Barnardo's Core Priority Programme in Mental Health and Wellbeing

Final evaluation report
Learning across three strategic partnerships

MENTAL HEALTH FOUNDATION

September 2024

MENTAL HEALTH FOUNDATION

EVERYONE DESERVES GOOD MENTAL HEALTH

About us

Mental health is one of the most important foundations for a healthy and long life.
We believe no-one living in the UK should be deprived of the opportunity for good mental health because of who they are, the community they come from or where they live.

For more information, visit mentalhealth.org.uk

This report was created in partnership with

University of **Strathclyde** Glasgow

BARNARDO'S

Acknowledgements

For further information and resources regarding this programme, please visit our website at **mentalhealth.org.uk/barnardos.**

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Key abbreviations used

CAMHS: Child and Adolescent Mental Health Services

CPP: Core Priority Programme

CYP: Children and young people

EH: Early Help

IMH: Infant mental health

MHF: Mental Health Foundation

MHWB: Mental health and wellbeing

SET: South Eastern Health and Social Care Trust

Table of contents

List of figures

About the programme

In 2019, Barnardo's established the Mental Health and Wellbeing Core Priority Programme (MHWB CPP).

This work formed part of Barnardo's Corporate Strategy 2016 – 2025, which aimed to take a more strategic approach to creating better outcomes for children.

Three place-based strategic partnerships were formed, each bringing together partners from Barnardo's, local authority, Child and Adolescent Mental Health Services (CAMHS), education and the third sector, with the aim of improving the mental health and wellbeing of babies, children and young people through a whole systems approach.

This report

- The Mental Health Foundation and the University of Strathclyde were commissioned as evaluation and learning partners for the programme in September 2019.

- In this report, we summarise insights from the evaluation of the MHWB CPP, whose funding concluded in mid-2024. The report presents our key learnings across three strategic partnership areas, which serve as foundational building blocks for systems change. It dives into the insights gleaned from the five-year evaluation process, highlighting key learnings, strengths, and challenges encountered by the partnerships, and outlines recommendations to enhance both the process and impact of systems change.

Purpose

Through significant investment into each of the three partnerships, Barnardo's aimed to explore how changing the system could reduce the number of babies, children and young people requiring Tier 3 or 4 mental health support in the long term.

Strategic partnerships

1. North Tyneside Strategic Alliance

Partners

Barnardo's and North Tyneside Council

Focus

5-15-year-olds and the transition between Tier 1, 2 and 3 support; neurodiversity

Investment

Approx. £1.25m

2. Renfrewshire

Community Mental Health and Wellbeing Strategic Partnership

Partners

Barnardo's and Renfrewshire Council

Focus

5-15-year-olds and the transition between Tier 1, 2 and 3 support

Investment

Approx. £1.5m

3. South Eastern Health and Social Care Trust

Attachment, Bonding & Communication Parent Infant Partnership (ABC PiP)

Partners

Barnardo's, SET, Tiny Life and Parent-Infant Foundation

Focus

Infant mental health and supporting relationships in the First 1001 Days

Investment

Approx. £550k

Programme summary

Our approach and progress

Our evaluation approach was guided by a theory of change framework underpinned by a systems thinking perspective. Creating sustained change in complex systems requires a systems thinking perspective that recognised and identifies the relationships and dependencies between different actors and parts of a system in order to form the broader whole. Such a perspective requires considering the boundaries of and interactions within a system as well as identifying levers that influence other components and being aware of the various mindsets and worldviews present among system members.[1] Understanding how the wider system operates helps to better understand the role of the MHWB CPP partnerships within that overarching system. This relationship can then be described through a theory of change that describes how the partnerships' actions are expected to interact with and influence the broader system, producing short-, mid-, and long-term impacts.

2019-20

Sep 2019	**Evaluation and Learning Team commissioned**
Jun 2020	**Scoping reports for three partnerships are published**
	Included situational analysis for each strategic partnership to gain understanding of the wider context within which the partnerships exist, outcome data available and existing engagement structures within each partnership (including 15 strategic interviews)
Feb - Aug 2020	**Theory of Change workshops in each partnership area**
Mar - Aug 2020	**Publication of two literature reviews** to support local responses to the pandemic 'an overview of evidence-based interventions for children and young people experiencing bereavement, loss and grief' and 'impacts of lockdown on the mental health and wellbeing of children and young people.

[1.] Foster-Fishman, P. G. and Behrens, T. R. (2007)

2021

Jan 2021 — **Systems change seminar (online) attended by 50 participants**

Presentation to Barnardo's conference on lessons learned

May - Jun 2021 — **Baseline evaluation report published and online learning event for the three partnership areas**

Included information from Theory of Change workshops, learning seminar, 26 in-depth interviews, provider training survey (n=54), partnership documentary analysis, governance meeting observation, intervention mapping and analysis of secondary data from within each partnership area

2022

Jun 2022 — **Publication of journal paper**
'Developing a theory of change methodology to support the evaluation of a place-based systems change interventions to support child and adolescent mental health and wellbeing.' *Evaluation 2022,* Vol. 28(4) 466-483

Dec 2022 — **Phase 2 evaluation report published**
Utilised a case study approach within each of the partnership areas. In North Tyneside focused on Early Help-CAMHS pilot, in Renfrewshire on Non-Violent Resistance (NVR) model and in South Eastern Trust the Attachment, Bonding and Communication Parent Infant Partnership. Data included 44 in-depth interviews, monitoring data analysis and wider partnership documentary and governance meetings analysis.

2023-24

Mar 2023 — **Presentation to Barnardo's conference**

Jun-Aug 2023 — **Theory of Change workshops to review and update**

Aug 2024 — **Final evaluation report published**

The Building Blocks

This report highlights five key building blocks identified through the experience of the MHWB CPP partnerships as essential for achieving systems change in infants, children and young people's mental health and wellbeing. These building blocks incorporate insights and lessons learned over the past five years from all partnership areas and outline recommendations for sustainable, long-term change.

The five building blocks are outlined in the following structure. Under each building block, key themes that emerged as crucial aspects contributing to the success of local partnerships are highlighted.

Building Block One   01
Shared vision for the model of early intervention and prevention

Building Block Two   02
Effective partnerships

Building Block Three   03
Co-production

Building Block Four   04
Sustainability

Building Block Five   05
Understanding progress through shared outcomes

Building Block One

SHARED VISION FOR THE MODEL OF EARLY INTERVENTION AND PREVENTION

01

Having a shared vision of what work should entail and what success looks like is essential for any successful partnership or systems change initiative.

This is particularly true for the CPP partnerships, as they brought together a diverse range of stakeholders with a variety of roles, responsibilities, and interests.

There are a number of enabling factors that support development of a shared vision. The theory of change process is helpful in guiding conversations about how different parts of the system work together. As understanding of the larger system grows and improves, through improved communication and partnership working, it is also important to regularly revisit and revise the theories of change so they reflect new understandings and priorities and thus stay relevant. The Barnardo's MHWB CPP had a clear focus on early intervention and prevention with significant investment put in to seed fund new and innovative ideas some of which went on to be mainstreamed.

