappropriate (or rejected) referrals to CAMHS highlights the greater need to improve clear access to prevention/early intervention supports/interventions in Renfrewshire as many of those who are referred to CAMHS services do not necessarily meet the clinical threshold for CAMHS support. In 2019/20, the number of new referrals was 1097, with a referral acceptance rate of 82% (n=904). 193 (18%) of referrals were rejected. 2020/21 has seen a decrease in annual referrals received to 891, a decrease of 206. There has also been an increase in rate of rejected referrals. In 2020/21 there were 225 rejected referrals, meaning a quarter of referrals were rejected and a referral acceptance rate of around 75%.

Taken together, these insights highlight that despite provision of promotion and prevention focused/early intervention supports in Renfrewshire that there are challenges in ensuring children and young people actually access such supports and are not unnecessarily referred to specialist services.

Delivery and proposed delivery

Several aspects of work focuses on capacity-building and direct support provision with respect to early intervention and prevention. These relate to several risk factors identified within the Children Count survey, inception phase work and within the strategic partnership steering group e.g. relationships and behaviour (Non-Violent Resistance training – dedicated 0.2FTE staff member), parenting (Empowering Parents Empowering Communities – c8 parent participants), and for specific target groups (e.g. Video Interactive Guidance for children and on the 'edge of care'). Moreover, through the Voluntary Sector Fund, these trainings, alongside supervision, are being made available to several voluntary sector professionals working with children, young people, and families within the community.

To improve access to early intervention/prevention-focused support for inappropriate referrals to CAMHS, the

Renfrewshire 'Wellbeing Bridge' proposal seeks to provide a multi-agency approach to coordinating step-up and step-down support across tier 1 and tier 2, for all those children and young people requiring more than the universal provision of support. As part of this approach, 'CAMHS Liaison' will involve facilitating communication between the 'Wellbeing Bridge' and CAMHS to improve mutual understanding of services and client groups, ensuring that wrap-around support is dependent on individual circumstances.

Where relevant children and young people, and their families, have clear access to and receive tier 3/tier 4 (or specialist) support

Baseline insights

As well as inappropriate referrals, CAMHS waiting lists present a challenge. Lengthy waiting times for those able to access CAMHS supports/interventions presents a further risk to mental health and wellbeing, in that existing mental health problems could be further worsened in waiting to access CAMHS supports/interventions. Average waiting times for choice or partnership appointments[29] was unavailable. The annual longest wait for choice or partnership appointments was 44 weeks in 2019/20 and 54 weeks in 2020/21, an annual increase of 23%.

Delivery and proposed delivery

The Renfrewshire 'Wellbeing Bridge' proposal seeks to provide a multi-agency approach to coordinating step-up and step-down support across tier 1 and tier 2, for all those children and young people requiring more than the universal provision of support. As part of this approach, 'CAMHS Liaison' will involve facilitating communication between the 'Wellbeing Bridge' and CAMHS to improve mutual understanding of services and client groups to ensure that children and young people receive the right support at the right time, by the right people and thereby ensuring that CAMHS provision can adequately serve all those that require more specialist support in a timely manner. Moreover, for those on a waiting list, the 'Wellbeing Bridge' will seek to employ a wellbeing mentor to support children and young people, and their families, on referral and upon waiting for support.

System-wide use of a common language around mental health and wellbeing informed by a social model of mental health and wellbeing

Baseline insights

From a supply perspective, the intervention mapping highlights that many supports/interventions in Renfrewshire do appear to be designed/delivered from a social model of mental health and wellbeing, as this characteristic features centrally within the mapping. Another central characteristic of the system within Renfrewshire is capacity building around mental health and wellbeing, particularly within the school setting. However, what is less clear is how this capacity building activity is replicated in other settings e.g. community and family settings, meaning that language around mental health and wellbeing used in school may not be reinforced or replicated in settings outside of school. Moreover, those that do not engage in school may miss out on this altogether.

29. A Choice appointment is an appointment where a patient is assessed. A Partnership appointment is when a patient has already been seen for Choice (assessment) and then starts treatment. A Choice/Partnership appointment is when a patient is seen for assessment and starts treatment at the same appointment.

Baseline interviews highlight a long history of partnership working in Renfrewshire; however, the number of inappropriate referrals to CAMHS, as highlighted above, highlights how this does not necessarily translate to practice 'on the ground' where professionals are unclear where to refer children and young people to in the case they are concerned about their mental health and wellbeing.

Delivery and proposed delivery

Much of the delivery and proposed delivery in Renfrewshire focuses on capacity-building to support the use of a shared language, particularly for the adults around the child in settings outside of school e.g. in the community and family settings, as well as peer support provision. Capacity-building activity relates to supporting relationships and behaviour (Non-violent Resistance training), parenting (Empowering Parents Empowering Communities), and for specific target groups (e.g. Video Interactive Guidance for children and on the 'edge of care'). Moreover, through the Voluntary Sector Fund, these trainings, alongside supervision, are being made available to several voluntary sector professionals working with children, young people, and families.

On the ground, as part of the 'Wellbeing Bridge', 'CAMHS Liaison' will involve facilitating communication between the 'Wellbeing Bridge' and CAMHS to improve mutual understanding of services and client groups between professionals and families.

Children and young people are better equipped with coping strategies to deal with the stresses of daily life

Baseline insights

The intervention mapping highlights that universal approaches to promoting mental health and wellbeing are largely based within the school setting. Whilst there are a

number of these types of support, what is less clear is how these promotion activities extend to and are offered to the same extent in settings outside of school e.g. community/family settings.

Delivery and proposed delivery

Much of the delivery and proposed delivery in Renfrewshire focuses on capacity-building, particularly in settings outside of school e.g. in the community and family settings, as well as peer support provision. Of particular note is the To Tell or Not To Tell (Honest, Open, Proud) peer programme, whereby young people are trained to deliver sessions on disclosure and mental health to wider groups of young people. Over 17 young people have engaged with the To Tell Or Not to Tell programme so far, with plans to engage wider groups of young people. Likewise 30 young people engaged with group-base work for young carers and one class of young people participated in the Philosophising to Support Wellbeing pilot.

6.5. Baseline insights on children and young peoples' outcomes

To inform baseline mental health and wellbeing outcomes, we draw from two sources of data. First, we draw findings from the 2018 SALSUS (Scottish Adolescent Lifestyle and Substance Use) survey which reports findings from a sample of 1,277 13-15 year-old secondary school pupils in Renfrewshire, which is around 35% of all eligible pupils. The SALSUS survey findings provide an overall sense of mental health and wellbeing in Renfrewshire at that point in time. Second, we draw from findings of the Children Count survey, carried out in Renfrewshire in 2017 with a sample of 9-16 year-olds.

Taken together, these survey findings give an overall sense of the mental health and wellbeing of children and young people in Renfrewshire and provide a useful baseline for the evaluation of the Barnardo's CPP in MHWB in Renfrewshire, given the focus on the 5-15 age-range. However, the samples from these surveys are skewed towards the upper end of this age-range. Below, we consider the findings relating first to overall mental health and wellbeing, including resilience, and second, any findings relating to risks to mental health and wellbeing.

Overall mental health and wellbeing and resilience of CYP in Renfrewshire

Using 25 statements from the 'Strengths and Difficulties Questionnaire', the SALSUS survey focused on collecting data on five different areas of wellbeing: emotion, contact, hyperactivity/inattention, peer relationships and pro-social behaviour. The findings identify that over 1 in 3 of all those surveyed had an overall borderline/abnormal score (32% of 13-year-olds and 35% of 15-year-olds).

Analysis also highlights reduced wellbeing within the older age-group, showing a correlation between these factors. For example, when each of the five areas of the Strengths and Difficulties Questionnaire were looked at individually, the sampled 15-year-olds had either the same or higher border line/abnormal scores compared to the sample of 13-year-olds showing a slight correlation between reduced wellbeing and age. Likewise, the use of the WEMWBS[30] within the SALSUS survey further demonstrates that wellbeing decreased slightly with age between the two age groups. Findings highlight that 13-year-olds have an average wellbeing score[31] of

30. Warwick-Edinburgh Mental Wellbeing Scale – https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

31. Total score for the WEMWBS (14-item scale) ranges from 14-70

48.54, and 15-year-olds have an average wellbeing score of 46.7.

