Barnardo's Core Priority Programme in Mental Health and Wellbeing

Phase 2 evaluation report: December 2022

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1. Introduction

This report presents interim findings from the evaluation of the Barnardo's Core Priority Programme (CPP) for Mental Health and Wellbeing (MHWB). Barnardo's CPP MHWB aims to work with local authorities, NHS, education services, third sector organisations, and other relevant stakeholders to develop a systems-based approach to exploring and co-designing strategies that promote the mental health and wellbeing of children and young people.

The programme focuses on prevention and early intervention, working with strategic partnerships in three areas: North Tyneside (England), Renfrewshire (Scotland), and the South Eastern Trust locality (Northern Ireland).

The CPP MHWB evaluation seeks to answer the following question and sub-questions:

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

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?

The CPP MHWB evaluation approach is guided by three connected frameworks: systems change and thinking, theory of change, and contribution analysis. Adopting a systems change and systems-thinking lens recognises that the strategic partnerships operate within a series of complex systems (Foster- Fishman et al., 2007). Understanding how those larger systems operate is crucial to understanding the role and possible impact of the CPP strategic partnerships. A theory of change is a framework for describing how the partnerships aim to influence the broader system through their activities (Weiss, 1995; Weiss 1997). Contribution analysis is a framework that can build on the theory of change to understand the role of a programme or intervention in influencing the larger system, considering also the context of the broader system and other actors at play (Mayne, 2001; Mayne, 2012).

Coming 18 months after the Mental Health Foundation's baseline Barnardo's CPP evaluation report, amid continuing challenges associated with the COVID-19 pandemic, this report aims to understand where the strategic partnerships are now in the process of supporting systems change. Specifically, we are addressing sub-questions one and three in examining the nature, role, and barriers and enablers to the

functioning of the strategic partnerships and moving towards examining how the strategic partnerships might impact wider systems. This report does not attempt to assess impacts on the health and wellbeing of children, young people and their families. Instead, this an examination of how key individuals working in the strategic partnerships understand the work towards creating systems change, including its barriers and facilitators, and in some cases, their perceptions of achievements and impacts on the immediate and wider systems they work within.

This report highlights one key programme in each strategic partnership area to illustrate where and how systems change is working within the partnerships and to identify the facilitators and barriers to implementing systems change interventions. The focal programmes are the Early Help/Child and Adolescent Mental Health Service (CAMHS) pilot in North Tyneside, the Non-Violent Resistance training programme in Renfrewshire, and ABC PiP (Attachment, Bonding and Communication Parent Infant Partnership) in the South Eastern Trust locality.

2. Methodology

This stage of the longer-term evaluation is based on a case study approach. This is a well-established approach to evaluation (for example Greenhalgh et al (2009)) where an individual group, person or setting is focused on and contextualised within its wider setting (Robson and McCarten et al, 2016, page 149).

The primary source of data used in this evaluation are interviews with staff in each locality; with data from existing documents, meeting observations and service and activity mapping also informing this analysis. Interviews with 44 individuals were carried out across the localities, summarised in the table below. These were a mixture of strategic partner interviews, case study programme interviews and policy interviews. Individuals were selected for interview using purposeful sampling, guided by suggestions from strategic partnership leads. Purposeful sampling benefits from the selection of individuals with expert in-depth knowledge of the subject, however, this means it is unlikely to be possible to generalise from their views due to the specificity of participant roles (Cresswell and Plano Clark, 2011, cited Palinkas et al, 2015, page 534; and Palinkas et al, 2015, page 534).

Though supplemented with data from other sources, this evaluation is centered around the analysis and presentation of participants' views. These participants are experts in the experiences and practices of working in the different localities. This interim evaluation stage is rooted in participants' perceptions of the achievements, challenges and facilitators of work in their localities; it is not a direct assessment of impacts on end users or other such outcomes.

The implications of the pandemic resulted in pausing and rethinking work towards systems change goals as the partnership responded to this global emergency. The purpose of these case studies are to outline both facilitators and barriers to systems change work, and are woven throughout. Only by highlighting and unpicking facilitators and barriers can lessons be learned at this interim phase of the programme, to enable Strategic Partnerships to build on their successes.

Interviews were semi structured and used a topic guide which referenced the evaluation objectives and built on previous evaluation work and reporting. Interview data was analysed thematically using template analysis. Template analysis is an adapted form of thematic analysis which begins with certain codes of specific importance to the evaluation objectives and is later expanded in an iterative and inductive process (Brooks et al, 2015). A sample of coded transcripts from each locality were cross checked by multiple members of the research team to ensure inter-rater reliability and to aid collaborative determination of prominent themes that emerged.

Evaluation participants	Method	Numbers
Renfrewshire: staff from strategic partnership and partners	Online individual interviews and group discussions	n=18
North Tyneside: staff from strategic partnership and partners	Online individual interviews and group discussions	n=12
South Eastern Trust locality: staff from strategic partnership and partners	Online individual interviews and group discussions	n=14
TOTAL		**n=44**

3. Findings

This section presents the findings of the case studies related to each of the three strategic partnership areas. For each partnership area, a spotlight project or initiative is used to highlight emerging themes in a practice-based example operating within the system.

3.1. CASE STUDY ONE: NORTH TYNESIDE

3.1.1 Context

In November 2021, the North Tyneside Barnardo's Strategic Alliance, North Tyneside Council and the NHS jointly published a new, five-year Mental Health and Wellbeing Strategy for Children and Young People, which has provided recent focus for systems change and partnership working across North Tyneside. The strategy, influenced by locality service provision and policy, was developed in collaboration with the North Tyneside Clinical Commissioner, the Director of Public Health, Barnardo's and Children's Services, amongst others.

The strategy is based on a resilience model and aligns closely to the work and goals of the Barnardo's Strategic Alliance. It has three main pillars: *look out for yourself*, *look out for each other*, and *we'll look out for you*. These pillars focus on the importance of self-care, universal services and supportive communities, and the provision of specialised services where required in children and young people's mental health prevention. It also contains recognition of the potential utility of a least-intervention approach that represents a shift away from pathologising mental health and challenges traditional power relations. The overarching emphasis is on whole communities and confronting the assumption that mental health provision is something that only happens in specialised services. The new strategy emphasises resilience and support around the child, especially the family, and a move away from the pursuit of diagnosis and Tier Three service support:

> ***This isn't just about diagnosis and medication. This is about building a resilience model; this is about early help and prevention... it's not just about the child. It's about the system around the child, it's about the family.*** NT 5

There has been a shift away from a focus on health and clinical services, to a community-based model that focuses on wellbeing provision in the education and voluntary sectors, as well as early help measures. Systems change is central to the new strategy, which has acted as a unifying force across the locality. The strategy has provided a foundation for making connections, exploring and implementing joint projects, and strengthening collaboration around systems change in North Tyneside:

> ***There are a lot of similarities in terms of where we would like to see the locality... for children and young people, and families, and what they can access. By having the opportunity to be part of some of these projects... we've been***

> ***able to have... meaningful conversations which, without these projects, and being successful in getting funding, I'm not sure where we would have been. Part of these projects have been... a conduit to some of that change.*** NT 4

North Tyneside has established an approach to work less individualistically with the child, in a relational, family-based way, where support is provided *with* families, instead of *to* or *for*, families.

3.1.2 Strategic Partnership Working

The Barnardo's Strategic Alliance in North Tyneside is an independent partnership that sits separate to, but alongside other strategic boards in the locality. The Barnardo's Strategic Alliance group has regular meetings that address all areas of work that Barnardo's is funding, as well as wider mental health and wellbeing projects and activities that aren't funded by Barnardo's but are aligned with the work. There is representation on the group from senior management and service delivery practitioners from Barnardo's, the local authority, health, education, social care and the voluntary sector.

There has been increased partnership working and systems change activity across sectors in the locality, which has been facilitated by the Barnardo's Strategic Alliance and the development of the Children and Young People Mental Health and Wellbeing strategy. The Alliance, under the umbrella of the strategy, has begun to coordinate funding and projects with partners across the system and has explored where additional resource is needed to support the continuation and mainstreaming of services. Further, a collaboration was established between health services and the locality to fund mental health support workers in schools, as a result of the alignment of systems change aspiration and work of the partnership with the wider goals of the locality.

Participants discussed the unique value of working as a Strategic Alliance to pursue systems change. They reflected on benefits including providing clarity of objectives, clear milestones, and accountability in their work, as well as opportunities for shared learning and best practice. This was felt in turn to lead to a broader benefit of recognition of the Alliance in the locality, increased funding opportunities and buy-in from wider partners: "*I think the prestige of it makes people more invested in it... we've had this huge investment... that helps generate buy-in.*" (NT 10). One participant also reflected that the partnership facilitates sustainable systems change practice by bringing multi-sector partners together to ensure that funded projects aren't temporary, but retain a focus on mainstreaming and sustainability, working collaboratively to achieve this:

> ***You've got that framework around you and the partnership is a long-term investment in terms of systems change... that's helped with the wider thinking and bringing people together to focus on that [sustainability].*** NT 14

Partnership across sectors and services is integral to the vision of the North Tyneside Strategic Alliance. There is a distinct shared vision for systems change across the partnership, and practice of working collaboratively to ensure timely and appropriate early intervention and prevention for children and young people. There is also a shared value of enhancing existing provision and not reinventing services; to widen points of contact for accessing preventative mental health and other provision for children, young people and families instead of creating new ones:

> ***The wider system change is about how do we build on the partnerships that we've got, how do we build on the graduated response, without making it more complicated than it needs to be?*** NT 14

The voluntary sector and other non-traditional partners are viewed as key to achieving this goal:

> ***To grow the offer in the middle, and within the local authority and the voluntary sector... this is part of the systems change... this isn't just about mental health. This is about all the stuff that goes on before that and around that.*** NT 6

Collaboration and Communication

Whilst successful strategic partnership working has been integral to systems change progress within North Tyneside, health partners expressed sometimes feeling peripheral to actions and decision making. These partners reported that they would like more direct involvement in priority setting relating to systems change, which is perceived to be predominantly led by Barnardo's and locality partners and focused on education and social care:

> ***I had the impression... that we were spectators in the process. Our teams are doing some valuable work together, which is fabulous, there are obviously operational meetings happening, however these are Barnardo's led, there has been no discussion with the higher managers to give our thoughts or to have any input in to service design.*** NT 12

Further, as work towards establishing a systems change approach expands in North Tyneside, one stakeholder suggested the need for a move away from the attribution and ownership of systems change work being afforded to one strategic group:

> ***We shouldn't be thinking about this as the Barnardo's Alliance... we need to see it as a systems approach because we have a lot of things in flight that technically don't sit under Barnardo's... there is something around strategic leadership for me and somebody having the authority to lead across the system.*** NT 11

Anecdotal evidence from a recent North Tyneside Alliance event suggested discontent among voluntary sector partners who similarly reported feeling on the fringes of the partnership. Attendance at an event to discuss working priorities was predominantly from local authority staff, with less representation from health or voluntary sectors. This was perceived as problematic and reflective of general partnership working within the Alliance by some, although it should be acknowledged that a broad range of service partners were invited to the event and barriers including capacity issues may have prevented a number from attending, rather than deliberate exclusion.