The evaluation found language, communication, and decision-making structures are all important to develop and maintain a shared vision for systems change. Different stakeholders with different priorities and responsibilities naturally use different language, so developing a common language helps to ensure all partners are talking about the same thing. Different stakeholders also naturally see different parts of the system with more detail than others, so sharing information across partners helps promote a shared vision. Finally, establishing processes for collective decision-making encourages buy-in and support of the vision from all partners. The evaluation found these factors were all supported by the third sector investment, which gave partnerships permission to work differently than their normal roles typically support, and enabled a specific focus on capacity building.

Although participation from a range of interests is necessary for systems change work to succeed, it also makes maintaining a shared vision a challenge. People may have competing priorities and agendas due to their day-to-day responsibilities. The evaluation found that there is a constant tension between service delivery and programmes and systems-level work, which made it difficult at times to maintain a systems lens focus. Inconsistent staffing and leadership also made it difficult to maintain a shared vision over time. Clear communication, both within the partnership and spreading key messages to the wider workforce, was also a challenge. Finally, the lack of a clear goal at the start of the partnerships meant that it took time to develop a shared vision of what systems change work meant.

Theory of Change

From the outset the three partnership areas had a strong commitment to shift towards a holistic model of early intervention and prevention embedded within the community. They helped to establish a shared vision across their partnership through a robust and collaborative theory of change.

The theory of change process was helpful in guiding conversations about how different parts of the system could work together and develop a shared understanding of the role partnerships can and should play within a larger system.

In some instances, the theory of change helped to keep the partnership focused and on track, helping to guide whether a specific approach or intervention would help to progress the goals that were agreed.

"For strategic partnerships that are there for a purpose, and it's a big purpose, it's a transformational purpose, then we have to know what we're all heading for."
Renfrewshire

"I think it's the hearts and minds stuff, which is really hard. I think sometimes you can't quantify that, but actually bringing people along with you is often the biggest challenge, isn't it, when you're looking at systems change and theories of change? I think there has been a shift in people's thinking and ways of working because of that."
North Tyneside

"The vision, yes, I think it's fair to say it changed partly, because different people came in with different ideas and new ways of working, which was good, and I think also it changed because we learned and we listened. We listened and watched what was going on around us, and then we adapted and changed to suit that, but the overall vision of making outcomes better for babies by doing these three things, we stuck to that."
South Eastern Trust

Within the CPP partnerships the theory of change process was not revisited in as timely a way as originally planned. This was largely due to the wider context within which the partnerships were delivered. This included significant disruption during the COVID pandemic and related lockdowns; in many areas key partners had to pivot their focus temporarily away from the partnerships. Wider structural changes that were taking place, and changes in leadership, also impacted on planned work and the pace at which programmes were embedded.

"During COVID their focus on priorities had to change. Their focus on priorities became COVID vaccinations. All of their focus went to that, so at those times we maybe lost a bit of that closer communication and leadership at that level."
South Eastern Trust

"When you're working with multiple partners and you're looking at systemic change, I think you need to be able to work with that level of uncertainty. You can't mitigate against everything that might happen within certain parts of that system."
Barnardo's

"I think having the systems change, that people were involved with writing, producing at the beginning, and then when we refreshed it I think people feel some ownership over it."
North Tyneside
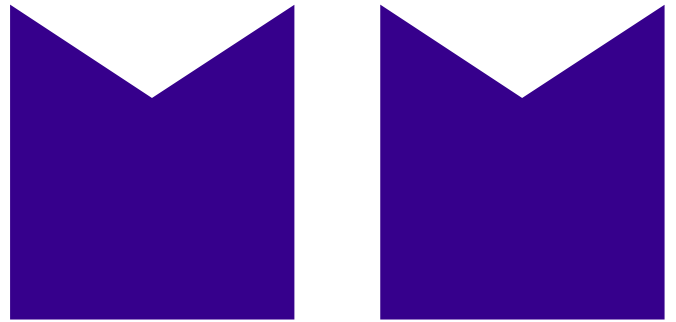
Language, communication and decision-making structures

It was felt that Barnardo's laid down a challenge around shared language from the outset across the partnerships.

This was welcomed but recognised as not an easy goal with language clearly tied into the culture and paradigms of different professional bodies and parts of the system (social work, education, health, etc). However, there was agreement that a lack of shared language is deeply unhelpful for children, young people and families.

"The second bit is about the power of language and how professionals use language to disempower people that we work with and support. I think, for me, one of the real challenges that Barnardo's has given us, and when I say us, I'm talking about the collective partnership, is about our use of language."
Renfrewshire

"For me being able to look back and see how different parts of the system are working much more effectively together and what the benefits are for children, young people and families trying to navigate through those systems. I don't think I envisaged at the start, that the systems were so complex and how challenging it was for families to try and navigate their way to support."
Barnardo's

Examples of teams jointly delivering training and support sessions were seen as important to help develop shared language. One significant success across the partnership was the move from deficit to more strengths-based language. An example of this is in the programme of work around neurodiversity in North Tyneside. This has been a more recent development with a strong focus on strengths; one it was felt wouldn't have been possible without the previous work that had taken place to develop a shared vision within the partnership.

"We're talking much more about wellbeing, less around mental illness."
North Tyneside

"It's definitely less deficit-driven, or child-deficit driven, and also parental-deficit driven, as well. We have much more of a recognition of the stresses that parents themselves are under, and how that impacts on their child and impacts on their self-esteem. Yes, I definitely feel, in the vast majority of situations, the language is shared [...]."

Renfrewshire

Finally, establishing processes for collective decision-making in the partnerships was found to encourage buy-in and support of the vision from all partners. Each partnership area had different governance systems which changed over time often in response to wider developments such as REN10[2] in Renfrewshire.

"I think that there's a bit of disconnect between what's happening and the teams being aware of that, so we're sending information through to them, but actually in terms of referring kids or signposting kids, that's been a bit of a challenge for us."
Renfrewshire

[2] More info can be found at https://www.ren10.co.uk

Services developed

Within the partnerships the focus on prevention involved investment in early intervention services and a transition of strategic partnerships towards a focus on the family.

This involved a focus on the child, and on supporting parents and carers, building relationships and capacity, and developing a community around caring for the mental health and wellbeing of babies, 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 example of a preventative model is the Early Help model in North Tyneside, which aims to reduce unsuitable CAMHS referrals by addressing issues earlier and providing intervention to prevent families from being discharged back into the system without support. This highlights where systems change can be effective.

Another effective preventative approach is the ABC PiP[3] programme in the SET locality, which focuses on improving parent-infant relationships through strengthening attachment during the First 1001 Days and activities that promote positive bonds and professional development in mental health for both parents and their babies. Additionally, the NVR[4] programme in Renfrewshire not only trained teachers in classrooms but also ran parent groups to ensure that learning was applied within the home.