Perceived risks to mental health and wellbeing for CYP in Renfrewshire

In terms of risks to the mental health and wellbeing for CYP in Renfrewshire, the Children Count survey findings give us a sense of both the developmental risks to mental health and wellbeing, as well as the prevalence of wider risk factors impacting mental health and wellbeing according to children and young people.

The findings highlight that over 1 in 5 (21%) survey respondents recorded a **high-need index** across 10 individual developmental outcomes relating to risks to mental health and wellbeing. These developmental outcomes cover intrinsic risks (hyperactivity and substance use), developmental outcomes (e.g. behavioural development, anxiety and depressing, and obesity), and prenatal risks.

The prevalence of wider risks to mental health and wellbeing are reported in terms of (1) relationships, (2) family relationships, and (3) community impacts.

Relationships with friends present several concerns for a large proportion of young people across a variety of factors. The findings highlight the pressures that young people can face in peer relationships and the impact that these can have on their wellbeing. In particular, the survey data showed that within the sphere of relations, friends use of substances was the biggest worry with 1 in 3 of the those involved in the study reporting this. Concerns about bullying/victimisation were mentioned by nearly a third (27%) and emotional control in teen relationships by a quarter of survey participants.

Family relationships present a relatively high level of worry for young people in Renfrewshire with findings highlighting that **chaotic family life** and lack of **strong familial bonds** have a significant impact on children and young people's wellbeing. When asked about family relationships and concerns associated with these, poor family management was cited by nearly half of primary and secondary pupils (45% and 42% respectively).

The prevalence of family conflict was also noted by 37% of respondents and poor attachment to parents and parent's attitudes towards antisocial behaviour were both stressed as risk factors to wellbeing by nearly a third (27%) of respondents.

Moreover, children and young people also identified that that the absence of a significant non-parental adult (14%) and lack of social support (14%) was a risk for their wellbeing, highlighting the need for the presence of a **wider support network around families** and the positive impact that this can have for children and young people's wellbeing.

The Children Count survey findings also emphasises the impact of **community factors** on mental health and wellbeing, highlighting the **correlation between environment and wellbeing**. The environment in which children or young people live and learn plays a significant part in overall wellbeing. Nearly half of respondents highlight that **poor community environment** and **lack of collective efficacy**, and thus community cohesion, were the main risks to their mental health and wellbeing (45% and 46% respectively). Relative poverty was mentioned as risk factor by nearly 1 in 3 respondents (29%) and overcrowded accommodation by 13%, further highlighting the correlation between environment and wellbeing.

7. ABC PiP Strategic Partnership Findings

7.1. Summary

The Strategic partnership between the South Eastern Health and Social Care Trust and Barnardo's (with support from Parent-Infant Foundation and Tiny Life) was launched in January 2019 with a focus on Infant Mental Health; specifically, the first 1001 days of a child's life.

This section provides baseline findings of the actions implemented to take forward the strategic outcomes of the Partnership within the first two years of delivery (January 2019 – March 21) and insights into the processes that have sat behind these actions including those which support the overall goal of wider systems change. The findings are based on seven semi-structured interviews, 45 responses to a local provider survey, a review of IMH strategic documents and structures within SET and NI, partnership documentation analysis and ABC PiP service monitoring data.

This section is structured as follows:

1. Strategic partnership overview (including theory of change, and a summary of funded activities and reach)
2. Context (including the strategic partnership journey so far)
3. Baseline insights on process
4. Baseline insights on systems change
5. Baseline insights on children and young people's outcomes

Table 8 ABC PiP strategic partnership summary

ABC PiP strategic partnership					
Key partners	**Core focus**	**Funding (Barnardo's)**	**Funding (matched)/ contributions**	**Accountable to**	**Consultation process**
Barnardo's SET Tiny Life Parent-Infant Foundation	Infant mental health (supporting relationships in the First 1001 Days)	2019/2020: £134,944 (£118,090 = salaries) 2020/2021: £115,000 (£94,464 = salaries) Total = £249,944	c£163,000 per year from SET In-kind – Tiny Life	Barnardo's At outset – CYSPS Outcome Group	Proposal submitted as response to the IMH framework for Northern Ireland (2016)

Table 9 ABC PiP summary of funded activity

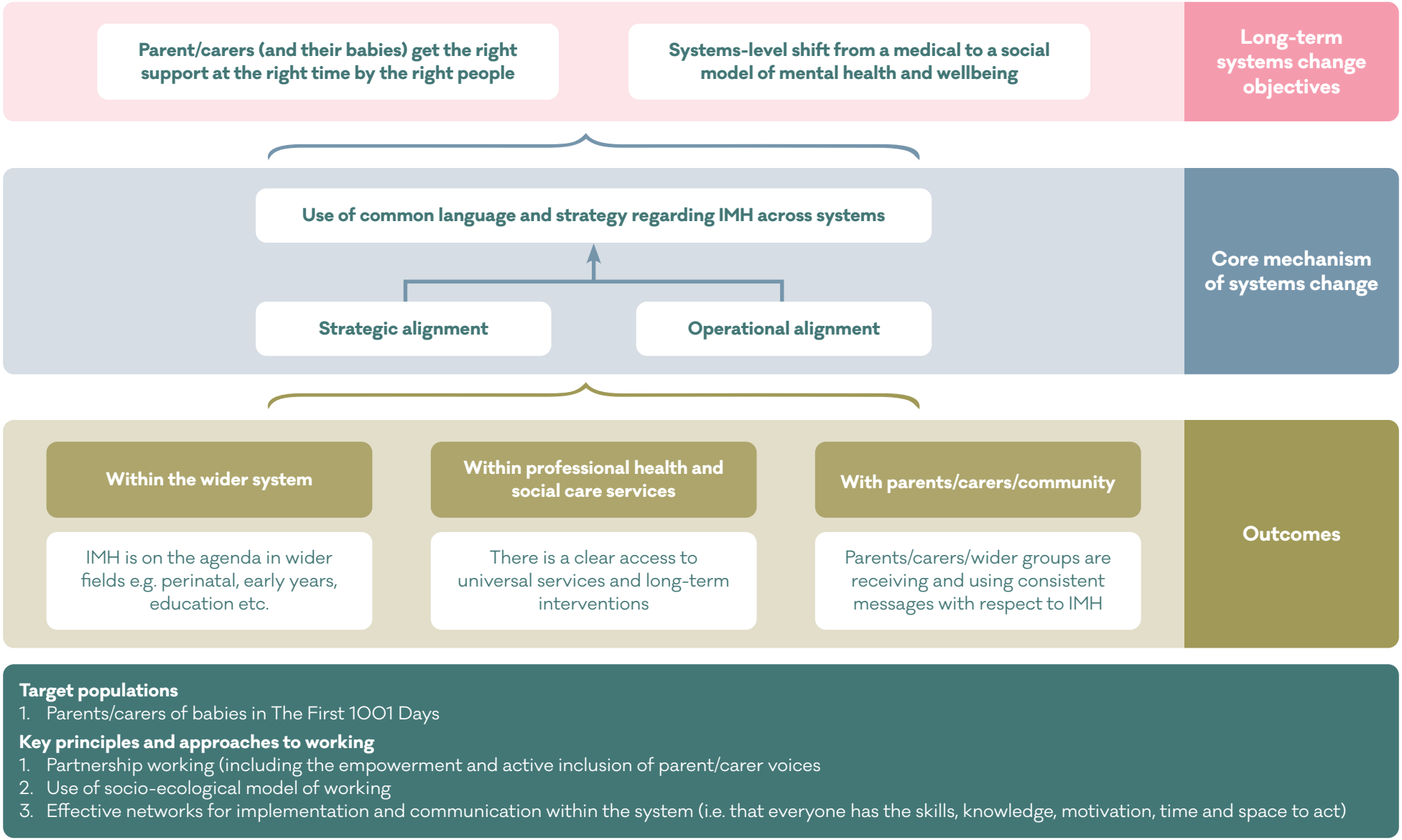
ABC PiPKey activities				
Key partners Core focus		**Reach/usage**		**Monitoring and evaluation**
		2019-2020[32]	**2020-present**[33]	
ABC PiP service delivery		212 referrals received	120 referrals received	Continual monitoring (Outcome Star, HADS, PSI scale); annual report
Workforce capacity building	Five to Thrive	212 participants	152 participants	Post-training evaluations/feedback; annual report
	CRM	68 participants	71 participants	
	Baby Massage/ Yoga	73 participants	n/a	
Systems change/policy influencing		Membership/ influencing and chairing eight steering groups/ committees[34]	Meetings with MLAs Correspondence with Health Minister, Committee, NICCY, Mental Health Champion. Formal responses submitted to include in draft mental health strategy and response to Programme for Government	Annual report Quarterly reports MHWB strategic partnership meetings

Other	Key details
Co-production/ engagement with families	Feedback from parents/families on service delivery; consultation with parents regarding service delivery materials; involvement of voice and influence of parents in significant public facing communications (e.g. media/parliament). Co-production is also used within service delivery whereby individual action plans are developed with families and parents to ensure individual needs are met.