Wider Engagement in The Barnardo's Strategic Alliance and Systems Change

It was observed by some evaluation participants that beyond the Barnardo's Strategic Alliance and senior partners, at the service and programme delivery level, awareness of the partnership and vision for systems change aspiration could be more widespread. Initiatives are taking a systems change approach, although the language of and engagement in systems change process is sometimes less apparent and not everyone appears to be aware of the Barnardo's Strategic Alliance, funding or overall objectives. One stakeholder who delivers a key, partnership-funded systems change project reflected "*I don't have full details on the bigger picture.*" When asked, however, if it would help to be more embedded in the strategic aim, they replied:

> ***To be honest, I feel like I get enough information to be able to run with the parts of that service that I've got a role to play in, and that I'm part of shaping and moving forward and developing. I'm not really sure it would make a huge difference, in terms of what my role is.*** NT 3

This view was shared by others who, despite having lack of clarity about systems change and how their own work fits with the wider aims and objectives of the Barnardo's Strategic Alliance, nevertheless felt their work contributed to a shared approach in the locality:

> ***I'm never quite sure what's part and what isn't... it's just kind of like this is the North Tyneside approach and this is what we're doing. So it all meshes together quite nicely.*** NT 7

3.1.3 Progress Towards Systems Change

Pathway development

The Barnardo's Strategic Alliance in North Tyneside is focusing on a pathway model of systems change, with the intention that individual practitioners will not be required to know every available early intervention, initiative or service for children and young people in the locality, but rather be aware of the most appropriate referral pathway to use. In addition to existing pathways, four new, intersecting pathways have emerged: a schools pathway; GP pathway; children's services pathway; and a voluntary sector pathway, which is under development. Within each of the pathways, there are various initiatives, some of which are directly funded by Barnardo's and some of which have developed as a result of wider collaboration and funding. Each of the pathways reflects the community-based model that the partnership is taking to systems change within the locality and aligns with the aims of the Mental Health and Wellbeing strategy.

Over the last 18 months, the partnership has also carried out an asset-mapping exercise, to document voluntary sector, local authority education, health, and local authority children's services' mental and emotional health provision in the locality and review how these could be involved in the pursuit of systems change. This is an ongoing, dynamic process which began with clustered consultations and is currently delivered as a quarterly in-person event.

The mapping exercise aimed to answer the following questions:

- What services exist?
- What is the service provision across the system?
- How do these pathways cross over?
- Where are the opportunities for alignment?
- Where are the gaps now within the system?
- Where do we need to focus our resource over the next three years?

The Alliance has attempted to disentangle how different programmes of work across the locality contribute to a wider system response for children, young people and families. This has been supported by locality health Trusts, commissioners, various services across the local authority and the voluntary sector and underpinned by the Mental Health and Wellbeing strategy and a focus on systems change. The Child and Adolescent Mental Health Service (CAMHS) reported finding this mapping of voluntary and statutory services helpful and has been utilising a booklet of services compiled for practitioners in the local authority.

There have been significant developments across all pathways, with particular advances in the school and GP routes. This has included the delivery of Mental Health First Aid training to all secondary schools over three years, the Sleep Programme,

DiscoverME, the HIVE Virtual School offer, the Link Programme and the Early Help-CAMHS pilot, amongst others. This report will spotlight the Early Help-CAMHS pilot as an example of pathway development. The pilot showcases the GP pathway and demonstrates a key, successful piece of systems change work in the North Tyneside partnership.

Whilst systems change activity is progressing in the North Tyneside Alliance, concern was expressed by some members of the Alliance that being overly focused on the development of specific pathways, particularly the schools pathway, may detract from the goal of a family-based approach, which is fundamental to systems change aspirations in the locality and the strategy.

Alongside systemic changes in provision, one stakeholder highlighted that the application of a whole family approach must align with programmatic development elsewhere in the system. For example, school-based mental health and wellbeing:

> ***We need to make sure there's a whole family approach... if we don't, then we're moving backwards, because it doesn't matter what level is going on for the family in terms of the child or young person that needs additional support in school...***
>
> ***There are siblings: does that impact on them? How are the parents managing? What else is going on for them behind the scenes? I don't want it to be seen as an education pathway that separates itself away from the whole family approach. We need to make sure that the education pathway embraces the whole-family approach.*** NT 14

A converse view to this was also expressed by some participants, in which the schools-based approach positions schools as integral to family life and an argument that schools-based interventions often take a family inclusive approach that involves parents. The approach to pathway development and funding in the North Tyneside partnership is seeing the creation of a swathe of service delivery staff who are embedded in a community model of service provision that is contributing to systems change in the locality. Pathway development, funded programmes and mainstreaming of posts and services as a result of the direct and indirect work of the Barnardo's Strategic Alliance is creating workforce infrastructure to progress systems change:

> ***We're developing this whole new workforce that doesn't sit within CAMHS, so it's a massive shift. I don't think at the moment our systems change model reflects just how much change is happening.*** NT 6

The pathway approach in North Tyneside is about identifying where the gaps are and changing the system around that. As one stakeholder pointed out:

> ***It's not about reinventing the pathways that we've already got; it's about enhancing those and building on them so that systems change happens.*** NT 14

It is important to note that alongside systems change developments in the locality, the Alliance is also aware of the potential impact of systems change on staff, their capacity and wellbeing. Alliance partners highlighted staff wellbeing as key and that workforce development plans are required to support systems change practice across the locality. Activities to support staff wellbeing include Schwartz Rounds, Mental Health Support Teams in schools and school reflections.

Bridging the Gap: Spotlight on Early Help-CAMHS Pilot

The Early Help and Coordination (EHC) team in North Tyneside is based in locality teams and work to a community-model. The EHC supports professionals in the locality completing Early Help Assessments, including those working with children and families who require preventative mental health and wellbeing interventions but who do not meet the criteria for Tier Three intervention from social work or health services. The EHC provides consultancy for practitioners and assessments of need, action plans and reviews to support practitioners and families where required.

Early Help is about working with families, identifying unmet need and then providing holistic support for families, rather than passing them on to other parts of the system. Approximately 85% of Early Help Assessments (EHA) are initiated by partner organisations and an Early Help pathway assists with transition in and out of social care, where required, or providing more intensive early help support if needed. There is also short-term Early Help provision for families in the community and longer-term provision for more complex cases.

Over the last 24 months, Barnardo's has funded the Early Help-CAMHS pilot, which aimed to provide a bespoke early intervention offer for children and young people that don't meet the threshold for CAMHS services, but where there is an unmet need or a provision that could be offered to the family. During the pilot, Early Help workers attended CAMHS referral meetings, taking a multi-agency approach to review referrals. Where a child doesn't meet the threshold for CAMHS involvement, the child and family would be referred to the Early Help-CAHMS team if appropriate. The team offer two levels of intervention: workshop and one-to-one support. Based on all relevant information, the family are offered one or both services. If a family is not referred to the Early Help-CAMHS team, Early Help work at the multi-agency referral meeting with partners to recommend other avenues of support and share information with other agencies who might be able to provide appropriate support for the family.

An action plan is then sent out via CAMHS as a recommendation. Those referred to the Early Help-CAMHS team (for one-to-one or workshop support) are also connected to other suitable support agencies. For example, if there is a recognised need for a social prescriber or there are housing issues, relevant agencies are involved at that point and the right support put in place for the family:

> ***I'll check our systems and we'll share information there to see if there's other complex factors going on for families, where there might be a social worker involved, if there's a single assessment happening GPs don't have all of that information when deciding to refer to CAMHS. So that's really valuable, in terms of making sure we get the right plan in place for the families.*** NT 3

Evaluation participants highlighted that the Early Help-CAMHS programme contributes to preventing families from reaching a higher level of need before they receive support:

> ***We're able to work with them and hold them at that level, without them having to escalate to something else before they get support... we've always known about this gap... because of the work we did attached to CAMHS, which really means something to GPs, because that's where they were referring into, they've been able to see it in a different way.*** NT 4

Figure 1: Cases heard and allocated to Early Help, December 2021 – November 2022

Date	Cases heard in Debrief and Single Point of Access meetings with CAMHS	Cases taken on by EHW	Cases given one-to-one support with Early Help worker	CWP	Cases allocated to parenting programme	Cases referred to another service	EHAs carried out
Dec-21	139	10	0	0	0	0	14
Jan-22	192	16	0	0	0	0	25
Feb-22	175	16	7	0	9	0	21
Mar-22	209	39	13	19	7	1 - social care SA	19
Apr-22	162	29	5	13	11	1 - social care	21
May-22	175	14	4	1	8	1 - social care, 1 family partner, 1 Bottled Up	25
Jun-22	176	20	5	0	15	2 CWP cases to CAMHS, 1 EH to CAMHS, 1 to C&C, 1 to family partner	23
Jul-22	183	19	4	0	15		22
Aug-22	103	13	4	0	9	1 - social care and CAMHS	3
Sep-22	107	11	4	0	7	0	0
Oct-22	180	14	2	0	12	2 back to CAMHS	0
Nov-22	161	15	8	0	7	1 back to CAMHS, 1 - social care	0
TOTAL	**1,962**	**216**	**56**	**33**	**93**	**15**	**173**

The Early Help-CAMHS programme exemplifies the shared vision of the partnership, and the systems change goal. Early Help-CAMHS is not one programmatic intervention – it's a broader programme that works across different systems in the locality to provide the most appropriate support for families. This is an integrated service across community and health that is in a unique position to work collaboratively to provide a graduated response to need. It aligns closely with the aims of the strategy and demonstrates best practice in systems change resulting from the collective approach of the Barnardo's Strategic Alliance:

> ***The Barnardo's work allowed us to do the pilot. That pilot's been successful and mainstreamed, but now it's organically growing, because people are seeing the benefit of how health and early help need to work differently together.*** NT 3

Figure 1 provides a summary of the number of families (1,962) signposted to the Early Help programme, including total volume of cases heard, between December 2021 and November 2022; where these families were referred to, and where they receive support from. This is a good illustration of how the Early Help programme works with services in the wider system to source appropriate support for families depending on specific needs.

Programme Mainstreaming

The Early Help-CAMHS pilot is funded by Barnardo's and began with one worker directly managed by an Early Help manager. As the pilot progressed, a funded Early Help-CAMHS team lead relocated from Early Help and three Children and Young People's Wellbeing Practitioners (CWPs) were recruited and located within CAMHS, funded for their first year through Health Education England. Plans were put in place to fund these posts through Barnardo's for a second year, to be located within Early Help, however the practitioners secured alternative employment partly due to a lack of clarity around funding. Two new trainees (funded by Health Education England) and two qualified CWPs (funded by Barnardo's) are currently being recruited. In addition, the Integrated Care Board (ICB) has funded two Early Help workers to work within CAMHS that have waiting lists, to reduce the number of families with no provision.

There has been further systems change progress within the Early Help-CAMHS programme. Members of the team have all been trained as sleep counsellors as part of the North Tyneside Sleep Programme, using the Sleep Scotland model of sleep awareness. Further, the Sleep Well programme connects practitioners across sectors through a collaborative champions network that aims to align systems change across services. It was reported by evaluation participants that many children and young people face issues around sleep. Early Help-CAMHS CWPs can now deliver direct support to families presenting with sleep problems and GPs can also refer directly to the Sleep Programme. The Sleep Programme will work across all services, including school nursing, Mental Health Support Teams in education settings, Educational Psychology Services and Early Help. There are also plans to include Early Help workers in CAMHS Neurodiversity Team referral and allocation meetings and to train mental health support workers in schools to carry out EHAs. This will build on the schools' pathway and permit schools to refer directly to the service, without the need to contact a GP.

Mainstreaming of the Early Help-CAMHS programme has joined up previously disparate service provision in the system and bridged the gap for those falling between services:

> ***That thing about telling your story once and not feeling that you're passed around... building on strengths, building on networks and families understanding the processes they're going through, rather than it just being done to them...give families the right support and prevent them from unnecessarily jumping around the system, because the systems talk to each other and know what's going on.*** NT 14

Thinking Ahead and Next Steps

Work is still being done within the Early Help-CAMHS team to improve service accessibility and to ensure that GPs and other practitioners know where and how to refer to and access appropriate support. This is key to the continued development of the service and embedding of systemic change.