"NVR's focus is to reduce that distress behaviour within the classroom, but also to support parents to reduce the distress behaviour within the home environment as well."
Renfrewshire

[3.] More info can be found at https://setrust.hscni.net/abc-pip-service-offers/

[4.] More information can be found at https://nvrinnovations.com/what-we-offer/
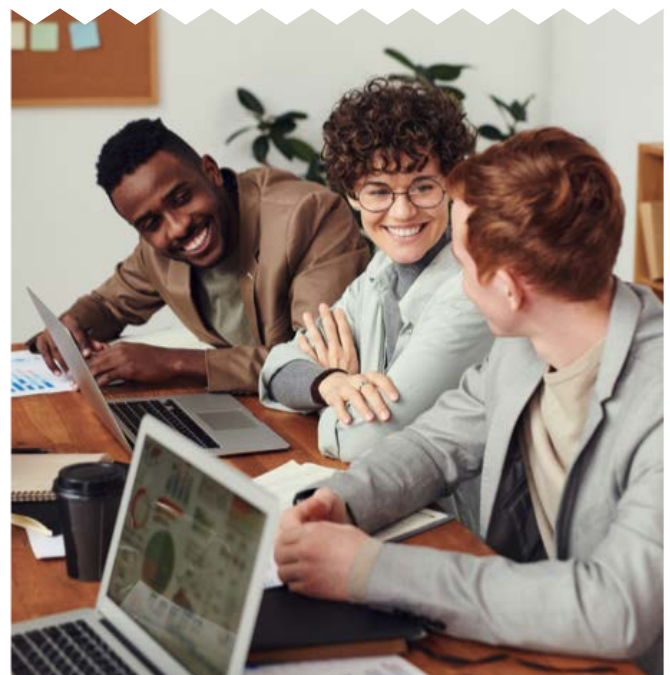
Capacity building

A focus on capacity building is seen as a core component in helping to extend the vision across different levels of the system; also in promoting joint team and cross department learning.

Each partnership had a strong focus on capacity building. This has been a significant part of the investments made and has provided an opportunity to build a shared vision 'in practice' alongside the strategic level.   As a model the capacity building approach has broadly been seen as a success, particularly where training has been multi-agency/department.   This has helped to create a shared language and vision across the system.

Although challenges remain, particularly around the high turnover of staff, changes in leadership and competing priorities. There has also been recognition that some teams have further to travel as professional identities and culture can historically be embedded in a more medicalised model.

"We've got people who sit on our partnership, partners from health, who still use very medicalised language and like to put things in boxes. We've got the social work service who I think are on a journey too, particularly through our work with young people and the Promise influenced by again, this work stream".
Renfrewshire

"Our relationship with CAMHS has absolutely, hugely improved...now it's very much collaborative decision-making."
North Tyneside
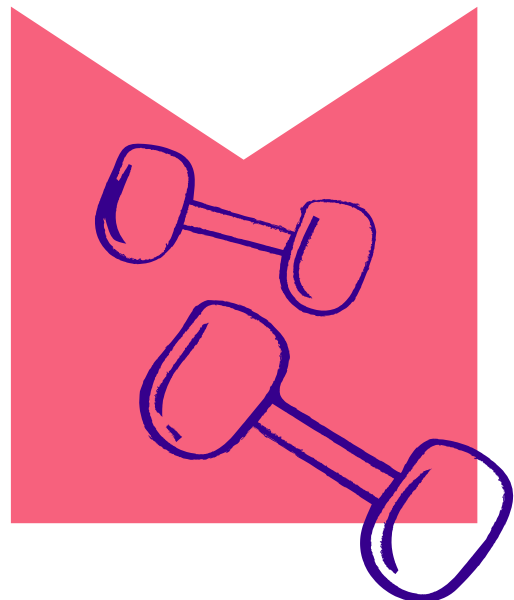
Recommendations

01

01 Develop a theory of change early in the process to understand how the system operates and what the partnership hopes to achieve within that broader system.

02 Regularly update the theory of change as goals and understanding change. The theory of change is only useful in supporting a shared vision if it is dynamic and reflects current priorities and knowledge.

03 Work to develop shared language with families at the heart of this.

04 Innovate and take risks but don't be afraid to stop doing things. More isn't better.

05 Invest in models that build capacity across the system

Building Block Two
EFFECTIVE PARTNERSHIPS

02

Effecting systems change requires that all parts of the system are involved and engaged in the process, with the right people around the table and representation from all relevant sectors.

Strong partnership working needs to be modelled from the top with multi-agency governance groups and buy-in from leadership and staff at all levels of delivery.

Representation across the system is hard to establish and maintain. Some partnerships found membership weighted more towards the local authority, with representation more difficult in mental health, primary care, and third sector organisations. COVID-19 also made participation in the partnerships more difficult for people in certain roles. Staffing changes within organisations can mean that membership within partnerships is not consistent. When good representation of the whole system is established, it can create challenges as well as opportunities, as some stakeholders have competing interests or operate with different models of care.

The findings highlighted several critical factors:

- Success in partnership working and systems change is driven by transparency, collaboration, and a shared vision;

- Effective communication between partners is essential for fostering a relational approach that facilitates systems change;

- A strong governance group structure, with representation from partners across the system, is crucial in supporting systems change;

- Funding models can either support or hinder effective partnership working, particularly when third-sector partners are encouraged to compete rather than collaborate.

The evaluation findings also recognised that third sector facilitation helped support the representativeness and overall functioning of the partnerships. Third sector facilitation meant that the partnerships weren't owned solely by one department or an individual part of the system. Barnardo's brought resources, new ideas and perspectives, and access to broader networks. Barnardo's was also able to help strengthen the knowledge and evidence base of the partnerships.

Representation and buy-in

Having the right people around the table was recognised as crucial for systems change.

However, in practice there were varying degrees of success in establishing the partnerships including consistent governance groups. Where this worked well partners were able to learn from each other and understand new approaches, it also helped to establish a shared language.

Another key factor was ensuring that all the right partners were represented around the table, were clear on their role and what their contribution to the partnership was. In some instances, the connection between organisations was challenging and/or the value of the partner was not communicated well enough. This linked to some concern that the internal communication within the partnerships was not always clear, and there was a confusion over roles and how the work of different teams fitted into the overall vision for systems change. The pace of change was also highlighted, with a recognition that working in partnership takes a longer time.

A major issue identified in partnership working within the strategic partnerships was the competing needs and tensions between different partners. This was exacerbated by reported competition for funding, especially within the voluntary sector, that can hinder collaboration in the pursuit of systems change and can reinforce the cycle of unsustainable interventions being delivered.