32. From ABC PiP Annual Report 2019/20
33. End March 2021; from cumulative service use data supplied quarterly
34. The Association for Infant Mental Health in NI, SET Solihull Early Years Development Group, Perinatal Mental Health Team, IMH Teams in Belfast Trust, Help Kids Talk, iCAMHS – Southern Trust, health visiting team in Northern Trust, Social Services, Child Health & Barnardo's communication and update meetings

ABC PiP strategic partnership high-level theory of change

Figure 5 ABC PiP high-level theory of change



7.2. Context

Demographics

South Eastern Trust (SET) has an overall population of 345,000. Of this population 117,529 are in the overall Barnardo's age range of 0-26 and 12,811 are in the targeted age range for South Eastern Trust ABC PiP service delivery of 0-2.

The number of live births in South Eastern Trust in 2018 was 4,033, which was 17.4% of live births in Northern Ireland. In 2017/18 2.4% of all births were infants born to teenage mothers; this is lower than the national average or 3.0%. Rates of breastfeeding at discharge are higher in South Eastern Trust (50.2%) than the national average (46.9%). Levels of smoking during pregnancy are lower in South Eastern Trust (12.6%) than the national average (13.8%).

All services/supports available in SET for pre-birth to 2 are outlined in the SET Infant Mental Health Strategy (2016, p.8).

Northern Irish and South Eastern Trust health and social care system

Since 1973, Northern Ireland has had an integrated health and social care system. The move to integration was not motivated or informed by models of healthcare provision, but by an immediate need to restructure local government (Ham et al., 2013). From the 1960s to the 2000s, health and social care integration and other health and social-related policies have been interspersed by periods of political unrest and direct rule which has created a challenging and stagnant environment for health and social care innovation and reform to meet local needs due to the absence of local political accountability (Ham et al., 2013).

Currently, health and social care is commissioned by the Health and Social Care Board and is delivered by Health and Social Care Trusts (Ham et al., 2013). The South Eastern Trust covers the area south of Belfast, including the Ards Peninsula with a population of circa 345,000. Looking forward, the draft Mental Health Strategy for Northern Ireland 2021-2031 has been out for consultation in the first quarter of 2021[35].

Infant mental health

In April 2016, the Public Health Agency published the Northern Ireland IMH framework 'Supporting the best start in life' which highlighted a commitment to improve interventions and support from the ante-natal period through to age 2, otherwise known as The First 1001 Days. The framework highlights the need for:

- Service development, particularly around supporting parent-infant early intervention and approaches
- Capacity building in the workforce to enable professions working with families to identify needs with respect to infant mental health
- Trust-specific action plans for infant mental health, specific to the needs of local infants and their families.

The South Eastern Health and Social Care Trust IMH strategy was published in 2019 and its three core aims are:

1. To review systems related to IMH and identify what is working well and where there are gaps in provision
2. To build capacity in the IMH workforce through education, training, and support
3. To provide a specialist IMH service

35. https://consultations.nidirect.gov.uk/doh-1/mentalhealthstrategy/#:~:text=The%20publication%20of%20a%2010%20year%20Mental%20Health,forward%20significant%20strategic%20change%20over%20the%20next%20decade.

Strategic partnership development

The development of the SET IMH strategy was a recommendation of the public health framework and IMH strategy for Northern Ireland. To improve outcomes for more children, Barnardo's Corporate Strategy 2016 – 2025 seeks to achieve transformational systems-level change through the implementation of strategic partnerships with statutory organisations. As part of this strategy Barnardo's N.I. entered a strategic partnership with SET, Parent Infant Foundation[36] (PiF) UK and Tiny Life to explore establishing a specialised 'Parent Infant Relationship Team'[37] for SET area. The focus on infant mental health relates to strengthening relationships, including supporting attachment, bonding, and communication between parents and babies. To date this partnership has been used to operationalise and resource the core aims of the SET IMH strategy 2019.

The formal partnership between three organisations forms the basis of the governance group of the ABC PiP strategic partnership, taking over from the former IMH strategy group within SET which was disbanded in 2018 by the SET. The strategic partnership is overseen by a governance group comprising of 16 local members. The governance group meets quarterly. At the outset the governance group was accountable to the Children and Young People's Strategic partnership (CYSPS) Outcomes Group, although this is no longer the case.

Identifying priority areas and outcomes

The core focus of the governance group is to operationalise the IMH strategy for SET with the overall aim of strategic and operational alignment in IMH in SET. The ABC PiP governance group have committed to three areas of work to achieve the outcomes outlined above:

a. Influencing wider systems and policy
b. Service delivery of the ABC PiP programme, a specialist infant mental health service
c. Workforce capacity building through providing training opportunities to practitioners across South Eastern Trust in three core programme areas (Five To Thrive (5TT), Community Resilience Model (CRM), Baby Massage/Baby Yoga)

7.3. Baseline insights on process

Evaluation question addressed:

> ***What is the nature and role of strategic partnerships and what are the barriers and enablers to their functioning?***

In the following, we outline the findings from baseline evaluation activity relating to the nature and role of strategic partnerships. We comment on two core characteristics of the strategic partnership in terms of (1) developing shared ownership over the work of the partnership and (2) developing shared vision and values for the work of the partnership. In addition, we consider the role that Barnardo's, as a third sector organisation, has played in the functioning of the strategic partnership in South Eastern Trust. At this point we consider these factors primarily with respect to the strategic partnership steering group members.

36. Formerly known as Parent Infant Partnership, or PIP UK
37. PIF UK support parent-infant relationship teams across the UK

Developing shared ownership

Below, we comment on key factors which have influenced the development of shared ownership over strategic partnership work.

Governance group membership

Overall, the need to expand membership of the governance group is recognised. Currently membership of the governance group is dominated by members from the health sector and Barnardo's. There is no direct representation from PiP UK on the governance group or wider representation from statutory colleagues or third/voluntary sector organisations. There were initial concerns over communication and engagement with Tiny Life who were a founding member of the partnership. However, this has since been rectified, with two representatives from Tiny Life now invited to all governance group meetings.

The group acknowledges the need for wider representation to align with the vision for infant mental health, being 'everyone's business'. Likewise, there is a need to consider group membership from the perspective of 'who are the decision-makers, who are the key stakeholders, how do we drive this forward and who do we do that with?' (SET_1_5). Several respondents noted that looking to peers across the regions to understand who sits within similar strategic groups may be useful to inform future membership.

Relatedly, there is recognition that the value in being a partnership lies with the experience and expertise brought by individuals to inform and develop partnership activity as well as harnessing the networks and links they have externally to raise the profile of IMH.