Alongside this is an awareness that increased access and referrals must be balanced with a need not to overwhelm the Early Help service and create waiting lists, or indirectly increase referrals to CAMHS as route to the Early Help team, "*making sure that they [GPs and other referral professionals] know what is appropriate, where the thresholds are and who they can go to*". (NT 3).

Further, several partners highlighted a necessary next step within the system to ensure that unsuitable referrals to CAMHS, that don't meet the threshold, are not occurring:

> ***The Early Help model is a great example of collaborative working and working across the system, but it has had unintended consequences, in that still that default position is to refer to CAMHS, rather than think there's other pathways that we need to think about.*** NT 11

There is consideration in North Tyneside as to how programmes will continue to be funded beyond the end of Barnardo's CPP funding in 2025. The Early Help-CAMHS pilot is a good example of working with partners to pursue additional funding and mainstreaming opportunities. The Alliance has utilised Barnardo's funding to resource the pilot and then collaborated strategically with wider partners to mainstream it:

> ***What I can see a shift with now in North Tyneside is alignment. They're starting to unpick how all these different programmes of work contribute to a wider system response for children and young people and families... they are strategic in their approach... to utilise Barnardo's funds to fund things no longer than three years and then look at how they mainstream.*** NT 14

The "ripple effect"

As the work of the partnership has progressed over the past 18 months and collaboration and programmatic initiatives have gained pace, there is, as one stakeholder reflected, a sense of a 'ripple effect' across sectors within the system, because of the work of the Barnardo's Strategic Alliance. There has been an ideological shift in the direction of systems change:

> ***Having the partnership there and the governance behind it, and the structure behind it... has helped change that thinking from the start... so collectively that systems change happens.*** NT 5

The health sector, for example, is now commissioning Early Help, which before was viewed as within the remit of the local authority. There has been a change in approach to policies and procedures and an assessment of how things could be done collectively. For example, around information governance. A wider range of partners are now able to access and join up information across systems to ensure the best outcomes for families, such as Early Help and CAMHS. The partnership is building on successes to explore further funding opportunities and expand the reach of the systems change vision.

3.1.4 Wider Barriers and Facilitators to Systems Change

COVID-19

Evaluation participants highlighted that the pandemic had a significant impact on the capacity, health and wellbeing of staff and service providers. This is especially acute in the health and social care sectors. Staff are described as being tired, overloaded and experiencing secondary trauma due to the pandemic and resulting time and capacity difficulties presented by staffing issues. Recruitment is low and staff turnover is high, putting extra pressure on the existing workforce, and impacts on their ability to engage with Alliance decision-making processes and in systems change projects. The pandemic has also had a negative impact on children and young people's mental health and wellbeing, increasing demand for services designed specifically to address these issues.

Communication

Some evaluation participants commended the Barnardo's CPP systems change programme as strengthening communication and cross working between key mental health and wellbeing services for children, young people and families. They felt that joint working between practitioners from varied disciplines had improved awareness of referral routes and access to provision better tailored to families with differing support needs. However other evaluation participants reported that a key barrier to systems change in North Tyneside could sometimes be challenges of communication within a more complex system. They described the many initiatives and collaborations taking place across North Tyneside as part of the work of the Barnardo's Strategic Alliance and more widely. This could lead to partners feeling uninvolved in some key developments: "... *there is actually so much going on, it's how you keep a handle on it...*" (NT 11). It was reported that this might, in turn, lead to tensions where partners do not feel included in important activities and decision-making processes.

Information documentation practices and the sharing of knowledge within and across systems were also discussed by some evaluation participants as a challenge to communication and partnership working across the locality. As previously highlighted, the Early Help-CAMHS pilot has made progress in this area, with the Early Help team now able to access CAHMS systems for multi-agency triaging of referrals. There are, however, many other systems and cross-referral working practices that are not communicated. There appears to be no joined up recording system:

> ***That interoperability between services when you've got so many systems as well, recording systems, that don't speak to each other.*** NT 11

A further communication challenge raised by participants related to making people in the wider local authority aware of the Barnardo's Strategic Alliance and its ongoing work, and how to access services if they require them. There is work being undertaken to address this and to increase impactful dissemination by tasking delegates at quarterly asset mapping conferences to think about and implement innovative ways to spread awareness more widely.

Competition for funding

Numerous and varied funding models and competition for resources was highlighted by some as a barrier to systems change and partnership working, particularly within the voluntary sector. Lack of clarity over long-term funding and mainstreaming contributes to challenges around sustainability of initiatives across the partnership and locality. This was evident across all strategic

partnerships. It was however recognised that this is not unique to the Barnardo's CPP programme, and that the North Tyneside strategic partnership is trying to overcome this with comprehensive asset-mapping of voluntary and statutory services for the locality:

> ***There are all these different models about how people are funded, and some partners around the table are actually in competition for resources with each other, yet we're trying to come together. So there's a systemic constraint right there.*** NT 6

Wider systemic changes and governance

Some evaluation participants underlined the advancements that have been made in North Tyneside in relation to wider systemic changes and more cohesive, albeit more complex, governance arrangements. There was acknowledgement that systems change developments were more visible and increased joined up working between decision makers was apparent to some. However, competing interests and models of the health, education and social care sectors, and aligned governance structures, regulations and ideologies, were also highlighted by some participants as presenting challenges to systems change.

Changes in strategic leadership, goals and approaches at local authority level, for example changing sector ministers and mandates, can pose challenges in terms of keeping systems change as a priority on the agenda. Evaluation participants described this as being compounded by new intervention developments. They felt that keeping systems change relevant, and joining up and mainstreaming of individual programmes is therefore necessary which is linked to changes in staffing at strategic level.

Diagnosis and individualised support

Some evaluation participants expressed a perceived continued demand for diagnosis among families, who can view diagnosis as a route to individualised, specialist services for their child. As one stakeholder reflected: "*there is still something aspirational about CAMHS*" (NT 3). This may present a significant challenge to early intervention systems change; however it was also noted that diagnosis and early intervention approaches can work in parallel and that the Alliance does not view diagnoses as unhelpful under the appropriate circumstances and level of need.

There was also a contrasting argument made by some participants that many families working with the CAMHS Early Help team came to the realisation that they no longer required a diagnosis to access the support that they need for their child.

> ***Until the funding for families and schools isn't linked to diagnosis this will continue to be difficult, especially during a period of austerity.*** NT 6

> ***Diagnosis is not in itself an unwise or unhelpful choice... In fact, diagnosis and early help can run in parallel. We are not saying... that diagnosis is not valuable – it actually is in terms of service access and other permissions but also in terms of individual choice and sense-making.*** NT 1

3.1.5 Language

Alongside a shift in focus to community-based systems change around children and young people's mental health, stakeholders in the North Tyneside partnership also discussed the need for a change in language, moving away from the medicalisation and labelling of mental health, to discussion of mental and emotional wellbeing.

Stakeholders reflected that a medicalised, diagnostic model of mental health is overly focused on the individual and specific support, with an emphasis on symptoms over self and on agency rather than structure, and can prevent children and young people from getting the help and support they need:

> ***The tendency has been to focus on specialist services and specialist services have different requirements. There is a limit to what you can do with a medical framework.*** NT 10

However, it was acknowledged by a few evaluation participants that some children, young people and their families will always require this type and level of support.

The implications of language for the expectations of service users were also highlighted by some participants. This can be linked to medical discourse and health. For example, one stakeholder discussed the problematic use of the word 'clinic' in relation to the implementation of sleep counsellors, where health and Early Help workers were running the same service, but only health was referring to the service as a clinic. As well as potentially influencing service user expectations of the intervention, this was described by evaluation participants as reflecting the relationship between language and power, and who defines what a service is:

> ***If we're thinking about language, one of the big differences I've seen gradually is a shift to a more shared understanding of how power can be problematic... it's one word, but actually... there was a whole conversation about who had the power to define what it was.*** NT 5

There was also concern about an association between 'mental health' and 'crisis', and that a general change in common language and increased discussion of mental health is creating increased need for services. Stakeholders reported that people often want a diagnosis, which is partly due to language and more discourse, which can present challenges to early intervention:

> ***We need to reset expectations... people are talking about emotional wellbeing, anxieties, but if we keep telling young people that one in four of you will have this, then we need to make sure that we're not creating something. Because there is a level of normal anxiety that everybody goes through... there are conversations around non-diagnostic models and access to support happening, but I would be really interested to see where we go with this whole anxiety, emotional wellbeing explosion of need.*** NT 14

There are plans in North Tyneside, in the next phase of the partnership, to shift focus around the language of neurodiversity.

3.1.6 Co-production

North Tyneside has a dedicated Youth Participation Worker in mental health and wellbeing, whose post is funded through the strategic partnership. The Youth Participation Worker engages primarily with young people, but also with parents, carers, teachers and other relevant people to discuss need and input into projects, to inform developments. The Youth Participation Worker largely works in schools, but also with the voluntary sector, Youth Justice, Children in Care and children with special educational needs. The Youth Participation Worker reported feeling engaged in the aspiration for systems change and aligns the goals of their own role with that of the strategic partnership.

There is strong recognition of the importance of co-production in North

Tyneside among the strategic partnership, and it is striving to include young people more in systems change development and programmes, including in evidence gathering and monitoring impact.

Co-production, however, is not yet fully embedded in the Strategic Alliance and there is not yet direct representation from young people on the group although the Youth Participation Worker sits on the Strategic Alliance Group and feeds the views of young people in that way.

3.1.7 Monitoring, Evidence and Impact

Evaluation participants felt that evaluation and monitoring processes are well embedded at the programmatic level in North Tyneside, but additional oversight of system-wide evidence would be beneficial. Service level data and routine outcome measures do not currently feed into strategic planning decisions. Further, there was a reported lack of tracking of funded activity in North Tyneside which can present challenges for systems change progression and the commissioning of further initiatives in the locality. Some participants felt that there is a lack of strategic overview of what has been funded, by whom, what resources have been allocated and to where:

> ***We're not great at capturing data, because from a commissioning point of view part of your commissioning cycle is about you need that data to be able to think about where the gaps in provision are and... what you need to commission going forward as well. And we're not rich with data, not in one place; a lot of stuff is anecdotal rather than evidence-based.*** NT 11

For example, whilst monitoring data and evidence of impact is collected within the Early Help-CAMHS programme, it was reported that within the CAMHS system there is no apparent tracking of referrals beyond the service. Therefore, there is no clear system to record those who do not meet the threshold and where they are referred to within the system if not to Early Help. Data are therefore not giving an accurate picture of families' journeys through the local authority-wide system.

The Barnardo's Strategic Alliance has been working to collect data and generated its own evidence of need among school pupils in North Tyneside by carrying out a locality-wide school Mental Health and Wellbeing survey, with 76 schools, at two time points over two years. The survey recorded over 4,000 responses and the results were used to inform the strategic direction of the work of the partnership as it moves into the next phase.

3.2. CASE STUDY TWO: RENFREWSHIRE

3.2.1 Context

In 2021, the Children and Young People Community Mental Health & Wellbeing Strategy was launched by Renfrewshire Council and Renfrewshire Children's Services Partnership. The strategy sets out the commitment of the Children's Services Partnership to ensure that children, young people and families get the right help at the right time, expect recovery, and enjoy their rights free from stigma and discrimination, underpinned by the principles of early intervention and prevention and systems change. The strategy was informed by Renfrewshire Strategic Partnership's Theory of Change, developed in partnership with Barnardo's and facilitated by the University of Strathclyde and the Mental Health Foundation.

More recently in Renfrewshire, the Scottish Government has demonstrated its aspiration to increase the provision of Tier Two early intervention and prevention services, to support children and young people across the local authority experiencing challenges with their mental health and wellbeing. A key aim of this is to relieve pressure within Tier Three services such as CAMHS that have extensive waiting lists.