"How you can commission or partner with the third sector, I think we've brought a lot of learning to the table on that... I think we've challenged a lot across the system in terms of why are people traditionally delivering services the way they deliver them? Why are certain partners not working together? Why is there not more responsibility given to the voluntary sector to deliver early intervention and prevention support?"
Barnardo's

Leadership

The importance of strong leadership was emphasised at all stages throughout the evaluation.

Some areas benefited from consistency in leadership whilst others struggled as a result of significant change. Leaders within every partner organisation were crucial to instill confidence in their team that the partnership was worth their time and effort thus ensuring maximum participation.

Across the evaluation it was evident that Barnardo's was central to the development and drive of the strategic partnerships. This included not only the significant financial investment into the partnership areas but their ability to ask questions and take risks in a way that a statutory organisation may find difficult. It was apparent, especially in the early stages, that there was a lack of clarity on the role of Barnardo's and the vision that the partnerships were trying to establish.
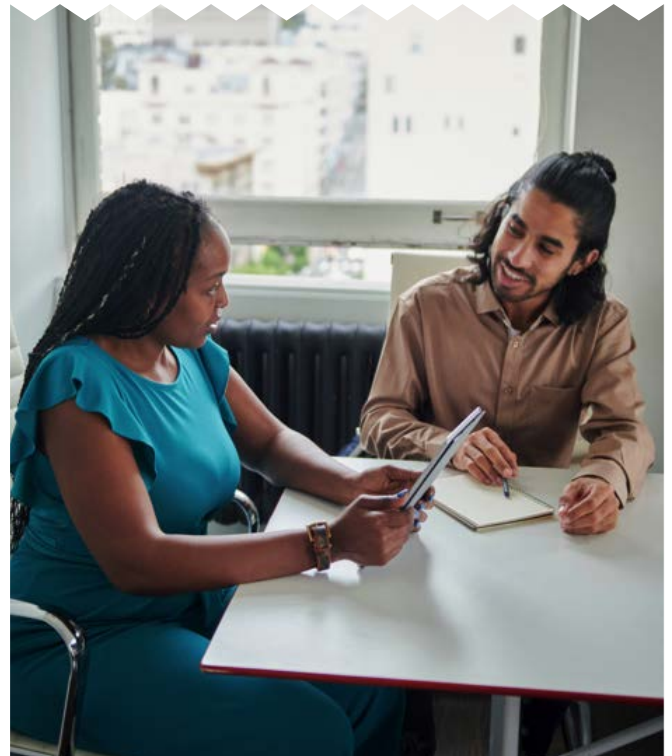
"I think people have been confused about what Barnardo's role is. We've been frustrated at points. I don't think they articulated really well [the benefit of Barnardo's coming in]. We've been able to bring that funding to be creative. It's given people the permission to do things differently. We've been able to make that link, between statutory partners and the wider voluntary sector. So I think across the partnership areas, it's never just been about Barnardo's."
Barnardo's

Recommendations

02

01 Aim for representation across all relevant sectors and roles and establish long-term partnership structures

02 Third sector facilitation of partnerships can help prevent any one organisation or department from being viewed as the 'lead' thus supporting joint ownership

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

Building Block Three
CO-PRODUCTION

03

Co-production with service users, carers and local communities is an essential aspect of a successful systems change approach.

All partnership areas had an outcome and indicators related to co-production. This co-production is seen in terms of both service design and service delivery. The evaluation findings highlight many examples of co-production but also suggest that progress on this has been variable across partnership areas.

There is evidence of a positive shift towards the principles of co-production amongst stakeholders. This includes many service providers using the language of empowerment and a move amongst stakeholders from the idea of 'doing to', to 'doing with'.

There is also more of a collective rather than an individualistic focus on support throughout the strategic partnership areas, which Barnardo's have played an important role in developing. Having a focus on parental empowerment and community support in meeting the needs of the child, rather than simply an individualistic focus, is an important development in ensuring children, young people and families are at the heart of systems change. This has been a key element of many of the programmes that have been developed through the CPP.

Given the variable nature of co-production work across the partnership areas, it is important to identify the factors that enable the success of co-production work. Key factors in advancing a co-production agenda includes:

- Having a dedicated role to lead participation work within the partnership.

- Being able to tap into existing participation structures within local areas.

The presence of these structures provided a platform on which to build further co-production initiatives and can ensure that babies, children, young people and parents are supported and can effectively contribute to what tends to be adult and professionally focused structures .

There are also a number of barriers to advancing co-production highlighted in the evaluation. One was the presence of different ideas amongst stakeholders about what co-production looked like. Some partners believed that co-production or participation needed to involve a transfer of ownership, whereas other partners had a more tokenistic view of co-production.

Understanding of co-production

Across the partnerships and at different time points there were different ideas amongst stakeholders about what co-production means and looks like in practice.

Some partners believed that co-production or participation needed to involve a transfer of ownership, whereas other partners viewed it more as consultation to shape and improve service delivery. None of the partnership had young people or families directly involved in governance groups but all had examples of engagement and feedback loops into specific services and projects. Some areas also had more strategic links with youth participation structures within local authorities.

"I remember hearing a comment in the early stages... one strategic lead saying 'Well, what do families know about developing services? We develop services and they access them'. Now, even when you're having conversations at steering group meetings partners are talking about co-production. They're talking about how to design services, whether that's partnership across the system with different parts or ensuring that children and young people's voices are at the centre of that. I think there's been a huge shift".
Barnardo's

Having a shared understanding of co-production will allow for structures to be put in place to allow this to be built in. Alternatively, where there isn't a clear and shared understanding of co-production, there can be confusion and teams are less likely to build it into their work.

"I think at the beginning we probably didn't really realise exactly what co-production was and if you're going to do it properly, what that actually meant. I think, if I'm being honest, none of us understood that."
South Eastern Trust

"I think there's still work to do on that [youth voice]. I know things, like when our team go into schools and things, we try and seek the child's voice now more, but I think that still needs to be more to be able to address how we do delivery... It's there, but probably needs to be strengthened a little bit more."
North Tyneside

Embedding co-production

Across the partnerships there was recognition that embedding co-production takes time and expertise.

At different times across each partnership there was a dedicated post/capacity for participation and co-production. This allowed the partnership to create specific programmes with a co-production focus. This had varying levels of success for a variety of factors including most of the posts being time limited. In South Eastern Trust having a dedicated role was recognised as providing time and expertise for the wider team to be trained and to gain a better understanding of what co-production is and how to use it in their work.

"She guided us through and guided our parents. It just brought a real richness to the work and a real richness to the service."
South Eastern Trust

Another enabling factor was being able to tap into existing participation structures within the partnership. This included structures that were established within local authorities and/or health services.

"We heard from families really well at the beginning, and they helped us to design and develop some of our interventions".
Renfrewshire

It was also highlighted that it is important to be purposeful in your ask when engaging with parents, children and young people. Recognising that their time is precious so being clear about what you want their input into and ensuring that input will make a difference.