> ***"We're stronger together really ... it's important to acknowledge that we each have our specialisms..., but one of the things that I can see is that everybody has something to bring to the table... collectively, we're a bigger voice"***
> SET_1_7

Operationally, the importance of more social work representation is noted to ensure those families needing the support of the ABC PiP service are referred in (particularly prior to/beyond health visitor engagement), that social work colleagues are supported to engage with the training offered by the strategic partnership, and to encourage buy-in from those teams. Whilst there is Early Years representation within the group, concern lies with the capacity of individuals with a wider remit to represent those groups. Other suggestions of missing voices around the table have been acknowledged by the partnership and include CDIC, Sure Start, Homestart, CAMHS, education, early years and service users.

There is also an acknowledgement that there have been several changes in senior leadership within Barnardo's and SET which may have impacted on the work of the strategic partnership, the timing of which has coincided with COVID-19 and a need to divert public health attention to urgent and critical matters. However, this was not necessarily considered a challenge or a negative, rather that it provides an opportunity for somebody to join the group with 'fresh eyes' to drive things forward and challenge the status quo.

Governance group structure

Governance group meetings have taken a formal structure, with a meeting agenda, quarterly update reports, and associated documentation distributed in advance of every meeting maintaining a level of group accountability. Moreover, the ABC PiP annual

report (published in April 2020) is felt to be a useful point of reference to record the work of the strategic partnership. The partnership with PiP UK is also underpinned by a memorandum of understanding[38] (dated December 2018) which clarifies objectives and expectations of all parties. However, equal branding of the partnership was felt to be an important factor in ensuring shared ownership over the work.

Membership of the governance group is being reviewed, alongside group structure which is anticipated to change to two groups. The governance group will be smaller, made of key partner representatives, and have oversight and accountability for the work of the ABC PiP strategic partnership, whilst a wider IMH strategy group will involve a wider group of key stakeholders to drive forward the wider IMH agenda.

Inclusive engagement – developing shared ownership with parents/carers

Whilst an expectation for the use of co-production to shape service co-design was laid out within the partnership's memorandum of understanding, this vision has yet to be fully realised within the ABC PiP partnership.

In the initial set up of the ABC PiP service parents worked with the team on the design, branding and communication materials, highlighting any factors that might influence how people engage with the service. There have been examples of the participation of families within the work of the partnership in provision of feedback from families that have accessed ABC PIP support and through the Care Options website within SET to record the difference engaging with ABC PiP has made to them.

Parents have been encouraged to use their voice and experience to influence the wider agenda. For example, one parent's story was featured in the 'Babies in Lockdown' report. This mum subsequently spoke at the 0-2 APPG in Westminster about her experience of becoming a parent during lockdown and took part in a piece on Parent- Infant relationships for BBC Radio Ulster which was broadcast on the station and featured on the BBC Radio News website. Another parent talked about her experience as part of the 'In Their Shoes' series which was produced by The Parent Rooms as part of the Maternal Mental Health NI Conference and is available on The Parent Rooms website.

More recently the team have made links with the Wellness Recovery Network and the Recovery College and are currently starting work to co-produce a parenting programme with mums with lived experience looking at how they can make the most of interactions during everyday activities. The team are also currently starting walking groups with parents and again they have been involved in the naming of these groups and the conversations during these will be parent led.

Clarifying aims and scope of the governance group

Given that the pre-existing IMH strategy group was disbanded by SET, there is an acknowledgement that the first year of the partnership (2019/20) has been primarily focused on operationalising the ABC PiP specialist IMH service. It is felt that this has resulted in less focus on wider IMH issues within SET and at the regional level. In terms of how this translates into impact on practice, one respondent reflected on the need to retain focus on prevention, considering the wider context and other services and supports available to families for example:

38. The memorandum of understanding between Parent Infant Foundation and ANB PiP outlines the objectives of all parties involved as well as areas of collaboration including quality control, monitoring and evaluation, data protection/data sharing, promotion and marketing, and training.

"There is an awful lot of work that is done in generic services before they get anywhere near a team like ABC PiP, and afterwards, what happens afterwards; those preschool years...we do have to consider that spectrum from conception to two" SET_1_5

Considering this, current proposals to review membership of the governance group and to reinstate the IMH strategy group within SET is felt to be an opportunity to review the purpose of governance group and strategy group to ensure that everyone has an 'equal place around the table' (SET_1_7). Further suggestions include using a rotating chair to ensure active engagement and buy-in, to keep members connected and to ensure a greater balance of power.

"We are aware that since we changed from the wider IMH Strategy Group to the ABC PiP Governance Group we lost some of the wider connections regarding IMH throughout SET area and having reviewed this we feel it is important to re- establish these going forward. We are proposing reintroducing an Infant Mental Health Strategy Group in line with other Trust areas in NI. This group and the ABC PiP Governance Group will be closely linked" ABC PIP Governance Meeting report, 2/9/2020

Despite less focus on the wider IMH agenda within SET, there is an acknowledgement of the role of individuals in driving forward IMH at a strategic level. Some interviewees reflected that individuals take a lead in aspects of work which they are invested in and meet expectations of their respective organisations. Despite this, it is still felt that the group adopts a partnership approach to working.

Sustainability – generating shared ownership longer-term

There is a general concern for ensuring the longevity and sustainability of the work of the ABC PiP partnership within SET. There is a need to be able to act as a collective to strategically embed the work longer-term and ensure buy-in from senior leadership as well as 'on the ground' within the trust beyond the involvement of Barnardo's.

Likewise, there is need to ensure greater ownership over the SET IMH Strategy: for some it was unclear with whom the ownership of and accountability for the strategy itself sits as well as who would drive that forward in the future.

> ***"The general infant mental health group that existed before this project has almost been set aside. For a period, that might have been okay to get this up and running but I think that bigger infant mental health group that are delivering on the strategy because it's the South Eastern and the Social Care Trust infant mental health strategy; it's not Barnardo's strategy. Barnardo's are supporting that; they're part of it...you need buy-in [and] where you get buy-in is engagement"*** SET_1_1

The importance of relationships is highlighted as key to sustainability and generating shared ownership. There is a need to develop both working relationships (facilitated by the co-location of ABC PiP team) but also an understanding of others' roles and responsibilities and an understanding of how other organisations work.

A lack of clarity around the roles of different partners has led to some partners feeling a lack of ownership and that the real drivers of this work are Barnardo's which might in-part be because Barnardo's bring a financial investment to the table.

Developing shared values and vision

In the following, we comment on the extent to which there is a shared vision and values within the strategic partnership with respect to two core components of the CPP MHWB work, that is 'infant mental health' and 'systems change'.

Defining infant mental health

Within the Theory of Change workshop there was general consensus on the importance of having shared values and vision within the partnership around IMH and this being viewed as 'everyone's business'. Overall, there appears to be a relatively shared understanding and vision of what good IMH looks like across the partnership, informed primarily by the values of early intervention and prevention with particular focus on strengthening relationships between baby and parents from conception to age 2 (The First 1001 Days).

The focus on relationships moves away from viewing any issues or challenges as within the individual, and rather as between a child and their parent/carer, with a focus on identifying potential vulnerabilities and risks for these relationships. The focus on the adults around the child, and in particular interpersonal relationships adopts a socio-ecological focus on mental health and wellbeing.

From a more downstream perspective, there is shared acknowledgement of the potential negative impacts of not addressing IMH at the earliest stage possible. Investing in IMH helps to form the 'building blocks' of a child's life through an understanding of the potential impact of trauma and adverse childhood experiences.

> ***"I suppose we were always picking up the pieces about issues around poor attachments and bonding, and you could see the later devastation and impact it***

was having on families...it brought home to me that we could have addressed that sooner and we might not have got to where we are" SET_1_4

There is a shared position that infant mental health is 'everyone's business' i.e. IMH is a field which considers the wider spectrum of before and after birth, Early Years and beyond. However, this does not necessarily translate into practice. For example, Solihull training has been child health focused, but there is also a need to systematically provide this training in other fields such as social work.

Whilst there is generally a shared understanding of infant mental health amongst partnership members, there is concern about a shared understanding of IMH more widely. One respondent stated that there is a common assumption that there is something 'wrong' with the child when we talk about IMH, or that the parent has done something 'wrong'. In that sense, mental health is not always seen as something which everyone has like physical health.