These activities have been operating within the context of COVID-19, which has significantly impacted on progress. During periods of pandemic restrictions for example, staff training was undertaken online which presented clear challenges for those working in services and communities with vulnerable children, young people and families. Over the last 18 months, alongside Barnardo's CPP funding, Renfrewshire Council has secured funding from additional sources including the Scottish Government's Children, Young People and Families Communities Mental Health and Wellbeing Fund, mental health and wellbeing funding from the Alcohol and Drugs Commission, Whole Family Wellbeing funding and core local authority funding for mental health and wellbeing. As a result, the Renfrewshire Strategic Partnership has incorporated the Barnardo's CPP with its systems change lens into a wider portfolio of community mental health and wellbeing work. While recognising the benefits of this, some evaluation participants felt that this has led to challenges in terms of attribution:

> ***Additional funding was brought together to have strategic oversight. It's difficult therefore to unpick which bits are Barnardo's – although they're all intertwined, and the idea is that they will all contribute to systems change.*** RENF 1

Governance structures in Renfrewshire have adapted to reflect additional funding sources and as a result an increased number of partners sit on the Strategic Governance Group that includes Barnardo's. This group also includes representatives from social work, the Renfrewshire Health and Social Care Partnership, education and the third sector. A benefit of this arrangement is that Barnardo's now sits within Renfrewshire's wider system which could be a facilitator to creating the conditions for local authority-wide systems change.

The Barnardo's CPP currently sits in a portfolio of early intervention and prevention work called REN10, which is a community mental health and wellbeing network of early help services, that are designed for children and young people aged 5-24 and their families.

3.2.2 Strategic Partnership Working

Some evaluation participants suggested that a change in the membership of the strategic partnership group has potentially lessened its focus on systems change by way of increasing the remit of the group.

They highlighted that this may have resulted in an increased focus on programme development and implementation. They reflected that there is more work to be done to consolidate different programmatic funding streams into a unified systems change approach. However, a few felt that despite the large range and variety of work and the organisational challenges that posed, the governance group has adapted to accommodate that:

> ***I think it's been really interesting to watch the evolution of that group. My perception would be that prior to this year, I struggled to understand what I was there for, and what we were actually trying to achieve and where we've now managed to get to, I think it's something that is now far more clearly focused. It now is delivering... I think it is beginning to be a real fruit, and I do feel that things are far more purposeful now in the way that we're progressing.*** RENF 12

> ***I believe there's a level of systems change that we've not quite got to yet. I believe that the community mental health money and the pandemic money, has diluted the ambition we had with the systems change.*** RENF 7

> ***Our ambition with Barnardo's was that we would use some of their money to seed and shift our own services in a particular direction... what happened was actually money started flooding in, and sometimes too much money can be a problem... it's got to be spent, but there are often rules and regulations about it.*** RENF 13

These developments are set within the context of recent key personnel changes at strategic level within the Renfrewshire governance board. Some participants reflected that systems change focus in Renfrewshire has been impacted by strategic staffing issues and the unexpected long-term absence of a key lead in the systems change programme of work.

Initiated by the Scottish Government's Communities Mental Health and Wellbeing Fund, strategic leads within the local authority decided to create a portfolio of similar funding streams that could be strategically and collectively managed to avoid duplication. This portfolio included Barnardo's CPP funding. While there was recognition of the drivers for this, several participants commented that becoming part of a broader range of health and wellbeing initiatives in the local authority could present challenges in terms of achieving systems change ambitions and this was largely connected with funding and resources. Some felt that this could be related to communication issues around a collective vision for systems change:

> ***The progression of systems change, is very little to do with the funding. It's more about the movement, the vision. I think the challenge is... being transparent about where the wider portfolio of funding is being spent if we are part of a portfolio... because if you share some of that, there might be solutions within the wider system or within wider partners... I think with the strategic partnerships sometimes you can feel like you've made really good progress – it's three steps forward and sometimes it's two steps back.*** RENF 1

While some participants discussed an increase in programmatic portfolio work and funding streams as possible challenges to maintaining a systems change lens, others

highlighted that it may also have resulted in providing a more structured, common purpose for partners with improved project management that has replaced a previous perceived lack of clarity:

> ***The Barnardo's work... all the ideas were there, people were invested, but there was a lack of specification or structure to sit around, to drive it forward."*** RENF 9

> ***It [the portfolio] provides a structure within which you can be comfortable at knowing where the boundaries are an what you're actually looking at. There was maybe a danger previously that it could be difficult to grasp what it was you were actually doing... everyone had a common purpose, but I'm not convinced that we all knew what action we were taking in order to achieve that common purpose.*** RENF 12

3.2.3 Progress Towards Systems Change

Shared systems change vision and priorities

There remains a strong shared vision for systems change in the local authority, despite the changing funding landscape and increase in programme delivery. Where some evaluation participants perceived a decrease in systems change focus, this was often tied to tensions between systems change and programmatic delivery that are not uncommon.

This tension emerged as a common theme throughout evaluation discussions and across strategic partnerships. Combined with the challenges presented by COVID-19, progress towards systems change goals inevitably slowed. However, despite any pause in progress, there was recognition among many evaluation participants that Barnardo's is considered a key and long-standing partner in ultimately achieving that vision:

> ***I would think, if we get there by 2025, there would be a shift for children and young people and families in knowing that they're able to access interventions that are appropriate to their level of need within the community, that they don't need to be referred to a medicalised specialist CAMHS service, that they can refer themselves to community-based support, that they don't need to maybe access their GP to be referred.*** RENF 1

> ***We've got general agreement on direction of travel. We've got agreement on priorities. We've got agreement about approaches, but we've probably still got a wee bit of an issue about implementation and seeing the change.*** RENF 2

The early intervention systems change vision being established by the Renfrewshire Strategic Partnership and Barnardo's has developed to focus on empowering parents and building family capacity, as a mechanism for prevention. The goal is to equip parents with the necessary knowledge and skills to manage children and young people's mental health and wellbeing challenges as far as possible by working with families, which evaluation participants spoke positively about:

> ***It's that kind of empowerment focus really... both for children and their families. Rather than doing things to them, you're doing it with them and with their voice in mind.*** RENF 10

> ***I see this very much as about empowering parents, by giving them the advice, and the knowledge, and the skills that they need to be more effective parents and that includes advice and guidance and support around mental health hygiene... all the things they need to enhance their child's wellbeing.*** RENF 7

It was suggested by some evaluation participants that the vision for systems change and aligned programmatic work in Renfrewshire could be more targeted towards the children and young people who are most likely to end up in CAMHS or social work services. They felt that by targeting children and young people aged 5 to 25, early intervention work might be too broad and not necessarily be helping those whose needs are most likely to escalate to the point that they require Tier Three services:

> ***What we're doing now is providing low level supports for low level need... there's a hole in the middle... the system won't change unless it's across all stages of the system... the small number of evidence-based interventions, the consistent staff training, the reflection... all of that is bang on. So, I think the foundations are fantastic, but I think there's work to do... to bring in the other part of the systems change.*** RENF 7

REN1O

REN1O is Renfrewshire's Mental Health and Wellbeing Platform, developed to provide children, young people and their families with more accessible support and service provision. The purpose of REN1O is to encourage users or those they know who are seeking help, to 'take a breath and count to 1O'. It is a community mental health and wellbeing network that comprises early intervention services for children and young people aged 5-24 and their families. Five psychology-led interventions are included in the REN1O programme, with oversight from the Educational Psychology Service, including Non-Violent Resistance (NVR) and Let's Introduce Anxiety Management (LIAM) training and interventions for families, informed by Cognitive Behavioural Therapy (CBT) methods. REN1O can be accessed directly by service users, service providers and professionals – including GPs and schools – through an online self-referral form removing the need for a formal referral process. It is part funded by Barnardo's and the Scottish Government and a lead officer steers the overall portfolio of work.

The self-help approach of REN1O is viewed at the strategic level as a key element of the local authority's early intervention, prevention and systems change approach. While it was not designed with systems change principles in mind, it has played an important part in supporting Renfrewshire's systems change journey. It aims to create sustainable, community-based interventions that build capacity within the system and among families.

The vision is that by allowing families to self-refer, they can more quickly and easily access early intervention provision more appropriate to need, potentially mitigating the need for Tier Three services. This complements and helps facilitate the wider aspiration for systems change in Renfrewshire that focuses on building the capacity of professionals, parents and families to manage children and young people's mental health and wellbeing:

> ***REN1O is the umbrella in terms of our approach within Renfrewshire; lots of web-based information, signposting to counselling, signposting to self-help to try and divert people out of systems.*** RENF 2

> ***What we've been doing is testing out initiatives but building capacity within the staff and confidence to deliver. We've looked at what works best at what level and making that generally available...we've taken away this whole referral bit where people had to make referrals and then wait. REN1O is much more responsive.*** RENF 13

Data provided by the REN1O team between 1 March and 16 November 2O22 shows

that the platform engaged 5,200 new users, who spent an average of 1.55 minutes on the site. The most viewed sections of the platform were the home page, followed by the 'get help' section, in particular the information pages for parents, professionals and children aged 5 to 15.

Evaluation participants reflected that demand for services has been high and the perception was that a number of services had waiting lists which is reflected in the waiting list for NVR. Interviewees felt that the self-referral approach, while a positive one, could create increased demand and was a potential ongoing challenge. As one strategic partner noted, "*the last thing I want to do is dismantle a waiting list in one part of the world and create a new one somewhere else*" (RENF 14). To address waiting lists, Renfrewshire Council contacted every family waiting and sourced additional resources for two thirds of those in the first year of post-pandemic implementation.

Another strategic partner involved in the evaluation questioned whether REN10 was supporting the facilitation of systems change goals or creating service improvements, reiterating the tension that can arise between systems change and service delivery:

> ***Are they service improvements or are they systems change? I don't know.***
> RENF 7

Culture Change: Spotlight on the Non-Violent Resistance (NVR) Programme Pilot

Over the past 18 months, the Barnardo's CPP has funded a pilot of the NVR programme in Renfrewshire, as part of the Strategic Partnership and under the umbrella of REN10. NVR is a multi-modal systemic, community-based form of intervention for supporting families who are experiencing violence or controlling behaviours from their child. NVR is a trauma-informed approach that offers parents, carers, and professionals a programme that supports them to focus on the possible 'unmet needs' behind this behaviour. Through the understanding and implementation of four key concepts, Resist; Persist; Unite and Repair, NVR enables adults to address challenging behaviours[1]. Although NVR includes discussion about violence, the focus is on any perceived aggressive behaviour, including self-harm[2].

In Renfrewshire, Barnardo's CPP provided funding of £7,500 in 2019/20, £36,000 in 2020/21, £90,000 in 2021/22 and £155,000 in 2022/23, to pilot NVR training across the local authority.

The NVR pilot was led by the Renfrewshire Educational Psychology Service and sits under education. It has close links to social work and mental health services, as most children engaged already work with other agencies. There is a dedicated NVR lead in Renfrewshire and an operational group with representatives from educational psychology, social work and health who meet regularly to discuss the programme. Figure 2 presents details of the number and role of professionals who have been trained at least to NVR Level One in Renfrewshire.

The NVR programme provides support for parents and carers via workshops, individualised support and a parent support network. School provision includes accredited NVR training, coaching and individual support. Further, there is currently a whole school training approach being undertaken in the next phase of the programme, which has received a further £100,000 of funding from Barnardo's CPP. Figure 3 presents a detailed diagrammatic overview of NVR programme delivery in Renfrewshire.