"We have to be aware that we are asking quite a lot from people who may have a lot on their plate as well. It's about potentially making sure that the points that you want them to engage are really, really meaningful, and maybe they can't be ongoing all the time. That can be too much of a pressure".
Renfrewshire
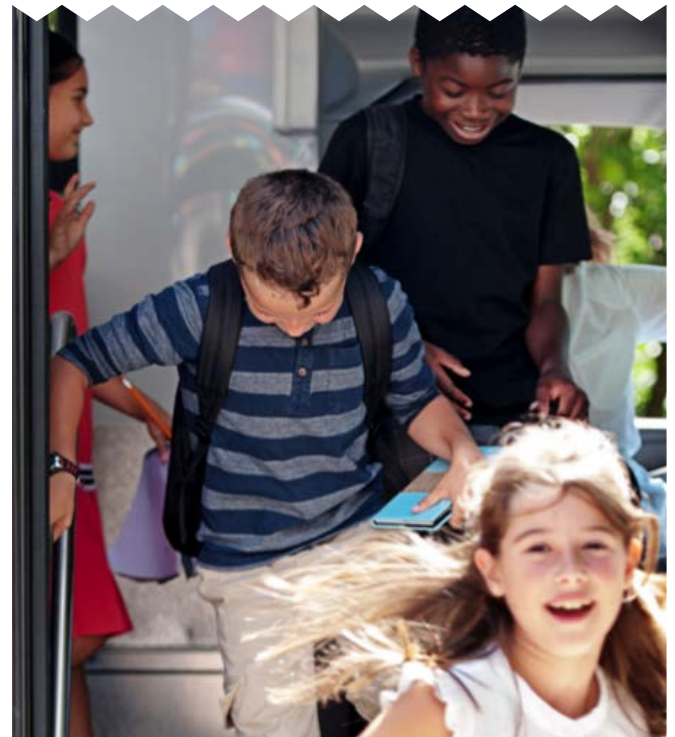
Recommendations

03

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

02 **Make the case for dedicated participation/co-production workers.**

Building Block Four
SUSTAINABILITY

04

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 to three key areas. The first incorporates funding and the ongoing implementation of individual programmes within the system, the second relates to behaviour change and prevention within the programmes themselves. Finally, sustainability relates to alignment into local area and regional strategies and the emergence of processes that help to forge strong and lasting relationships between different parts of the system and embed the ethos and principles of the partnership; in this instance to encourage investment in early intervention and prevention approaches.

There are several enabling factors for sustainability within the CPPs. The fact that sustainability was built in from the start as an objective and part of the original Theory of Change is a real strength in ensuring the partnerships promote sustainable systems change. Also, as highlighted above many of the individual programmes have sustainability as a key aspect of how the programme is delivered in terms of sustaining change through building capacity within the sector for that particular approach.

However, there are also a number of barriers to sustainability. A major issue is funding and ensuring the continuation of the work once the investment is gone. There are also challenging external factors such as the cost-of-living crisis and pressures of local authority budgets to fund services. The ability to sustain change is also very dependent on individual partnership leads championing sustainability. If there is a change in personnel, this may reduce the likelihood of achieving long-term sustainability, particularly if that change is at senior leadership level. Similarly significant changes in local structures or commissioning priorities can be a challenge.

Mainstreaming

The investment made by Barnardo's was viewed within two of the partnership areas as an opportunity to seed fund new and innovative ideas, to review the effectiveness and impact of these programmes, and then 'make the case' for those viewed to be successful to be funded via mainstream sources (local authority or health).

There are examples of successes within Renfrewshire and North Tyneside. The lack of mainstream funding available for ABC PiP is a significant blow to that partnership area, not least because of the success around sustainability in other areas including capacity building and strategic influencing.

Although Barnardo's made a long-term commitment to each of the partnership areas how that money was invested raised some challenges. This included the annual agreement on the amount of funding to each partnership and with hindsight a suggestion that the financial model should have built incrementally year on year. This reflects the view that the early stages of the partnership perhaps required less financial investment when there was less activity taking place with more emphasis at the early stage on establishing the wider aspects of the partnership such as building a shared vision, Theory of Change, getting the right partners around the table and establishing clarity on the role and responsibilities of different partners.

"For ABC PiP it's a bit bittersweet because we can see the really good success the service has had. So it's so frustrating that there's not a continuation of funding to support that service or to mainstream it."
Barnardo's

"I think the biggest successes for me are keeping everything on that strategic level, so it hasn't just become an operational ask and providing us with the space to explore things and test things out. So, for me the biggest successes from my point of view are the fact that we've mainstreamed posts and added to them."
North Tyneside

Capacity building

As outlined previously capacity building was a significant area of investment across all the partnership areas.

This is viewed as a crucial part of sustainability in terms of building the capacity of practitioners around specific techniques and preventative approaches in addition to providing parents, children and young people themselves with the tools and approaches to make significant changes in their lives and support and enhance their mental health and wellbeing.

"I think across the partnerships has been building that capacity in the workforce to be able to respond. So that's part of that legacy work that will continue in the partnerships."
Barnardo's

Examples of capacity building can be found across the partnership areas. This includes Five to Thrive training in ABC PiP, NVR training in Renfrewshire which 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; also Sleep Well in North Tyneside to promote positive sleep hygiene techniques. North Tyneside have invested not only in training but in ongoing support for implementation with the view of building reflective practice to help embed new way of working. This can be seen in the investment in Schwartz Rounds and School Supervision.

"When we have the training with social work, education, and health, we can see that health visitors are using the language or using some of the skills of NVR to support parents, but then potentially, if they need a more high-intensity input, then they are signposting them. There's more of a community approach, and there's more of a shared language, and there's more of a shared ownership".
Renfrewshire

"I think through the training and support and education we've delivered into the workforce, those messages around attachment and early relationships are more mainstreamed, and the fact that all of our health visitors have completed Five to Thrive. I think the likes of the health visitors in our MDTs, our multidisciplinary teams, will certainly be able to continue some of this work."

South Eastern Trust

There is a dual question as to how the programmes are supporting sustained change for practitioners, babies, children, young people and families, as well as being self-sustaining as a programme. Ultimately the programmes and initiatives taken forward by the partnerships aimed to better support end beneficiaries and equip parents and young people with new skills and techniques to better manage and support their mental health.

Relationships and structural changes

Another key aspect of building sustainable approaches for prevention and early intervention is ensuring that the vision and ethos of the partnership is embedded within local strategy documents.

The importance of the partnership governance models being embedded into the existing systems for reporting was also raised in the evaluation.

"I think that strategic buy-in is there because we've invested so much already, and it's part of the strategies. So, all of the strategies that have been refreshed, this is part of what we're looking at. So, we're just refreshing the Early Help strategy now... So, I think we've got a really good strategic framework around that now to build on the partnership working that we had, but yes, a more strategic buy-in."
North Tyneside

An example of this wider strategic influencing was a core aspect of the work taken forward by ABC PiP partnership. Chaired by the partnership the Stronger from the Start[5] is an alliance of more than 60 organisations from across the community and voluntary sector in Northern Ireland, who work together to promote and improve infant mental health.