This, paired with a lack of clarity over what IMH is, presents a challenge in that the term IMH risks becoming diluted or confused with other aspects of child and maternal mental health. The close links with perinatal mental health are also experienced by those within the partnership, with some stating that it can often be difficult to differentiate the two terms. Moreover, there is concern that mental health and wellbeing is more widely considered as something which just affects school-age children and up whereas the partnership seeks to target what has been termed the 'baby blind spot', to advocate for an approach that seeks to invest from the earliest possible stage in the life of the family.

Links with the Association of Infant Mental Health have afforded the strategic partnership a clear line of communication to help communicate how IMH differentiates from other aspects of child and adult mental health, and particularly perinatal mental health.

Defining systems change within the ABC PiP strategic partnership

Systems change is defined and understood through a variety of lenses within the strategic partnership. These lenses are not necessarily mutually exclusive, rather they reflect different aspects of what systems change tries to achieve. Varying perspectives on systems change might suggest a difference in understanding of how the overall goals of the strategic partnership are to be achieved.

Systems change is a term predominately used in the ABC PiP partnership to refer to a distinct aspect of work relating to lobbying and policy influencing, and networking to educate others on the ABC PiP strategic partnership. Distinct from the systems change work is a focus on service delivery and workforce capacity-building. What is referred to as systems change is to focus on 'the longer-term goals of raising the IMH agenda in collaboration with partner organisations, as well as ensuring that it is understood, with policies actioned and sufficient funding' (ABC PiP Annual Report 2019/20). Likewise, others talk about systems change in terms of the ability to influence change in other trusts and at the regional level. However, in taking this approach, it was acknowledged that the balance in effort and attention afforded to each aspect of the strategic partnership's work should be maintained:

"I think we all recognise that they are all important. I think the challenges arise when the value of each isn't held together. I think there needs to be an ability to recognise how each bit is valuable and important and how taking them together can add a richness and a depth of understanding" SET_1_3

Nevertheless, there is a view that, until now, the governance group has been predominantly focused on the operational and service delivery aspects of ABC PiP, with individuals supporting the 'systems change'/ policy influencing aspects of work rather than this being a priority for the collective group.

Talking about the aims of the strategic partnership, several respondents also refer to systems change as 'plugging a gap' in access to support through identifying and highlighting the need for IMH support, which in many ways defines the efforts of the partnership through all three aspects of work e.g. lobbying and influencing, service delivery and workforce capacity-building.

Others refer to systems change and the aim of the partnership as being able to take a holistic look at how the system is working on-the-ground and the connections between different parts of the system. For example, respondents reflected on being able to understand where referrals into ABC PiP were coming from, the ability to use that information to understand where more upstream support could be provided within other agencies, and to understand how systems and processes support the journey of each child.

Another reflected on ensuring that there is consistency of approach and avoiding duplication of supports. Whilst on-the-ground agencies and organisations do tend to be well connected, one participant reflects on the aims of the strategic partnership to look at how this could be improved:

> ***"It is about whether strategically is that by default or by design? I think the design part is the part that needs the work. I suppose that's what the governance group was aiming towards"*** SET_1_5

There is also acknowledgement that the 'systems change' outcome of the partnership has the longer-term goal of ensuring more sustainable funding streams and support for IMH activities through ensuring IMH is firmly on the policy agenda. For example, in terms of workforce capacity-building, the need for training to be embedded in practice is key for long-term implementation with the existing Solihull approach highlighted as an example of success in this respect within the health visiting profession:

> ***"It's so embedded in practice that it doesn't matter if tomorrow there was no funding for Solihull...that's where you get the difference"*** SET_1_1

Highlighting the importance of generating buy-in on the ground, changing culture and people's understanding of infant mental health was another way systems change and the aims of the strategic partnership were perceived to have impact.

Role of Barnardo's

Barnardo's is seen as a trusted voluntary sector partner within SET due to long-standing working relationships within the Trust area. As a trusted partner, Barnardo's is seen as bringing significant expertise, evidence-based knowledge, and innovative ideas to the work of the partnership that would not have been the case if it were a Trust-led piece of work. This has afforded a unique opportunity to share and learn from practice.

Moreover, Barnardo's is felt to offer access to wider networks, particularly non-statutory networks, and advocacy opportunities which the partnership can connect with. Examples include links with perinatal projects in Sweden, co-production expertise, Five to Thrive, systems change, links with non-statutory organisations, and trauma-informed practice.

Barnardo's as a source of funding

Barnardo's is also seen as a source of funding, having funded a part-time service manager and two part-time specialist practitioners within the ABC PiP programme. However, as a significant source of funding, it is noted that different players have different levels of 'vested' interest in the work, leading to a feeling of imbalance between partners. As a result, one respondent reflected that ABC PiP and its governance somewhat feels like a Barnardo's driven project and approach, albeit that co-branding, co-location of the ABC PiP team, and joint working reinforces ABC PiP as a partnership approach to working.

The fact that Barnardo's is seen as leading on the 'systems change' work serves to reinforce differing priorities of partners and the role of SET in focusing on service delivery. At the operational level, this translates into challenges in terms of understanding of organisational governance, different pay-bands, and challenges in accessing different IT systems.

7.4. Baseline insights on systems change

In what follows, we comment on baseline insights to the systems change outcomes listed in section 3.2. For each outcome we detail current delivery of the partnership and comment on corresponding baseline insights.

Children and young people have clear access to and receive prevention-focused/early intervention support and, where relevant, specialist support

Delivery

This outcome relates to the ABC PiP focus on providing access to universal services and long-term interventions. Up until now, a primary activity for the ABC PiP governance group has focused on setting up the ABC PiP specialist infant mental health service, a core aim of the SET IMH strategy. This is because prior to the development of the strategic

partnership, there was no specialist infant mental health service available in South Eastern Trust.

The service team is co-located in Ballygowan and offers specialist therapeutic services[39], the majority of which are delivered in the home. Two levels of support are available on a step-up, step-down basis. These include:

1. Key work support for parents experiencing issues such as anxiety and depression but who may have other positive coping mechanisms/resources available to them
2. Intensive therapeutic support for families with more complex difficulties, where parenting is significantly impacted

The ABC PiP team consists of a clinical lead, an infant mental health coordinator (SET), a service manager (Barnardo's), and infant mental health therapeutic support work (SET), and two infant mental health key workers (Barnardo's). Until March 2020, there was also a funded infant mental health key worker focused on practice development (workforce capacity building).

Baseline insights

At the time of reporting, the ABC PiP specialist infant mental health service has received over 300 referrals across the 2019/20[40] (n=212) and 2020/21[41] (n=120) financial years. Since the start of the service, 167 referrals have been closed and 94 referrals have declined the service/did not engage/did not response/moved/were not suitable.

There is a current[42] waiting list of 22, an increase eight since end November 2020, with the remaining referrals remaining open or receiving support.

Since the start of the service, 58% of referrals are from Health Visitors (n=193), 17% from social work teams (n=57), 10.5% from midwives (n=35), with the rest from a mixture of community psychiatric nurses, third sector organisations, self-referral, clinical psychology, and 'other'.

Parents/carers/wider groups are receiving and using consistent messages

Delivery

The strategic partnership has overseen the delivery of training to professionals working with infants and families across three core programmes: Five to Thrive, Community Resilience Model, and Baby Massage/Baby Yoga (summarised below). The number of participants within each training programme is summarised in Table 10[43].

a. Five to Thrive is based on attachment theory and neuroscience of baby brain development. It promotes the importance of relationships and nurturing through five key messages: respond, cuddle, relax, play, and talk.
b. Community Resilience Model is a research-informed intervention to help individuals cope with how they may be feeling if they have experienced trauma, supporting individuals to recognise triggers, identify when they are feeling stressed, and to learn coping skills.

39. Parent-Infant Psychotherapy, Community Resilience Model, Video Interactive Guidance, Five to Thrive, Consultation
40. From ABC PiP Annual Report 2019/20
41. End March 2021; from cumulative service use data supplied quarterly
42. As per end March 2021
43. No total participants column is included as some participants have undergone training sessions on multiple occasions.

c. Baby Massage/Baby Yoga aims to deepen the parent-infant bond through nurturing touch and promoting parental understanding of baby's cues

Until March 2020, there was also a funded infant mental health key worker focused on practice development (workforce capacity building) to monitor and identify any issues relating to training implementation.