The aim of the NVR programme in Renfrewshire now is to expand training and increase the number of practitioners qualified to Levels Two, Three and Four, to increase capacity across the system, and to embed the programme to ensure sustainability:

> ***We have to consolidate our Level Two and our Level Three, and we have to streamline that a bit... we've already undertaken Level One, which is the awareness stage. We've got that, in most of the schools we've got two people trained now, so that's a good starting point.*** RENF 16

Level Four training is especially key, as this would build the capacity of professionals including school staff to deliver NVR training themselves. The local authority is seeking to increase its capacity to run parent groups and provide ongoing support via drop-in sessions and coaching, beyond engagement in the workshops. The aim is to ensure sustainability not only in programme delivery, but in long-term impact for families. Consolidation of learning and training to Levels Two, Three and Four are also key to achieving this. NVR works to build the capacity of parents and professionals to help children regulate their emotions in a nurturing way. The programme

aligns well with the parental empowerment approach to systems change in Renfrewshire. As highlighted by a Level Three trained practitioner:

> ***One of my frustrations with a lot of approaches... the child had to buy into it. If they didn't, then it didn't deliver impact. They [the child] didn't at all [buy in to NVR], it was the parent that was buying in.*** RENF 4

Some participants highlighted how the approach and language of NVR aligns well with other local authority level policies. An NVR stakeholder involved in the evaluation noted that the programme complements Renfrewshire Council's Nurturing Relationship Approach (RNRA) which is established in most schools in Renfrewshire:

> ***They're already in that way of thinking and really trying to make quite small steps of change within that environment. NVR – that's perfect. We can say 'It's not a nurture principle, but you're using it as if it was. You're now engaging with the training... and taking an element of NVR... through the school'.*** RENF 5

Participants discussed other successes of the NVR programme, including:

Shared vision

Participants articulated a shared vision of prevention work at programmatic level, particularly among those involved in managing and delivering the NVR programme. Participants who were less involved in the strategic development and delivery of systems change initiatives generally reported an understanding of the need for and value of systems change.

Early intervention

Interviewees discussed NVR as an early intervention approach with the potential to prevent children from reaching crisis point. Building relationships and shaping the system around families were viewed as underpinning principles of NVR and as foundational to prevention:

> ***The idea being if we're stepping in and we're trying to break the cycle... working on the emotional regulation but also working on the young person with systems around them... you're going to have less negative outcomes...Everyone is committed to the concept of relationships being connected to that in some way; developing relationships, developing community capacity. There's a lot of shared understanding there.*** RENF 4

Nurturing approach

Evaluation participants were keen to see the nurturing principles underpinning NVR cascaded through the wider system and normalised as a way to manage the challenging behaviours of children and young people:

> ***It gives us a shared language and we are experiencing some success in that. So we're not just doing what's been done for years and years... all behaviour is communication.*** RENF 16

Participants also talked about some challenges of the NVR programme:

Understanding and engagement

Some participants indicated that understanding of and engagement in the goal of systems change can vary between those at strategic and programmatic levels. There was evidence of a perceived distinction between strategic and operational level engagement in systems change – almost all interviewees reported a broad awareness of the REN1O programme, however no participants at operational level said that they felt engaged in the work:

> ***I'm broadly aware of the systems change approach... It's about making***

changes in systems over time that are preventative rather than reactive. But I could have read that off the side of a milk carton to be honest! RENF 3

There hasn't been a real understanding... it wasn't necessarily relevant to our role with the process because we're not tasked with bigger picture focus. RENF 10

Awareness of the role of the Renfrewshire Strategic Partnership within NVR

Some evaluation participants expressed a perceived lack of awareness among NVR-trained staff of the wider partnership between Barnardo's CPP and the Renfrewshire Strategic Partnership, and the role of NVR within this:

Having clear governance between operational delivery and strategic governance decision-making, where those channels of communication and the opportunities to communicate are articulated. RENF 1

Programme fidelity

Participants involved in NVR delivery reported the challenges of ensuring that the NVR programme is delivered as intended in line with best practice. Some felt that this related to the time and capacity required to train practitioners above Level One. This appears to have resulted in a drop-off in numbers of trained practitioners at Level Two and beyond. Some believed that this has impacted how NVR is implemented within the system, with a risk of 'diluting' the approach by delivering some elements but not others:

The main challenges now are fidelity of the concept and practice... it's all right for me [working on NVR] five days a week... for somebody who went on a 21-hour training course and goes to a coaching course once a month... the wee things are picked out of the NVR approach. RENF 3

COVID-19

Practitioner training was detrimentally affected by the challenges and restrictions presented by the COVID-19 pandemic. Adapting NVR training to an online format altered the practitioner experience. Online training made it difficult to progress practitioners beyond Level One during this time because the in-depth nature of Level Two and Three training do not lend themselves well to remote learning:

You don't really understand NVR fully until you've done your Level Three. I think that's where you really get a different understanding of the nuances within it and how best to support parents through the programme as well... I think dropping that standard may dilute the effectiveness of the approach. RENF 5

Online training can only go so far so we concentrated on the 'wide' aspects of Level 1 rather than the 'deep' of Level 2 which we felt needed done face to face as the staff themselves are often quite distressed by working with distressed kids and containing emotions at an online event can only go so far. RENF 14

Programme demand

The increasing demand for the NVR programme in Renfrewshire was unexpected according to some evaluation participants, progressing from a small-scale pilot to a significant service in a relatively short period of time. As previously highlighted, 91 families are currently on a waiting list for NVR in Renfrewshire. As the programme has become more readily accessible to families, demand has increased. Interviewees noted that this could have implications for delivery and quality assurance:

We're opening these supports up so you're going to then increase demand. I just hope that we can meet that demand... Our demand's increased and

> ***we'd like to not be in a situation where we're just referring a family to another service with a big waiting list.*** RENF 4

Time and capacity

While participants understood that NVR training was in-depth by nature and necessity, some also felt that its intensity and duration could be challenging, increasing significantly between Levels One to Three. While people recognised the need for more extensive training as the programme progressed, they suggested that the workload associated with Level Three, including a three-day commitment plus coursework, might have implications for staff capacity and wellbeing:

> ***The same staff are being expected to implement a lot of these [programmes]. I worry that the service is putting a lot of pressure on the same people quite often, who are swamped anyway.*** RENF 4

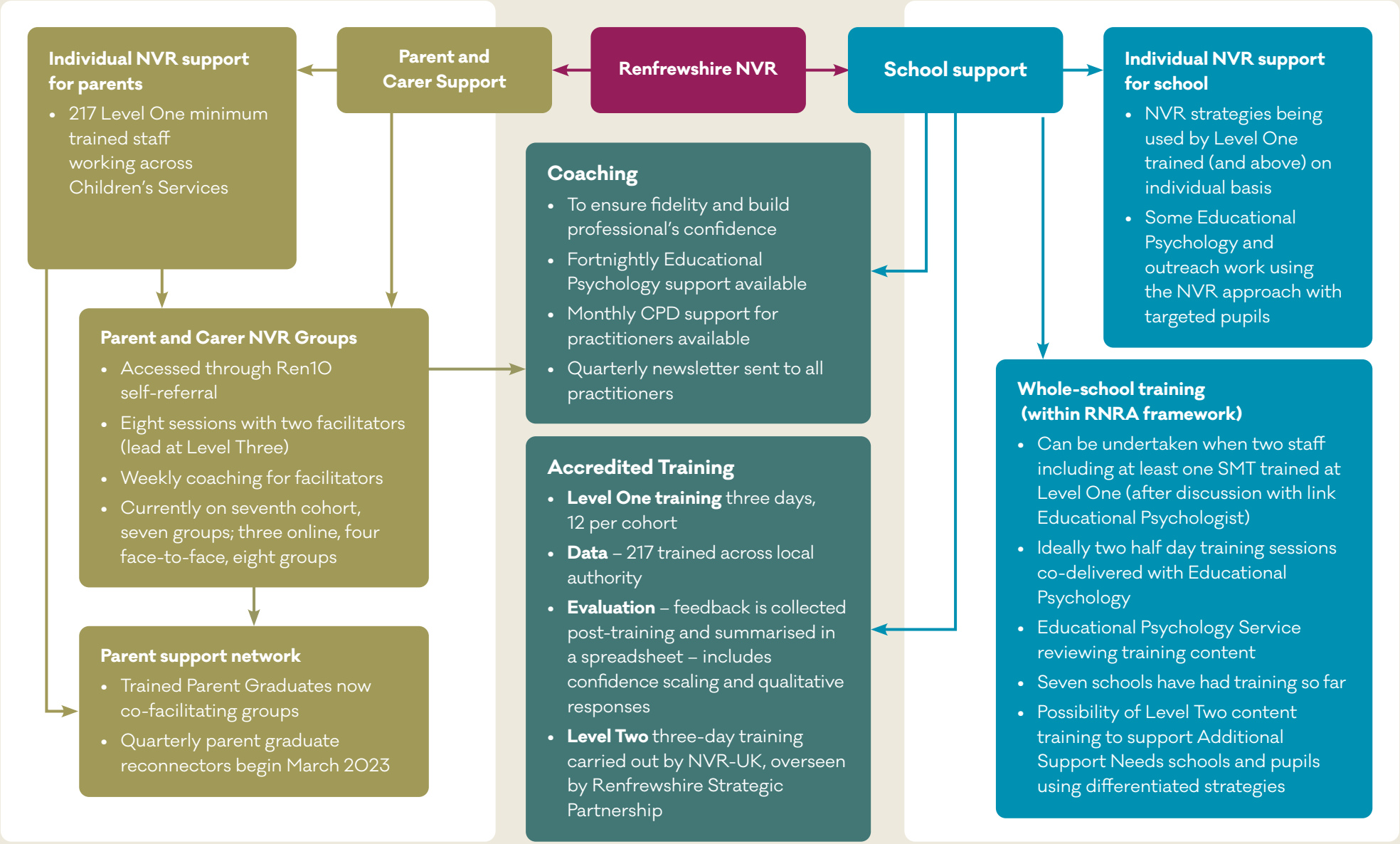
Figure 2: Overview of NVR data (August 2022)

NVR Renfrewshire Data Report for MHF August 2022			
Number of multi-disciplinary staff trained	**Number of participating families**	**Referral sources**	**Waiting list numbers**
202*	**94****	**7*****	**91 families**

* Trained staff include head and other teachers, educational psychologists, social workers, home link workers, nursery workers and third sector professionals.
** 94 families who have attended Carer Groups coordinated by NVR Renfrewshire
*** Referral sources include social work, educational psychology, home link workers, schools, and Families First.
**** Renfrewshire Council took action to address family waiting lists that saw a reduction by October 2022.

References
[1] https://blogs.glowscotland.org.uk/re/renfrewshireedpsych/nvr/
[2] NVR programme training for professionals consists of four levels: Level 1 – Introduction (concepts, principles and methodologies of NVR approach); Level 2 – Intermediate Training (implementation, tools and techniques); Level 3 – Full Accredited NVR Practitioner and Level 4 – Trainer Practitioner.

Figure 3: Overview of NVR in Renfrewshire



3.2.4 Wider Barriers and Facilitators to Systems Change

Funding and resources

Evaluation participants acknowledged that additional funding sources presented important opportunities for the local authority, and resulted in significant benefits to children, young people, families and the services that work with them. However, some indicated that funding has also presented complications for the Renfrewshire Strategic Partnership.