"The success of that [Stronger From The Start] I think has been very real, and we have seen real change as a result of that. One of those would be having infants mentioned in the mental health strategy, where in the first draft they weren't. Since the reformation of our assembly and executive, there's language in there around the first 1001 days and the important stuff that wasn't around before."
South Eastern Trust

[5.] More information can be found at https://www.barnardos.org. uk/northern-ireland/influencing/stronger-from-the-start

"I think a lot of the success that's come out of NI, is building that capacity in the system to be able to respond. I think that the policy and influencing work that they've done has been significant... I think that real traction and buy-in across the system to want to do things better for babies in terms of infant mental health."
Barnardo's

One of the opportunities that the partnerships offered was for people to work with partners that they may not have had the opportunity to before or that they may not have thought to work with. The establishment of these relationships can support greater understanding of how each partner works and how they approach obstacles, thus making future working relationships easier to build.

Recommendations

04

01 Build in plans for sustainability at the start of programme and partnership development.

02 Consider sustainability across the three areas highlighted: securing mainstream funding and ongoing delivery/expansion of programmes; capacity building of practitioners, parents and young people; influencing and aligning in to local and regional strategy and embedding in to existing governance and engagement structures.

Building Block Five

UNDERSTANDING PROGRESS THROUGH SHARED OUTCOMES

05

One of the most important findings to emerge from the evaluation is the need to develop a clear plan for understanding progress in systems change.

The evaluation has generated not only important data on the impact of the partnership but also provided useful insights on how to evaluate systems change within a strategic partnership programme. This involves the use of different forms of data mapping to assess the impact of partnership activity on different beneficiaries, including policy-makers, practitioners and service providers, family carers and young people.

There are several enabling factors for understanding progress:

- First, making effective data collection and data sharing a priority. Strategic partnerships have successfully integrated this into their Theory of Change process.

- Second, aligning the Theory of Change outcomes with a clear evaluation framework that includes identified indicators and utilises a range of data sources. It is important that these data sources are realistic and, where possible, embedded in existing or developable processes.

- Lastly, working with partners to identify the joint benefits of collecting monitoring and evaluation insights, and determining who is responsible for collecting monitoring data with agreed milestones for reporting.

There are significant barriers too. One is the challenge of measuring system-level progress when many service providers would prefer to focus on programme impact. This is problematic when the data collected is different across individual programmes. This makes it difficult to aggregate and assess systems change. Finally, while partnership building in data collection is a crucial enabling factor, the absence of a clear plan from the start makes it very challenging to understand progress.

Quality of data

As part of the evaluation, a review of data collected by each partnership was undertaken. This helped to identify the extent to which partnerships could report on progress against each of their identified outcomes.

This process highlighted the challenges in reporting progress at a systems level. Most of the data was very specific to individual programmes or 'owned' by different services such as CAMHS or the local authority. In some instances, being able to access routinely collected data, such as CAMHS waiting lists, was challenging particularly when it was reported at a regional level but needed at a more local level – for instance a local authority boundary. There weren't clear mechanisms for data to be shared centrally in a timely way and there was often a lack of clarity on individual responsibilities to collate data and report back.

"I think people being quite protective of some of the data and viewing the work that's happening from a kind of deficit and not from the benefits it will bring."
Barnardo's

In addition to gathering statistical data there was recognition of the importance of wider experiential insights. This included feedback from practitioners on the ground as well as parents, children and young people themselves. Having clear mechanisms to gather and reflect on this data, and to give it status, was felt to be important.

"So, some of the changes that have happened, we know should have made a big impact. Some schools are saying that the system isn't working for them. So, we need to understand that from a different perspective. It might just be we haven't got the comms to them right, and they don't know A, B and C and that would make an impact to them, or we think what we've put in place should have that impact and it hasn't because of something they need to tell us about."
North Tyneside

Evaluation framework and wider benefits

The evaluation framework was recognised as an important tool in helping to identify the information required to evidence impact across the partnership.

"I think the evaluation framework we needed earlier. I think it's really good that we've got that now, but I think that would have helped focus people earlier."
North Tyneside

The evaluation also flagged wider benefits of data collection including supporting decision-making and utilising data gathered for other purposes, such as to be able to make the case for the work being taking forward within the partnership area.

"We've started to use the data to ask ourselves other questions, to be much more strategic."
Renfrewshire

"Actually having that data has benefitted us. So when we go to [the] Scottish Government to do a presentation, it will be a good amount of data that we've got to demonstrate what we've done in Renfrewshire. Yes, I don't have any issue with it. I think, because we're actually using it."
Renfrewshire

Recommendations

05

01 Develop a plan for measuring impact at the design stage and ensure this is part of the Theory of Change with an aligned evaluation framework.

02 Work to agree on a small number of core indicators that are collated across programmes. This can complement programme specific data whilst providing insights into impact across the system.

03 Where possible identify routine data collection that can be used as part of a suite of indicators aligned to the systems change.

Conclusion

The evaluation of Barnardo's MHWB CPP highlights the intricate interplay between the different building blocks required for effective systems change that drives the early intervention and prevention approach.

At its core, the success of such initiatives depends on the integration of a shared vision, strong working partnerships, co-production with children and families, sustainable funding and building workforce capacity, and a clear framework for measuring progress. These interconnected components reflect the complexity of transforming systems that involve various departments, sectors and organisations.

Together, these building blocks offer a comprehensive blueprint for systems change, demonstrating that no single element can work in isolation. While the journey towards meaningful, lasting transformation is complex and fraught with challenges, the evaluation of Barnardo's CPP underscores the potential for systems change to create a more responsive, inclusive, and effective framework for community-based early intervention and prevention, leading to better outcomes for infants, children, and families. The CPP serves as an exemplary model by which different sectors and organisations come together with a shared vision and measures of success to build a foundation for not only short-term programme delivery but also long-term capacity for the workforce, families, and the broader community.

This report is part of a broader collection compiled for three strategic partnership areas within Barnardo's CPP MHWB. To access the full reports, please visit our website at **mentalhealth.org.uk/barnardos.**

The reports include:

- Barnardo's Core Priority Programme in Mental Health and Wellbeing. Final evaluation report for North Tyneside strategic partnership: August 2024.

- Barnardo's Core Priority Programme in Mental Health and Wellbeing. Final evaluation report for Renfrewshire strategic partnership: August 2024.

- Barnardo's Core Priority Programme in Mental Health and Wellbeing. Final evaluation report for South Eastern Trust strategic partnership: August 2024.

References

Foster-Fishman, P. G. and Behrens, T. R. (2007) 'Systems change reborn: Rethinking our theories, methods, and efforts in human services reform and community-based change', American Journal of Community Psychology, 39(3-4), pp. 191–196. DOI: 10.1007/s10464- 007-9104-5.