Through sitting on the Help Kids Talk training subgroup, an ABC PiP governance group member has also had the opportunity to influence the development of the 12 Help Kids Talk messages ensuring these are consistent with other approaches being used within SET e.g. Five to Thrive. These have now been agreed by the Steering Group and are being used regionally by Sure Start.

The training subgroup is currently tasked with completing the roll out of the Basic Awareness Training; ensuring it complements training delivered through the strategic partnership and others within SET. As a direct result of influence within this group the Basic Awareness training has been revised to include Infant Mental Health messages including Five to Thrive. This training will be delivered to 1100 Early Years practitioners, and to parents, in the Lisburn area.

Baseline insights

At the time of baseline data collection, training to the workforce has already been delivered by ABC PiP in SET. We therefore present findings relating to the factors affecting the implementation of training delivered until now and how future training can help support implementation and other training needs, and ultimately have greater impact.

Overall, 45 respondents completed a survey on training implementation. Most respondents (51%) were from the statutory health sector, 40% from the voluntary/third sector, and just under 10% from the private sector. Remaining participants worked within the statutory sector within psychology. Most respondents identified that they supported babies/children (0-5) with many also stating they support young mums (53%), family units (44%), and perinatal (40%). In the context of the COVID-19 pandemic, over 65% of respondents reported that the delivery of their service/support had been extremely disrupted or disrupted a lot.

Five to Thrive (5TT)

Of the total 45 respondents, 41 reported undertaking 5TT training. 90% reported that the training was useful within their role, with 70% stating that they implement

Table 10 ABC PIP workforce capacity building participants

Training	2019/20	2020/21
Five to Thrive	212 participants	152 participants
CRM	68 participants	71 participants
Baby Massage/Yoga	73 participants	n/a

the principles of the training 'all' or 'a lot' of the time.

In terms of factors affecting implementation of the 5TT training, nearly half of the respondents thought the relevance of the training to their work and ease of implementation supported the use of 5TT. Over 1 in 3 respondents reported time and capacity as a barrier to implementation, and nearly 1 in 5 reported that 'financial resource to support implementation' and 'implementation resources/manuals' were also barriers to implementation.

Qualitative responses regarding factors affecting implementation highlight the impact of COVID-19. Several respondents highlight that both lack of face-to-face interaction and lack of time due to increased caseloads has negatively impacted their ability to implement 5TT training with parents/families. Several other respondents reported that the length of training impacted implementation, stating that they need more dedicated 5TT training to be able to fully implement 5TT confidently. Two respondents also highlight the need for better training resources and manuals to support implementation on the ground.

Whilst some respondents were still undergoing training, many reported using the training with varied numbers of families from two to over 300 depending on their role. Most noted using elements of the training with most families with whom they work. In terms of how 5TT is implemented, qualitative responses highlight that the training provides easy and accessible messages around connection, attachment and play which can be integrated in a variety of service delivery/support settings e.g. in individual support and group support settings, and in a variety of ways e.g. on notice boards, in advice giving, in direct service delivery (e.g. health visiting/Family Nurse Partnerships). However, varied levels of training across teams was noted as a challenge in providing consistent implementation.

Community Resilience Model (CRM)

Of the total 45 respondents, 26 reported undertaking CRM training. 88% reported that this training was useful in their daily job, with just over 70% stating that they implement the principles of the training 'all' or 'a lot' of the time.

In terms of factors affecting implementation of CRM training, over half of respondents reported that the 'relevance of the training to their role' as well as 'management support to implement', and good resources/manuals (over 40%) supported implementation. In terms of barriers, time and capacity were reported as the main barriers to implementation for nearly 40% of respondents, with 'financial resource to support implementation' also scoring highly amongst respondents.

Qualitative responses regarding factors affecting implementation highlighted a need for more training on how to implement the new concepts introduced within CRM, with one respondent reporting that they needed more time to think about how best to implement the training and due to a lack of time/resources to allow for this, they had lost confidence in trying out techniques. Two respondents highlighted challenges in implementing CRM because children are often with parents.

Whilst some respondents were still undergoing training, many reported using the training with varied numbers of families from seven to over 300 depending on their role. Most noted using elements of the training with most families with whom they work. In terms of how CRM is implemented, qualitative responses highlight that CRM is implemented in a variety of ways e.g. in

direct support provision to provide families with strategies to identify and use inner resources, in handout materials, and sharing learning with staff volunteer and committee members.

Baby Massage/Baby Yoga (BMBY

Of the total 45 respondents, 20 reported undertaking BMBY training. All respondents reported this training to be useful in their daily job, with 60% stating that they implement the principles of the training 'all' or 'a lot' of the time.

In terms of factors affecting the implementation of BMBY training, respondents reported time and capacity to run sessions as a barrier. However, three quarters of respondents said the training was relevant to their job, 70% said good engagement from parents facilitated implementation, and a majority said that implementation resources eased implementation.

Qualitative responses regarding factors affecting implementation were limited with only one respondent highlighting that having more trained staff would enable greater reach to young mums and new parents. The same respondent reported challenges around accessibility of delivery of this training to women in certain catchment areas.

Respondents reported using the training with varied numbers of families from one to 100 depending on their role. However, most noted using elements of the training with most families with whom they work. Most respondents reported directly using BYBM training with groups of parents/families in a variety of settings, with some stating it as a useful way to engage families and introduce them to a service through learning a practical skill, particularly for dads.

Future training needs

55% of respondents 'agree' or 'strongly agree' that they think they have sufficient training to support infant mental health in their role. However, 1 in 4 neither 'agree nor disagree' that they have sufficient training, and almost 1 in 5 'disagree' that they have sufficient training to support infant mental health.

In qualitative responses regarding what respondents feel would be useful in terms of training, several respondents highlight the need for further training and refresher training, particularly in CRM and BYBM training. Likewise, one respondent felt that rolling events and conferences would be useful to complement training. Additional training suggested as useful includes signposting and how to help 'hard to reach' families, early brain development, training in issues related to ADHD, ASD, and ODD, hypnobirthing, sleep management, perinatal mental health, and in IMH more generally.

Infant Mental Health is on the agenda in other fields

Delivery

The ABC PiP has undertaken a number of activities related to the outcome 'infant mental health is on the agenda in other fields'. This includes regular connection with wider strategic steering groups and operational groups. The ABC PiP team sit on, chair and informally connect with several steering groups, committees and other groups which facilitate the sharing of knowledge and learning, and influence the systems around IMH within the SET and Northern Ireland. A number of these groups include:

The Association for Infant Mental Health in NI (AIMHNI), SET Solihull Early Years Development Group, Perinatal Mental

Health Team (Ulster Hospital), IMH Teams in Belfast Trust, Help Kids Talk – SET Community Wide Speech and Language Initiative, iCAMHS team in Southern Health & Social Care Trust, Health Visiting team in Northern Trust, Social Services, Child Health and Barnardo's communication and update meetings.

Moreover, one of the ABC PiP Service Managers chairs and another governance group member sits on the Association for Infant Mental Health in Northern Ireland. Through this influential role there has been a formal response to the consultation for the draft Mental Health Strategy for Northern Ireland directly informed by the work of the ABC PiP strategic partnership. The same links have facilitated meetings with local/ national councilors, organisations and MLAs (Members of the Legislative Assembly) on presenting the evidence base around Infant Mental Health, namely from the 'Working for Babies: Lockdown lessons from local systems' report. Governance group members have met with the Minister of Health, the Health Committee, Mental Health Champion, NICCY, Orlaith Flynn MLA (Sinn Féin) and Robbie Butler MLA (Ulster Unionist).

Baseline insights

A review of 21 strategic documents/policies were analysed to explore the extent to which Infant Mental Health is on the agenda in wider fields. Below, we summarise the key findings of this report (MacDonald and Montgomery, forthcoming). The more detailed report is included as supplementary material.