They felt that the introduction of multiple funding streams has contributed to a tension between systems change and programmatic delivery, and possibly introduced greater competition for funding within the local authority than there was previously. These issues were noted across strategic partnerships. It was reported that multiple funding streams that are not always aligned could present a barrier to collaborative working and to wider systems change:

> ***As much as the additional funding brings opportunities, it also brings challenges, and it's maybe diluted what some of the key initial vision was, that we need to go back and revisit. It's almost a gift and a curse... it's created more workstreams.*** RENF 1

> ***Priorities and funding left, right and centre... departments don't talk to each other. I don't even think that the community mental health and wellbeing fund is talking to the family wellbeing fund, for example. That's two significant pieces of work that could be joined up. You're asked for umpteen different reports, umpteen different schedule returns for finance, umpteen different governance arrangements... It's about the connectedness of how our funders work.*** RENF 6

> ***It's not that we want to be competitive, but the way we are commissioned drives us to be competitive. I think if we can work with local authorities to look at how you look at a much more collaborative commissioning approach, I think it would be a really good outcome of this work come 2025.*** RENF 1

Buy-in

To date systems change work has been driven by a relatively small number of people at the strategic level within Renfrewshire. Staff absence and capacity challenges faced by the partnership was viewed by a few participants as having impacted the progress of the vision for systems change, despite other team members being re-deployed to continue its facilitation. These individuals felt that commitment to the goals of systems change could be greater still, and that buy-in to the process was required more broadly.

> ***There should be an equal balance of power that someone else is able to pick up the baton and run with it. I suppose there's a whole host of reasons why we're not there, because you will always have people I suppose, who are more visionary, who take the lead and drive partnerships forward. It's about people's capacity. It's about people's buy-in to systems change.*** RENF 1

Wider local authority systems, governance and structures

There seemed to be an awareness among participants of the need to rethink local authority systems, governance and structures in a way that is conducive to systems change aspirations. However, some perceived competing priorities between local authority programmes and policies, for example RNRA and The Promise. They felt that this could have unintended consequences such as reinforcing the previously underlined emerging tension between programmatic and systems change focus. Multiple priorities were reported as convoluting the journey towards systems change:

> ***If you have too much in terms of priorities, and you can't get over the thing to do it properly... its... readiness for the programme. You might be really interested in learning about nurturing... but if you've got too many other things and there's other priorities that need to come first... it might be on your next improvement plan.*** RENF 4

> ***It's just a very complex thing to do, systems change... unless you actually throw away local authorities and start from scratch, you're left with the ways local authorities do things. The systems change is wrapped around those givings, unless – you'd have to begin again and recruit and change structures... You can imagine.*** RENF 9

Capacity and partnership with the third sector

There was consensus among evaluation participants that joint working with the third sector is critical to achieving systems change goals. It was reported to increase capacity, reduce duplication and strengthen the knowledge and evidence base. However, capacity within and across the system was found to be a barrier to systems change common to all strategic partnerships, at programmatic and strategic levels. Within Renfrewshire, the local authority holds funding, programmes and strategic priorities that often align but are separate to the work of other sectors, including the third sector. As one strategic partner reflected, the local authority cannot tackle systems change alone and that collaboration with the third sector could be facilitative of this goal:

> ***We need to strengthen our partnership with the third sector. There needs to be a recognition that we can't deliver everything within the local authority, and that we need help from the third sector to be able to do that.*** RENF 6

3.2.5 Language

Some participants raised concerns around a perceived pathologising of the natural life stresses that children and young people experience and was discussed by strategic and service delivery partners. They noted that the nurturing language advocated by a whole system approach focused on families, such as NVR, can appear at odds with more widely used medicalised language across the local authority in relation to children and young people's health and wellbeing. The persistence of medical language was perceived by some as influencing parents towards diagnoses and clinical support for their children, placing further pressure on services within the system. Participants did

however point out that there is evidence of a less clinical and shared language among practitioner and parents because of NVR.

> ***I fear what we've done is we've built a monster of mental health resources and expectations, and that we have pathologised our regular routine experiences that everyone has as they grow up. Things like anxiety, it almost seems clinical. When somebody says 'I'm anxious about my exam results', well, most people at some point in their life would be anxious about their exam results... Mental health, whether we like it or not, has a negative connotation. It suggests a deficit. It suggests problems.*** RENF 2

> ***When we talk to them [the parents], we are not trying to medicalise their issue. If they're talking to us about a behaviour problem with their child, we're not saying 'Oh, that sounds like autism'...we're talking to them about what works, when they engage with their child – we're talking about attachment... we're trying to help them to be empowered... and advocate for themselves.*** RENF 14

3.2.6 Monitoring, evidence and impact

Evaluation and quality improvement are high on the agenda in Renfrewshire, but primarily at the programmatic level, according to participants. All programmes are guided by quality improvement frameworks for monitoring and evaluation purposes. Individual programmes often have their own evaluation processes built in to capture outcomes. It was noted by some that wider systems change evaluation and monitoring data is lacking, including implementation evidence on a broader scale. Currently, at strategic partnership level, a data dashboard is being developed to monitor and track funding and activity across the local authority.

3.3 CASE STUDY THREE: SOUTH EASTERN TRUST LOCALITY

3.3.1 Context

The Attachment, Bonding and Communication Parent Infant Partnership (ABC PiP) is the focal programme featured in the South Eastern Trust locality case study. The programme centers on improving parent-infant relationships and creating stronger bonds and attachment in the First 1001 Days (pregnancy-age 2). The programme is a partnership between Barnardo's, South Eastern Trust and Tiny Life, with support from the Parent Infant Foundation. There are three work streams within the ABC PiP programme, detailed in public-facing documentation as:

- Service provision to promote relationships between infants and their parents (through activities and programmes including psychotherapeutic approaches, infant massage, Five to Thrive, Community Resistance Model and the Solihull Approach);
- Capacity building to encourage and support professionals working with children and their families to consider infant mental health in their work (through training); and
- Systems change to achieve positive impacts to infants' wellbeing across and beyond ABC PiP (through networking and influencing service providers and policy makers).

Evaluation participants discussed contextual factors impacting the partnership including civil service restructuring and comparatively intertwined local and national policy structures. The current lack of a National Executive and therefore functioning devolved government was mentioned by several participants and offered as an explanation for creating challenges in developing new national policy and possibly generating more local policy power. The relatively small size of Northern Ireland and its political infrastructure was perceived by some participants to enhance relationships with policy makers, but there was also a view that the small size of the country makes siloed working more visible.

In terms of the service landscape, there was discussion among evaluation participants about the lack of child or adolescent psychotherapists in Northern Ireland due to the unavailability of a local training pathway or workforce development plan. Some also highlighted that the school start age (four years old) in Northern Ireland was unusually low compared to other parts of the UK. Further, it was reported that in Northern Ireland, similar to other strategic partnerships, there was previously a sense of competitiveness between large third sector organisations largely related to funding, however according to participants this had since reduced.

3.3.2 Strategic Partnership Working

Participants described the role of Barnardo's in a number of different ways. Firstly, Barnardo's as a funder of some posts and programmes related to infant mental health, such as the training element of Five to Thrive. Related to this was discussion of Barnardo's as a founding partner of ABC PiP and as a focal point or facilitator of relationships between organisations and key individuals.

> ***It's not just about bodies and bums on seats and funding. It is about having that fantastic link with Barnardo's, and Barnardo's is huge... and those links with the other work that they do, so helping***

kids talk [sic], and also Barnardo's [work with] Five to Thrive...

The wide network that we have with Barnardo's is just that money can't buy that. It's fantastic, and there would be... regional representation there, as well. SET 6

Some participants felt that Barnardo's, or individuals employed by Barnardo's, play key roles in the pursuit of systems change and in influencing policy:

Barnardo's, they've been very good at making contacts regionally through their Stronger from the Start work. They're very focused on the systems change piece. SET 5

They were very much part of the call and the work that went on to get the Department of Health to include infant mental health in their mental health strategy. So again, I would never say ABC PiP did that, but ABC PiP were a very strong - probably one of the leading - and Barnardo's and their wider role - one of the real leading groups to campaign for that. SET 9

Co-production

Evaluation participants did not discuss co-production in depth, in terms of the direct involvement of service users and their families in strategic partnership working, although there were some exceptions. These included working with fathers to improve and increase their involvement, gaining a deeper insight into families' stories to enhance system change practice, involving families in naming and choosing the location of outdoor groups during the COVID-19 pandemic, encouraging feedback from parents to help frame key programme messages, and embedding the involvement of service users across the work of ABC PiP.

Defining Systems Change and Systems Change Priorities

Although participants were not asked directly about their understanding of systems change and related priorities for this evaluation, it arose tangentially, particularly when participants were asked about their perceptions of strategic partnership achievements. There was considerable discussion of achievements in influencing policy and policy makers and of the importance of doing so. Participants talked about workforce development and evidence influencing systems change priorities, as well as more broadly about the necessity and importance of workforce training to achieve systems change. Participants expressed a desire for the development of a common language around infant mental health across all services.

A few participants reflected on the challenges of communicating the breadth of systems change and felt that dedicated time was required for service level staff to develop more awareness and a better understanding of the concept of systems change. However, some people did talk about systems change in a way that demonstrated their own understanding of systems change:

[It is] something we try and encourage in all parent teams, and it's part of the model that we kind of apposed and supported when we helped set ABC PiP up. It's really important that it's not just that kind of direct therapeutic service... I think some of them are using an example of that system change...

[The biggest systems change impacts or achievements] will be about the kind of awareness and understanding of the whole system, so the professionals working the frontline, and the commissioners and decision makers higher up the system. SET 4

> ***I think that again to achieve systems change, I think that they're [the partnership] demonstrating that it can be done by essentially changing the systems themselves, by the way that this partnership is designed and the way that it's delivered with that kind of partnership approach to delivering services.*** SET 8

Overall, evaluation participants did not discuss the theory of change developed in Phase 1 of the Barnardo's Core Priority Programme (CPP) in great detail. Where the theory of change was highlighted, some suggested that the perceived wider lack of knowledge about it could be connected to staff turnover across partner organisations since it was first created. Others proposed that the theory of change should be reviewed to more accurately reflect the current size and capacity of the partnership and felt that the COVID-19 pandemic had altered how the theory of change now relates to the work of the strategic partnership.

Engagement with the Partnership and Systems Change

Participants reported mixed levels of personal and perceived engagement with the strategic partnership and its vision for systems change. People who felt highly engaged with the partnership tended to be those directly employed in partnership roles, for example ABC PiP leads and staff employed by the Parent Infant Foundation.

People who felt less formally involved in the strategic partnership were more likely to work for partner organisations including the National Children's Bureau, the Public Health Agency and Sure Start. Some described how they worked in the area of infant mental health and had often long-standing relationships with professionals directly involved in the strategic partnership, however they reported being not as directly involved. A few felt that some partner organisations, such as Tiny Life, could be more directly involved in the work of the partnership in the future.

Potential reasons offered by participants for the perceived lack of wider engagement in systems change work was the possible prioritisation of service delivery and a lack of clarity around systems change goals. The impact of the COVID-19 pandemic and the resulting pressure on health and social care services was an important factor in engagement, as discussed below

3.3.3 Wider Barriers and Facilitators to Systems Change

Participants described a range of factors which acted as barriers and enablers to systems change.

COVID-19

COVID-19 was cited by some as a challenge to systems change due to increasing or changing service demands, which in some cases drew attention or resources away from systems change and partnership work for example through the redeployment of staff. Working and liaising across a variety of services was thought to have been made more difficult by COVID-19 physical distancing measures, but on the other hand was reported to have fostered new and innovative ways of communicating, particularly with services users. There was a view that the COVID-19 pandemic resulted in the increased use of IT and acknowledgement that this presented inherent difficulties for those less familiar with accessing and navigating complex technologies.

Service demands

The focus on systems change and the work of the strategic partnership was sometimes

described as challenged by service demands. This included where individuals' roles were split to include service delivery or clinical roles which involved considerable time and immersion, as well as general service demand in terms of rising, or consistently high, case numbers. This tension between systems change goals and service delivery was found across all strategic partnerships and was a common theme that emerged throughout the evaluation.