Weiss, C. H. (1997) 'How Can Theory-Based Evaluation Make Greater Headway?', Evaluation Review, 21(4), pp. 501–524.

Appendix - Theory of Change

The Theory of Change, developed in partnership with Barnardo's and facilitated by the University of Strathclyde and the Mental Health Foundation, is a framework for describing how the partnerships aim to influence the broader system through their activities (Weiss, 1997). It represents how a programme or intervention's short and mid-term outputs are expected to influence long-term outcomes, including the indicators that provide feedback on performance and the assumptions that the causal story relies upon.

The figures on the next pages showcase the Theory of Change that was strategised for each strategic partnership area.

Figure 1. North Tyneside Theory of Change

ACTIVITIES
What we plan to do / are doing to work towards our medium term outcomes

Barnardo's CPP funded activities

Non Violence Resistance Training (NVR)

Social Work Front Door (Early Help)

Empowering Parents Empowering Communities (EPEC)

Corrective Virtual Reality Headsets

+

Other activities funded through Whole Family Wellbeing Fund

Let's introduce Anxiety Management (LIAM)

Group Supervision

CAHMS Education Advisor

Headstrong

Counselling skills course

Theraputic support for social work

WAYS OF WORKING
How we need to work in order for our activities to lead to our medium term outcomes

A diverse range of stakeholders from across the system are engaged and collaborate

Partners and professionals have the capacity, skills and resource to deliver the work

Partners embed effective governance mechanisms

Partners have a clear implementation plan which maps onto wider local strategies

Partners buy into the long-term vision and have shared values

Partners have access to high quality data

Service users are able to access up to date information

MEDIUM TERM OUTCOMES
What we want to achieve by the end of the programme in order to contribute towards our long term vision

Evidence of a shift to a more community-based model of **early intervention** and **preventative** mental health and wellbeing

Evidence of a **sustainable** approach delivered through effective **partnership working** and collaboration between key stakeholders

Evidence of a shared **strengths-based language** across the mental health and wellbeing system

Evidence of **co-production** and a focus on collective ownership and decision making informed by lived experience

Evidence of effective use and sharing of **key datasets** to underpin planning, decision making and ways of working

LONG TERM VISION
How we want the system to look in the future

Systems-level shift towards an early intervention and prevention model of mental health and wellbeing

+

Children, young people and families get the right support at the right time by the right people

Aligned with, and feeding into, wider Renfrewshire strategies e.g. Children's Services, Child Protection and Corporate plans

42.

Figure 2. Renfrewshire Theory of Change

ACTIVITIES
What we plan to do / are doing to work towards our medium term outcomes

Barnardo's CPP funded activities

Non Violence Resistance Training (NVR)

Social Work Front Door (Early Help)

Empowering Parents Empowering Communities (EPEC)

Corrective Virtual Reality Headsets

+

Other activities funded through Whole Family Wellbeing Fund

Let's introduce Anxiety Management (LIAM)

Group Supervision

CAHMS Education Advisor

Headstrong

Counselling skills course

Theraputic support for social work

WAYS OF WORKING
How we need to work in order for our activities to lead to our medium term outcomes

A diverse range of stakeholders from across the system are engaged and collaborate

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Partners embed effective governance mechanisms

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Partners buy into the long-term vision and have shared values

Partners have access to high quality data

Service users are able to access up to date information

MEDIUM TERM OUTCOMES
What we want to achieve by the end of the programme in order to contribute towards our long term vision

Evidence of a shift to a more community-based model of **early intervention** and **preventative** mental health and wellbeing

Evidence of a **sustainable** approach delivered through effective **partnership working** and collaboration between key stakeholders

Evidence of a shared **strengths-based language** across the mental health and wellbeing system

Evidence of **co-production** and a focus on collective ownership and decision making informed by lived experience

Evidence of effective use and sharing of **key datasets** to underpin planning, decision making and ways of working

LONG TERM VISION
How we want the system to look in the future

Systems-level shift towards an early intervention and prevention model of mental health and wellbeing