Key themes relating to IMH on the agenda

- The term 'Infant Mental Health' was not often used in polices except those specifically relating to IMH: references to perinatal mental health or early intervention were more common.
- Early intervention and prevention were a key theme in most policies, and a particular focus of public health strategies, with a central focus of many policies being to give every child a good start in life and support them and their families throughout their childhood. A life course/ whole child approach was emphasised.
- Children's mental health and emotional wellbeing was said to be nurtured primarily in the family. A secure parent/ child relationship was consistently presented as a key building block for the development of positive attachment and a key priority for children's services/ adult services is to support parents and carers. In practice, the regional framework adopting the Solihull approach is likely to raise awareness of key aspects of parenting that promote infant wellbeing.
- References to the impact of adverse childhoods indicated the fundamental importance of nurturing early childhood and positioning positive parenting as a protective factor against later mental ill health and/or suicide.
- Universal and targeted services were promoted within a stepped care framework.
- Consultation with user groups took place during the development of several polices. In some, although not all polices, it was noted that a feedback loop was important in which services should obtain feedback from children, young people and families/ carers to help improve care.

Gaps and limitations relating to IMH being on the agenda

Policies and strategies that are applicable across childhood could have a more explicit focus on infancy (pregnancy to age 2 or 3 years) as a distinct life-course period and on the needs, vulnerabilities and developmental opportunities that are particular to infants. Consequently, there

is a need for agreement on a common language around Infant Mental Health.

Policies that do explicitly reference infancy could have a stronger emphasis on emotional and mental wellbeing. Moreover, whilst IMH/early intervention/nurturing parent/child relationships was consistently promoted as a key priority it often did not translate into specific actions or did so in a way which was not clearly defined. Likewise, promotion activities could have a clearer explanation of and focus on promoting good Infant Mental Health.

At the treatment level there is little recognition of infant psychopathology. From the Chief Medical Officer's report 2018/19 it is clear, however that there is an effort to train and upskill perinatal practitioners to support Infant Mental Health and perinatal maternal mental health.

There is limited focus on the adverse effects of maternal stress in pregnancy on child development and the neurological development of infants (see Healthy Child, Healthy Future: A Framework for the Universal Child Health Promotion Programme in Northern Ireland, as an exception).

The socio-ecological approach was often missing. For example, there were very limited references to the importance of the physical environment (see Making Life Better, Framework for Public Health, as an exception).

A diverse range of priority groups (vulnerabilities) were identified; common themes were identified around social exclusion/marginalised groups, although there was a lack of consistency around the context of vulnerability.

Co-production was emphasised in some polices, and not others. However, this was often in the form of generic principles and values: service user feedback mechanisms are promoted but not in a consistent manner.

The Commissioner for Children and Young People noted that there was insufficient evidence that service user or patient feedback mechanisms are effectively gathering the direct experiences and views of children and young people or that these views are informing policy and services (NICCYP, 2017).

While most policy documents identified the importance of interdisciplinary cross-sectoral collaboration, and most referenced other relevant policies, strategies or frameworks, specific structures or processes to operationalise these connections were extremely limited. These were often too generic to be useful in practice.

Linking strategic structures within SET and regionally (NI)

There are several regional structures (policy and planning boards, practice frameworks, practice approaches, and professional regulatory bodies) that are well-embedded as mechanisms for cross-sector collaboration, within which the SET plays an integral part. Much of this work is premised on a commitment to early intervention across family serving systems. In that their intent is to enable good outcomes for children and young people, these structures are likely to promote IMH even if this is not a separate and specifically stated agenda.

These structures could be harnessed to drive an IMH agenda forward more coherently, and a more explicit focus on IMH within policy and strategy may help with this process.

7.5. Baseline insights on children

and young peoples' outcomes

ABC PiP use two outcome measures relating to mental health and wellbeing: The Parent and Baby Outcomes Star and the Hospital Anxiety and Depression Scale (HADS). Data for both measures is collected before, or at the beginning, of intervention, and then at the end, or after, intervention. Data collected for both measures illustrates both an improvement in mental health and wellbeing for ABC PiP service users, and a reduction in anxiety and depression scores, which present risks to overall mental health and wellbeing and the relationship between parent and baby.

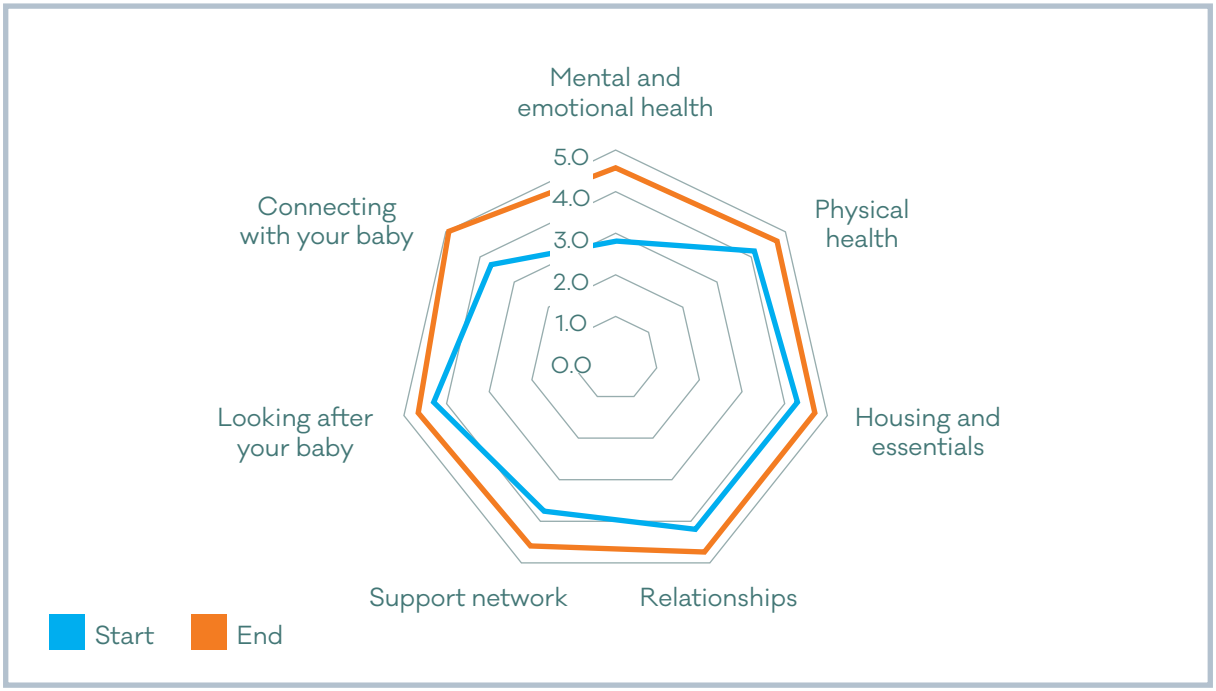
Overall mental health and wellbeing of those accessing the ABC PiP service

Figure 6 shows that on average, compared with the start of intervention, parents accessing the ABC PiP service reported improvements across all seven areas covered by the Parent and Baby Outcome Star. Moreover, service user feedback further highlights the impact of ABC PiP on relationships with their baby, with 94% of 87 parents reporting an improved relationship with their baby, and 84% felt that the service had 'made their situation better'.

Risks to mental health and wellbeing for those accessing the ABC PiP service

On average, scores on the HADS anxiety outcome measure moved down two categories from the higher range to the typical range. Average anxiety scores reduced on average by 45% following intervention. On average, scores on the HADS depression outcome measure moved down a category from mid-range to typical range. Average depression scores reduced by 49% following intervention.

Figure 6 Parent and Baby Outcome Star – average pre- and post-intervention comparison of overall MHWB of those accessing the ABC PiP service



8. Key emerging insights

In the following sections we discuss some key emerging insights relating to the establishment and implementation of the strategic partnerships and their associated work areas. The baseline insights do not intend to present successes or challenges, rather reflect discussion points and questions for each of the strategic partnerships moving forward.

8.1. Facilitating strategic partnership working

1. Steering group membership, purpose and governance are seen as important factors in facilitating shared ownership in strategic partnership working, with all three factors needing to remain flexible to the changing internal and external context of the partnership.