Staff turnover and staff champions

Some participants discussed how staffing changes within partner organisations during the pandemic had been problematic in terms of the development of, continuity and messaging within and between teams. Staff turnover was cited as a challenge by some participants because they felt that there was a risk that knowledge, learning and messaging could be lost, that would require further effort and investment to re-establish. There was a counter argument however, that comparatively, the partnership had experienced limited staff turnover:

> ***The other thing I would say to you is that the turnover of staff is very low, and when we say people are committed, they are actually committed to each other, as well. We certainly are not having high turnover of staff... are we?*** SET 7

Several participants commented on the importance of the roles of particular enthusiastic, committed and well-connected individuals within the strategic partnership, especially in terms of influencing decision makers. However, this was also seen as a challenge by some because of the difficulties created when these key people exited partner organisations. Participants suggested that contingency or succession planning, in the form of additional training, continuous sharing and archiving of knowledge, and pre-emptive involvement of potential replacement personnel in partnership activities, would be critical to a continuing and functioning strategic partnership.

Influencing

A common enabler to systems change and to the progress of the strategic partnership identified by evaluation participants was influencing in the form of gaining buy-in from policy makers and the wider public. The evaluation found evidence of successful influencing activity to date. Conversely, some people highlighted a perceived lack of buy-in from senior management of the South Eastern Trust as a potential barrier to systems change. One participant stated that wider systems change required cross cutting leadership:

> ***I think that's where some real thought leadership is required that moves away - that's about catalysing some really big discussions and reframing discussions. It requires getting leaders from across the system together and really challenging thinking, getting people thinking differently. That's kind of big work. It does take good, bright people doing really interesting leadership work. I'm not saying those people don't exist and that's not possible, but it's kind of different from a lot of the policy campaigning and systems change work we currently do.*** SET 4

Commitment, sustainability, buy-in and funding

That the ABC PiP model has not yet been replicated in other areas of Northern Ireland was observed by some participants and was believed to be either a barrier to, or facilitator for broader systems change. Financial buy-in from other organisations was also seen as an enabler for sustained, continued ABC PiP work, and state funding as possibly enhancing credibility or demonstrating potential sustainability.

However, there were conflicting views from some participants that should the work of ABC PiP become a statutory service, there might be less flexibility and scope for proactive and responsive relationship development. The lack of ring-fenced funding for infant mental health in Northern Ireland, contrasted with what currently exists for perinatal mental health services, was suggested by participants as indicative of siloed funding. Some believed that it would be beneficial for services to pool or group funding streams to avoid fragmentation.

Visible commitment to the goals of the strategic partnership and systems change work was clearly seen as important to evaluation participants. Any perceived lack of commitment to these goals from parents, funders, Trusts and staff was described as challenging by participants. For example, the commitment of funders was viewed as vital for the sustainability of the strategic partnership and systems change working. Barnardo's funding was acknowledged as a considerable investment, although time limited, and crucial for any consideration of expanding the ABC PiP model to other areas of Northern Ireland.

Participants expressed concern about the lack of recurrent funding and how this could impact continuity and sustainability, in terms of staff vacating posts due to job insecurity which in turn may affect the progress of the strategic partnership. Participants felt that the lack of ring-fenced posts was a challenge to driving systems change goals forward.

Monitoring data and evidence

Some participants explained that hearing positive feedback from service users about the effectiveness of their work was important, perhaps creating feelings of staff fulfillment and of being valued. It was reported that collecting evidence is necessary for influencing policy and securing future funding though this needed to be combined with information sharing and lobbying to have maximum impact.

Coming from a different perspective, one participant argued that the reason why ABC PiP leads were convincing to funders was that they had "on the ground", practical knowledge and experience that was more valuable than research expertise. Another participant felt that future sustainability of the strategic partnership could be better secured by reflecting on outcomes and indicators. And others commented on the challenges of collecting monitoring data:

> ***We need continuity, and we need some of the other challenges. We need to measure that out a wee bit better. I think even for the likes of ABC PiP, consistency and continuity, every time they go to do something, they're interrupted by COVID or something else and they have to rethink, remodel how they deliver, etc. It's like two steps forward, one step back, but they keep moving, but I think there just needs to be a wee better file. What I had tried to set up was like a pause and reflect. Let's stop, let's think of where we are, where have we come from, where are we now, where are the gaps, where do we need to go to, and what is our plan. Even trying to get that organised is really challenging, because there are so many competing priorities.*** SET 7

> ***I think measurement, it's really difficult. We've got Encompass coming down the road here, and that is going to be the central record where everybody will be able to see more at a central point. It's like the Northern Ireland Electronic Care Record, but this is all singing and all dancing, but it's going to be a couple of years in the making. What we don't know, and it's very, very difficult to measure, is what is going on actually on the ground with families.*** SET 6

Communication, messaging and relationships

There was a perception that the good working relationships between individuals and organisations that existed within and around the strategic partnership were integral to its work. There was some suggestion that perhaps work towards systems change was not being as effectively communicated to those working within the partnership as it could be:

> ***I think one of the issues in terms of the systems change bit at the minute maybe is...what is missing, I think, is that strategic bit at the moment. We recently had a meeting where Barnardo's and the Trust came together, but that's the first meeting there's been for a really long time. We left the meeting and we don't know when the next one's going to be. I think for any systems change bit you need your senior managers, you need your leadership bought in, because with that then you can roll out trainings and programmes.*** SET 5

Participants frequently emphasised the importance of good communication between services and impactful messaging about infant mental health to external groups like GPs and other third sector organisations. Some reported successes to that end:

> ***I think that Stronger from the Start piece has been really important in terms of increasing understanding of why infant mental health is important, why it's needed alongside perinatal, and also why focusing on prevention and early intervention is really important too.*** SET 5

Messaging, or influencing at organisational level, between Trusts, was seen as important by some participants in expanding the model, scope of the partnership and its work. Some participants felt that there was acknowledgement that the strategic partnership has influenced successfully and achieved change. Others suggested that there may be a lack of understanding in some areas of the health service about the aims and work towards systems change in the locality. One participant felt strongly that effective policy influencing was dependent on good messaging, and another that where messaging was not as compelling, this resulted in inaccurate perceptions about the work of partner organisations:

> ***It needs translating into the details. There is a commitment that CAMHS services should work with nought to threes. We kind of know that the only way CAMHS services can work with nought to threes is by providing specialist parent-infant relationship support, like what ABC PiP do...ABC PiP don't necessarily see themselves as a mental health service, although they talk about infant mental health. I think there's still that kind of, would they see themselves as part of the CAMHS system? No, not probably at the moment...I think that bit of knitting all of that together and translating that, and helping people who work in parent-infant relationship services like ABC PiP feel comfortable with the label of being part of CAMHS, even though they are radically different to what the rest of CAMHS looks and feels like.*** SET 4

Shared values

Some participants discussed an observed link between effective messaging and shared values across and within organisations. In some cases, the shared value was about the importance of infant mental health and appropriate ways of working with families. There were concerns expressed that some wider staff groups may not share the same values around approaches to care. Further, there were suggestions that while there may be some shared values held in common,

there appeared to be key stakeholders who were not engaged with or convinced by work towards systems change. However, there was also genuine enthusiasm for the strategic partnership and collaborative working:

> ***I think there's still a need then for some of those maybe more medically focused teams within the Trust to have that link in, to bring that more social therapeutic understanding in, and also to think about how we can try to deliver messages to parents who are linking in with midwifery, or with the medical side.*** SET 5

> ***Systems change for me is just common-sense and part of it, so I'm probably a little influenced by that, but I would like to think that it's very much common practice and an over-arching outcome for anybody no matter what their level is. Whether it actually is a focus in the top-level government and people who set strategies here, I'm speculating that it probably isn't.*** SET 11

> ***When people genuinely get into in partnership and they're there for more than just their organisation. They're there for the collective goals, you actually see the impact on delivery and that's we just need to keep promoting. I think ABC PiP will fit into that category. It works. So, I just think we have to keep pushing that message, again, partnership was one of those things that was talked about.*** SET 12

3.3.4 Language

Some participants commented on the importance of using a shared, common language around infant mental health. It was perceived that some professionals may misunderstand infant mental health because of inconsistencies in language used to describe it. There was also a view that the language used in relation to infant mental health could be regarded as negative by parents, and would benefit from being adjusted, particularly in light of a general observation that there is now more public discourse about mental health:

> ***Some of the people who have the most difficulty with the concept of infant mental health and infant mental health services are CAMHS professionals. Often, they have this kind of mentality of mental health services actually working with diagnosed disorders, and they... say, 'well, we work like this with mental illnesses and that doesn't work for babies... so infant mental health just shouldn't be part of CAMHS. We shouldn't have mental health services that only work on the basis of diagnosed disorders. That's mental illness, not mental health.*** SET 10

> ***There is a really big discussion on, is infant mental health actually an appropriate term to use with parents and whether it actually means anything? Is it quite scary? Should we be talking about happy babies rather than, 'Oh, how's your baby's infant mental health?'*** SET 9

> ***I see more conversation around children and young people's mental health. I see people less scared to talk about mental health. There was a time when to talk about mental health meant that you were talking about mental health challenges as opposed to just that idea about mental health. I feel that we have moved to a direction of saying mental health is a spectrum... In terms of the common language, I think probably an area where we do struggle a little bit still is maybe specifically infant mental health, because I think people don't recognise, until you provide them with that information, what we mean when we talk about infant mental health. They think, oh, you're trying to pathologise babies, and say, oh, that baby has depression or anxiety, or whatever it is. Actually, what we're talking about is resilience, and healthy relationships, and attachment and all that stuff.*** SET 8

More broadly, some participants felt that a conceptual shift was needed around considerations of infant mental health and additionally that the language and concepts encompassed in systems change were not widely understood:

> ***I think it's that ongoing work of helping people understand that infants can experience distress and trauma, and that can happen within the context of relationships. I think it's that piece of work, but I think it's also helping people understand just how early that presents, that you can have an infant who is maybe three to four months who's learned to avert gaze because of issues within the parental relationship. If they're looking at a face that looks blank or a face that looks cross, infants can learn that very early on. That can be mistaken for autism, but it's an attachment-based - so, the work around that as well. I think there's an ongoing need, I think really, to get across just how early those attachment issues can set in. I think that's not always fully understood.*** SET 5

> ***Whenever we started using that terminology to people a wee bit wider than the small people who were entrenched in it... When you say that, what does it mean to the wider***

stakeholders, and I don't think it means the same thing, or even what it means. To be honest with you, when I first went, 'What do you mean by that? What do you mean, do you mean systems within public health nursing, or public health nursing infant mental health,' but it's the whole spectrum. It's huge. SET 6

3.3.5 The Role of Evidence

Several participants reported that the work and overall ambitions of ABC PiP were evidence-based, with general reference to the importance of infant mental health. One participant commented that the work of ABC PiP was frequently evaluated and showed positive outcomes:

There has been lots of evaluations, which can be made available to you... and very innovative things over COVID. I think the service delivery and the outcomes speak for themselves. The number crunching's one thing, but when you're getting some of the qualitative, I think the Five to Thrive initiative has made a difference, because people are speaking the same language across services. SET 6

Other participants noted that although ABC PiP programmes are collecting data, including Tiny Life, determination of impact from that data would be difficult due to the small size of the partnership and its relatively early stage of development. It was also suggested that gathering the types of data necessary for robust impact evidence was challenging due to the age of service users and that the types of programmes meant that it would not be possible to carry out Randomised Control Trials, which were debatably considered the most respected form of research evidence. Some participants suggested that the collection and direct use of evidence and practical experience should be inbuilt into the work of ABC PiP.