Internally to the strategic partnership, the value of partnership working was recognised through the experience and expertise brought by individuals to inform and develop partnership activity. Steering groups have also facilitated shared learning across and between agencies and teams. However, whilst we found the governance and steering groups represented a variety of voices within the mental health and wellbeing space, some key voices were felt to be missing. Examples of this included social work (ABC PiP), and the third sector (North Tyneside). Moreover, having different levels of management represented on steering/governance groups, whilst encouraging buy-in at both strategic and operational levels, presented some challenges for engagement with partnership work.

Of note was the lack of active voice of children, young people, and families directly within these structures, despite ongoing work to support engagement and participation. There was evidence of a strong commitment to co-production within the partnership groups and a desire to hear the voices of children and young people (and parents within the context of South-Eastern Trust). However, there is a recognition that largely this co-production process has still to be realised to fully ensure a sense of shared ownership and vision for systems change.

Consistent leadership in terms of the role of the programme manager within the steering group, with access to established local networks and strong working relationships, is seen as a key factor impacting on the success of the partnerships. It is important than this role is consistent to ensure the group can build and maintain momentum, relationships, and action. Likewise, whilst changes in personnel can present challenges to maintaining momentum, 'fresh eyes' can also help to challenge and reinvigorate partnership work.

Moreover, a lack of clarity on the role and purpose of the steering group across the strategic partnership areas has manifested in several ways. Points raised included lack of structure to steering group meetings, uncertainty about group remit, lack of clear documentation, the use of overly complicated and jargonised language, and a lack of clarity within the council about the placement of this partnership amongst wider structures. This lack of clarity in purpose has resulted in challenges in ownership over the work, with some perceiving Barnardo's as leading, and Barnardo's seeking ownership to be transferred to those within the partnership areas.

In terms of thinking and acting as a collective partnership, there have been challenges around balancing individual organisational/agency priorities with collective buy-in to the partnership. Whilst this has influenced engagement in some instances, the individual sets of knowledge and expertise brought to the partnerships are seen as a strength. A shared chairing role has been one way partnerships have overcome this challenge (e.g. in ABC PiP). Likewise, the role of individuals in taking specific pieces of work forward has been noted. This was not necessarily seen as a negative, rather as a natural requirement to move things forward.

The governance structure within which partnership steering groups sit is important in clarifying how the work of the partnerships contributes to wider system work and structures. Whilst experiences of governance structures differ across the three partnership areas, we note that the remit of the steering group should be flexible as its purpose within this wider system is reassessed. Changes in steering group structure are underway in two of the partnership areas (ABC PiP and Renfrewshire) to ensure that group remit is commensurate with wider streams of the work within the system and to ensure longevity and sustainability of the partnerships' work.

Overall, partnerships reflected that, whilst action has at times felt slow, having the strategic partnership has enabled time to create, think about and begin to act on creating longer-term change, particularly set against the backdrop of COVID-19. This time has facilitated a sense of ownership through navigating the purpose and functioning of groups and ensuring a sense of consistency and cohesion about the work they are taking forward indicating the maturity of the partnerships.

2. Developing a shared vision of good mental health and wellbeing does not always translate into a shared understanding of systems change and action.

Overall, there was a strong sense of shared understanding of a vision for the mental health and wellbeing centred on early intervention and prevention supported by a social model of mental health and wellbeing. However, this vision did not always translate into a shared vision of how to achieve systems change. For example, in South Eastern Trust, systems change is a term most commonly used in relation to policy influencing activity.

In Renfrewshire and North Tyneside individuals talk about systems change in terms of changing mindsets, changing the way the system operates, and creating sustainable change. There was a general concern for ensuring the sustainability of the work of the partnership and to move towards achieving long-term sustainable impact.

Groups have gone some way to clarifying their collective understanding of systems change in terms of refining their theories of change and in developing proposals for delivery focused on various aspects of systems change. The role of individuals in taking forward proposal development and specific systems change focused work was noted in baseline data collection and therefore it is important that moving forward, emphasis is placed on communicating and encouraging dialogue on the systems change rationale for specific pieces of work.

Further theory of change workshops can go some way to facilitate this dialogue.

3. The role of a third sector partner in facilitating strategic partnership work is seen as central, with Barnardo's playing a central role in driving forward work in each partnership area through affording a sense of ambition and creating space to develop a dialogue around long-term systems change.

However, there has been some frustration that partnerships have been slow to act and also a concern that the vision of long-term systems change is constrained by a traditional funding model of short-term annual funding cycles. Nevertheless, this challenge has been met within the partnership areas through securing matched funding for various components of current and proposed delivery to ensure sustainability.

The added value of Barnardo's was considered in terms of driving change through providing leadership, funding, and the time/space to be more ambitious. Barnardo's is seen as bringing significant expertise, research, and innovative and challenging ideas to the work of the partnership areas, as well as access to wider networks. Of note was the expertise and opportunities to engage with trauma-informed approaches and practice, and co-production. The role of Barnardo's has been supported where Barnardo's is already considered a trusted local partner, often through extensive local knowledge and service delivery in local areas.

The growing influence of Barnardo's was also noted in being included within conversations they would not normally have been in and thereby changing perceptions about Barnardo's as an organisation moving from a service delivery focus with specific expertise in mental health and wellbeing for children and young people, to acting in a more advisory and advocacy role at the strategic level in local authorities.

8.2. Facilitating systems change for improved outcomes

Each of the partnership areas have developed different approaches to facilitating systems change within their respective areas. As partnerships, particularly in North Tyneside and Renfrewshire, move into a more focused phase of delivery, evaluation work will seek to monitor changes at the systems level, whilst accounting for how proposed delivery contributes to that change. In the interim, we have summarised some high-level thoughts across each system.

- Within North Tyneside and Renfrewshire, our analysis finds that whilst the system does have prevention/early intervention focused supports available, this does not necessarily correspond with the demand and pressure placed on specialist services (CAMHS). Naturally, there will be a delay between the introduction of prevention/early intervention supports and any observable differences in CAMHS referrals. However, we also highlight that the lack of improvement in pressure and demand on CAMHS services may be due to a lack of clear signposting, access to, or capacity of prevention and early intervention support for children and young people.
- CAMHS waiting lists and rejected referral rates are seen as an issue across the North Tyneside and Renfrewshire strategic partnership areas. Lengthy waiting times for those able to access CAMHS supports/interventions presents a further risk to mental health and wellbeing, in that existing mental health problems could be further worsened in waiting to access CAMHS supports/interventions (Young Minds, 2018). Rejected referral rates highlight the need for greater provision of targeted supports for those who do not meet the threshold for CAMHS services.
- Within ABC PiP, it is clear there have been improvements in service users' mental health and wellbeing through accessing the ABC PiP service; however, it will be important to continue to monitor changes in referrals into the service, waiting times, and inappropriate referrals/disengagement over the longer-term.
- In terms of developing a common or shared language around mental health and wellbeing, analysis of baseline data shows a mixed picture. Despite there being a largely shared vision and language around mental health and wellbeing, informed by a social model, within steering groups and across support provision in each of the areas, it is less clear how this common language is used amongst professionals, families, and communities in the wider system. The question remains about how systems change efforts can begin to target and monitor the language adopted and used within the wider system and to understand how this translates into practice, particularly through the influence of the strategic partnerships.
- Capacity-building of the workforce is a central focus of work across strategic partnership areas with the aim of upskilling professionals and families to support children and young people to cope with the daily stresses of life, and likewise to nurture relationships with infants in ABC PiP. Going forward, it is important to continue to monitor training delivered and supervision that sits alongside training to support implementation in practice to ensure sustainability.

9. Concluding reflections

As all three areas begin to move towards a delivery-focused phase, we hope that these findings provide useful learning to support the understanding of both the nature of, and barriers and enablers to, strategic partnership working, as well as provide insight into the current system.

As partnership areas move forward, attention should be paid to understanding, in the more medium term, how investments in specific programme areas are assumed to contribute to the longer-term systems change vision for each of the partnership areas, and in what ways the implementation of these programme areas can be supported and embedded over the long-term.

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