3.3.6 Policy and Strategy Developments

A major policy development in Northern Ireland referenced by several evaluation participants was the Mental Health Strategy 2021-2031, published in June 2021 (Department of Health, 2021). There was also discussion of the Infant Mental Health Framework for Northern Ireland.

Some participants highlighted that ABC PiP was working towards trying to improve the involvement of fathers in early years mental health and wellbeing services. Other participants mentioned the new Substance Use strategy, and an updated health visiting strategy called Healthy Child, Healthy Future.

Also discussed by several participants was the work of the Stronger from the Start Alliance in promoting the issue of infant mental health across Northern Ireland. The Stronger from the Start Alliance is a collaboration between various non-statutory organisations in Northern Ireland and the Association for Infant Mental Health Northern Ireland and involves individuals closely connected to ABC PiP. The Alliance published a manifesto in 2022 (Stronger from the Start Alliance, 2022).

3.3.7 Impact

A significant impact of the influencing and lobbying work carried out by individuals working with ABC PiP reported by several participants was the inclusion of provision for infant mental health in Northern Ireland's new Mental Health Strategy. It was agreed by participants that without this lobbying work, reference to infant mental health would probably not have been included in the strategy:

What we were able to do was say, 'We'll bring in this expert voice from ABC PiP to say what's missing here,' and they

quickly identified that there was no mention of infant mental health. SET 8

Participants also commented on the importance of differentiating between impact on systems and impact on outcomes for service users, with acknowledgement that while there is some evidence for the former, it was still challenging to gather evidence of impact on infants and their families:

I think we can't yet say this has changed for babies because of what we do. It's in the strategy. We've still got to do the work and translating that to be left with holding everybody to account to actually deliver, but really positive, obvious changes in the strategy document, and good engagement with the ministry, the civil servants that indicated that we were really behind that, that that was as a result of that, we've done. SET 4

Things move much more slowly than that. That change in the strategy is probably the biggest development and the biggest win, and it'll take probably quite some time before we see any real practical changes. Things are moving, discussions are much more common, there's definitely more of an appetite to get onboard, but I would go back to that outcomes approach. I don't know enough about ABC PiP's direct impact on families, but that's where their real strong direct impact will be. SET 9

The Stronger from the Start Alliance was reported by several evaluation participants to have "been really effective in terms of getting a place at the table with MLAs within Northern Ireland, and again raising their awareness of infant mental health, of the need for prevention and early intervention, and how that addresses some of the other issues that they're looking at like really big waiting lists in other areas down the line" (SET 5). Participants highlighted that this type of lobbying can be seen to be working towards the systems change aims of implementing preventative, early intervention models:

I think the other part of it is, there's the other aspect to Barnardo's which is that we are Barnardo's Northern Ireland here, but we're part of the UK-wide organisation. What ABC PiP is doing in Northern Ireland is actually at the forefront of our conversation around infant mental health right across the UK. Whenever we are responding or talking about mental health in Westminster, for example, they'll come to me as the policy connection and say, 'Okay, tell us about ABC PiP.' Either I'll put them in touch with [ABC PiP lead] or I'll send them all the materials that we have. It's actually learning as an organisation, but then seeing that learning filter down in Westminster, in Scotland, in Wales, to be able to impact wider policy change as well. That's the strength of having a four-nations organisation that's actually linked up and talking to each other as well. SET 8

4. Discussion

This evaluation highlights a number of important implications for the future of the Barnardo's CPP in Mental Health and Wellbeing.

4.1 Systems change

It is clear there is shared commitment to systems change across the three partnership areas but understanding of how this can be achieved is variable. In some areas, the focus is very much on systems change, whereas in other areas, whilst the partnership group has a clear commitment to systems change goals, the focus of many partners is more towards programme delivery.

A challenge in all three partnership areas is maintaining a systems change lens alongside programme delivery, creating a tension that was referenced by evaluation participants across strategic partnerships. On the one hand, increased funding in some partnership areas has provided structure and tangible outputs in programmatic work as part of systems change. This has replaced a perceived intangible goal of systems change. On the other hand, increased programmatic focus has led to a reported dilution of the overall aspiration of systems change and work to ensure that programmes operate as part of the wider system. Engagement in systems change is less evident amongst those working in service delivery.

The key implication is that there needs to be a clear vision at the strategic partnership level on how individual programmes feed into the wider ambition for systems change. This involves partnerships making decisions about initiatives and programmes collectively, which is evident in some areas. Where systems change aims are not filtering down to programme delivery level, we find a lack of awareness as to where funded pieces of work sit within the wider system. This suggests a need to revisit the theory of change and involve operational delivery staff in understanding and agreeing this as well as strategic partners.

The Early Help model process highlights well where systems change can be effective and where the work of the partnership is being implemented. The focus now needs to be on how to prevent below-threshold referrals to CAMHS in the first place.

Leadership also appears to be a significant factor in obtaining buy-in to and achieving systems change. Where leadership for systems change resides in the strategic partnership rather than an individual, this seems to be more successful in sustaining a systems change focus.

The work of the Barnardo's strategic partnership in North Tyneside is impacting beyond its individual programmes – they are involved more widely in developing the education, GP and voluntary sector pathways with partner organisations, all underpinned by the five-year strategy which has given a focus and collective goal around systems change. This has involved partners consolidating different funding streams.

The evaluation findings suggest the need for strategic partnerships to engage all staff in the delivery of systems change. Service delivery staff need to be heard, included and

engaged, otherwise there may be resistance to the overall vision. There needs to be clarity around the role and contribution of all programme delivery staff in the pursuit of systems change.

4.2 Prevention

There is a strong commitment across all three partnership areas to the principle of prevention. There is evidence of a shift towards the language of prevention across each partnership. There is also evidence of prevention as central to the ethos of the CPP in different ways across the partnership areas. There is a clear focus on early intervention and prevention within many of the programmes.

This focus on prevention involves a transition of strategic partnerships towards a focus on the family. This involves not just a focus on the child, but on supporting parents and carers, building relationships and capacity, and developing a community around caring for the mental health and wellbeing of children and young people. Part of the challenge of systems change is supporting recipients of early intervention services to be responsive to this kind of relational, familial and community model of support.

A good illustration of this preventative model is the Early Help model in North Tyneside. The model aims to reduce unsuitable referrals to CAMHS that don't meet threshold criteria, working with those families at an earlier stage to triage and thus preventing them from being discharged back into the system without intervention or alternative provision. This highlights where systems change can be effective.

Another demonstration of prevention in practice can be seen in the ABC PiP approach, in the South Eastern Trust locality. The programme has a focus on improving parent-infant relationships through strengthening attachment in the First 1001 Days. This is encouraged through activities that promote positive parent-infant bonds and professional capacity building in mental health to better support parents, carers and their children.

A main implication of the evaluation findings is that it can be challenging diverting funding to early intervention and prevention services, when there is so much need.

4.3 Sustainability

Given the time-limited nature of Barnardo's CPP funding, the issue of sustainability is a concern for all the partnership areas. The findings suggest that the focus needs to be on how to achieve long-term, sustainable change rather than developing short-term initiatives.

This issue of sustainability relates not only to the ongoing implementation of individual programmes within the system, but also to behaviour change and prevention within the programme itself. For example, the NVR programme in Renfrewshire aims to support behaviour change in a sustainable way, so that parents are equipped to deal with challenging behaviours, sustain change and prevent further problems in the long run. There is a dual question as to how the programmes themselves are supporting sustained change for children, young people and families, as well as being self-sustaining as a programme.

Mainstreaming early interventions within the system is difficult and there are challenges around developing capacity of staff with the skills necessary to implement sustained change.

4.4 Partnership working

The findings highlight a number of issues surrounding partnership working. These include the competing needs and tensions between social work, education, health, psychology and the third sector across all the partnerships.

This is exacerbated by reported competition for funding, especially within the voluntary sector, that can hinder collaboration in the pursuit of systems change and that can reinforce the cycle of funded interventions that are not sustained.

Communication between partners has emerged as an important factor for facilitating systems change. There is evidence of effective messaging by strategic partnerships towards external partners, but some concern that internal communication within partnerships is not always clear.

The role of Barnardo's was also identified as important to partnership working. It is evident that Barnardo's plays a key role, although concern was expressed about the risk of over-reliance on the Barnardo's CPP lead for progressing the work of strategic partnerships.

The findings highlight that partnership working and systems change progression is most successful where there is transparency, collaboration, joint vision and where Barnardo's is embedded in the strategic direction of the partnership.

4.5 Co-production

One of the key original aims of the CPP was co-production. The findings suggest that progress on this has been variable across partnership areas. There is evidence of a positive shift in language amongst stakeholders. This includes language of empowerment and a move from the idea of 'doing to', to 'doing with'. A good example of this can be seen in Renfrewshire's NVR programme which listens to and works with families to build capacity and equips parents and carers to manage challenging behaviours, mental health and wellbeing in a way that works for them.

There is also more of a collective rather than an individualistic focus on support, which Barnardo's has been key to developing. The focus on parental empowerment and community support, rather than an individualistic focus on the child, is seen as a key element of successful programmes.

The findings highlight the need to share best practice on co-production across the partnership areas, in order to identify how to progress co-production within the wider CPP.

4.6 Language

The evaluation findings highlight the importance of language within the CPP. The pathologising of children and young people's mental health and medicalising usual childhood stressors is a common theme emerging from the partnership areas when dealing with older children and young people. This has implications for systems change and service demand and was seen by stakeholders as contributing to increased need for services. It also results in a greater inclination of parents towards obtaining a diagnosis from CAMHS, highlighting the necessity of working with parents as part of a wider system.

There appears to be a concerted effort within strategic partnerships to develop a shared language around wellbeing and a social model of early intervention services to respond to need. The language across partnerships appears to be moving away from clinical mental health terminology

towards nurturing and emotional wellbeing and resilience. This seems to fit better with the ethos of prevention and early intervention, but there were concerns that this language is not appropriate when dealing with more complex mental illness.

There is an issue of language used within individual programmes versus a systems-wide development of common language around mental health and wellbeing. Often individual programmes are aiming for a change in language around a particular issue or behaviour. There needs to be consideration of how we ensure this common language development is not siloed to individual interventions and is filtered throughout the system, including other programmes, to support a change in language across the CPP as a whole.

4.7 Evidencing impact

The findings suggest that evidencing impact and monitoring data within the system needs to be strengthened. This includes the need for more robust systems to evidence impact over time, which will be key to indicating progress towards a chieving systems change. The findings also raise the question of what data could or should be collected to measure the impact on children and young people. For example, how can the impact of early intervention be evidenced?

Systems change will take time to achieve and to evidence. The evaluation findings suggest that it is important that evidence gathering and monitoring processes are in place to allow change over time to be identified. There is also a recognition that the cause-and-effect attribution within systems is difficult to measure and we need to identify more sophisticated ways of measuring attribution.

5. Recommendations

1. Revisit and revise theories of change in each partnership.

2. Develop a clear vision at a partnership level on how individual programmes feed into the wider aspiration for systems change, reducing tension between programmatic delivery and systems change goals.

3. Strategic partnerships should engage all staff in the delivery of systems change, with clarity around the role and contribution of all programme delivery staff in the pursuit of systems change goals.

4. Continue to build on the emerging shared language across strategic partnerships around wellbeing and a social model of early intervention, to address the use of different terminology between interventions, where possible.

5. Focus on how to achieve long-term, sustainable change rather than developing short-term initiatives.

6. Share best practice on co-production across the partnership areas, in order to identify how to progress co-production within the CPP.

7. Build an evaluation and monitoring framework for strategic partnerships and individual programmes, including more robust systems to evidence impact over time.

8. Work with local authorities to establish a collaborative commissioning approach to overcome funding competition.

9. Develop strategic leads that co-ordinate systems change across the local authority, rather than within one strategic partnership.

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