+

Children, young people and families get the right support at the right time by the right people
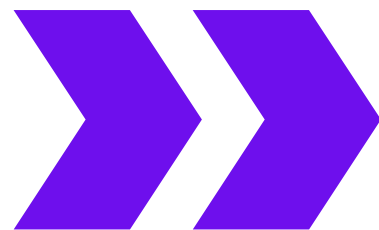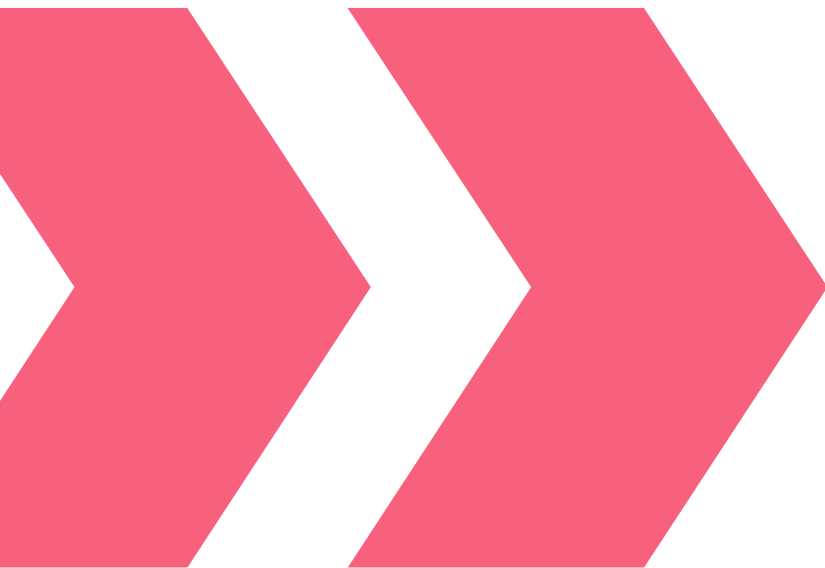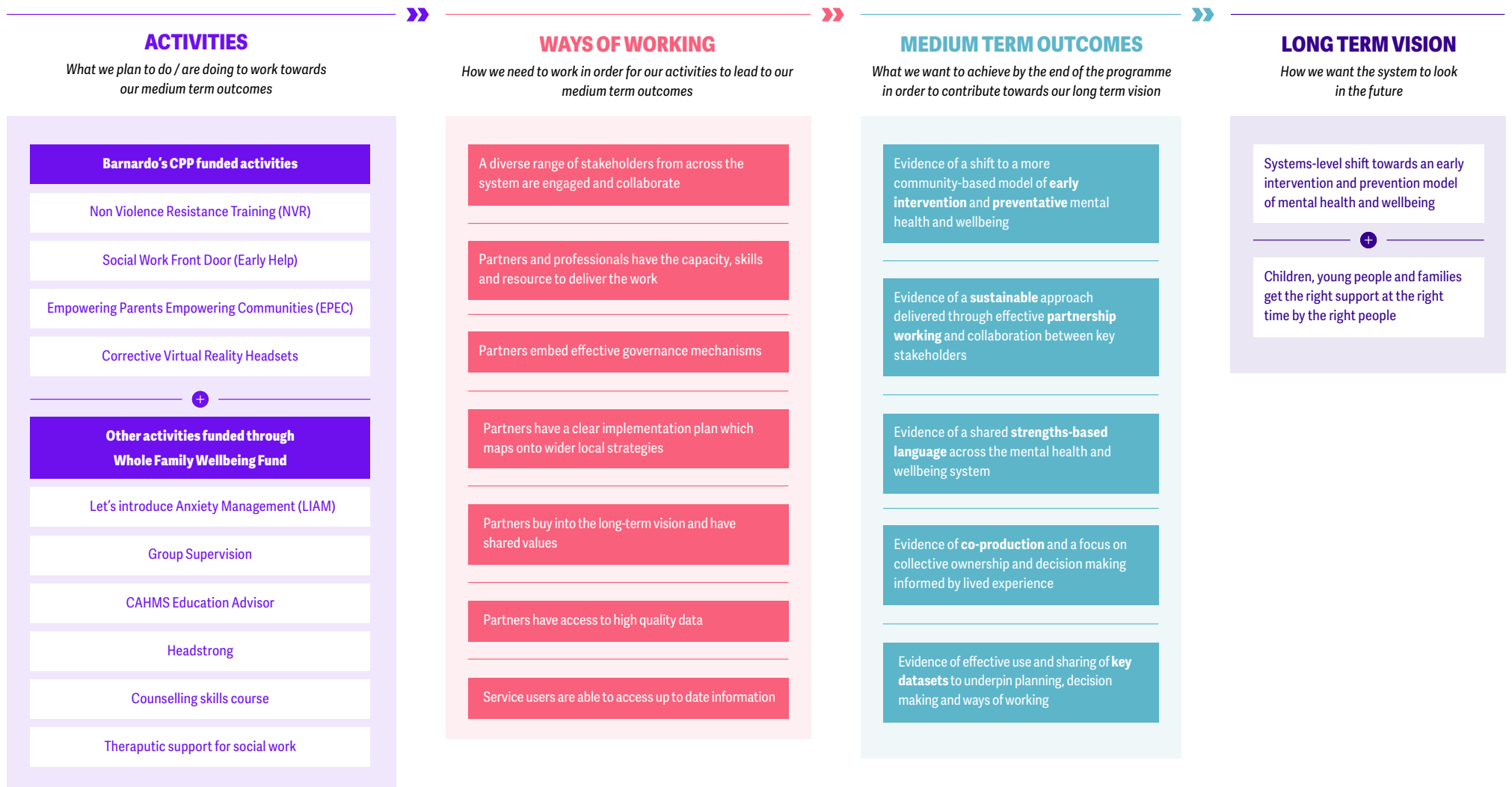
Aligned with, and feeding into, wider Renfrewshire strategies e.g. Children's Services, Child Protection and Corporate plans
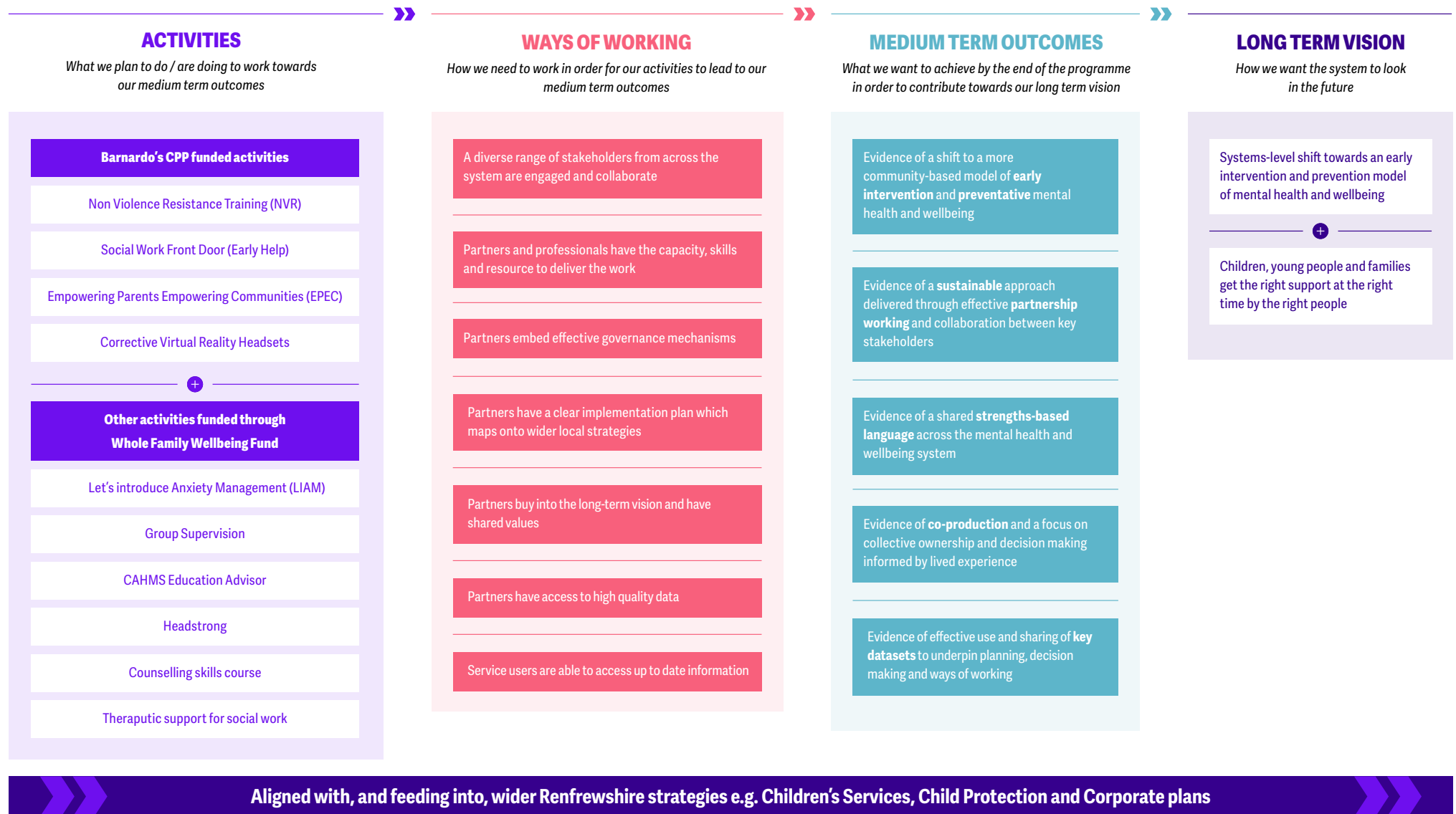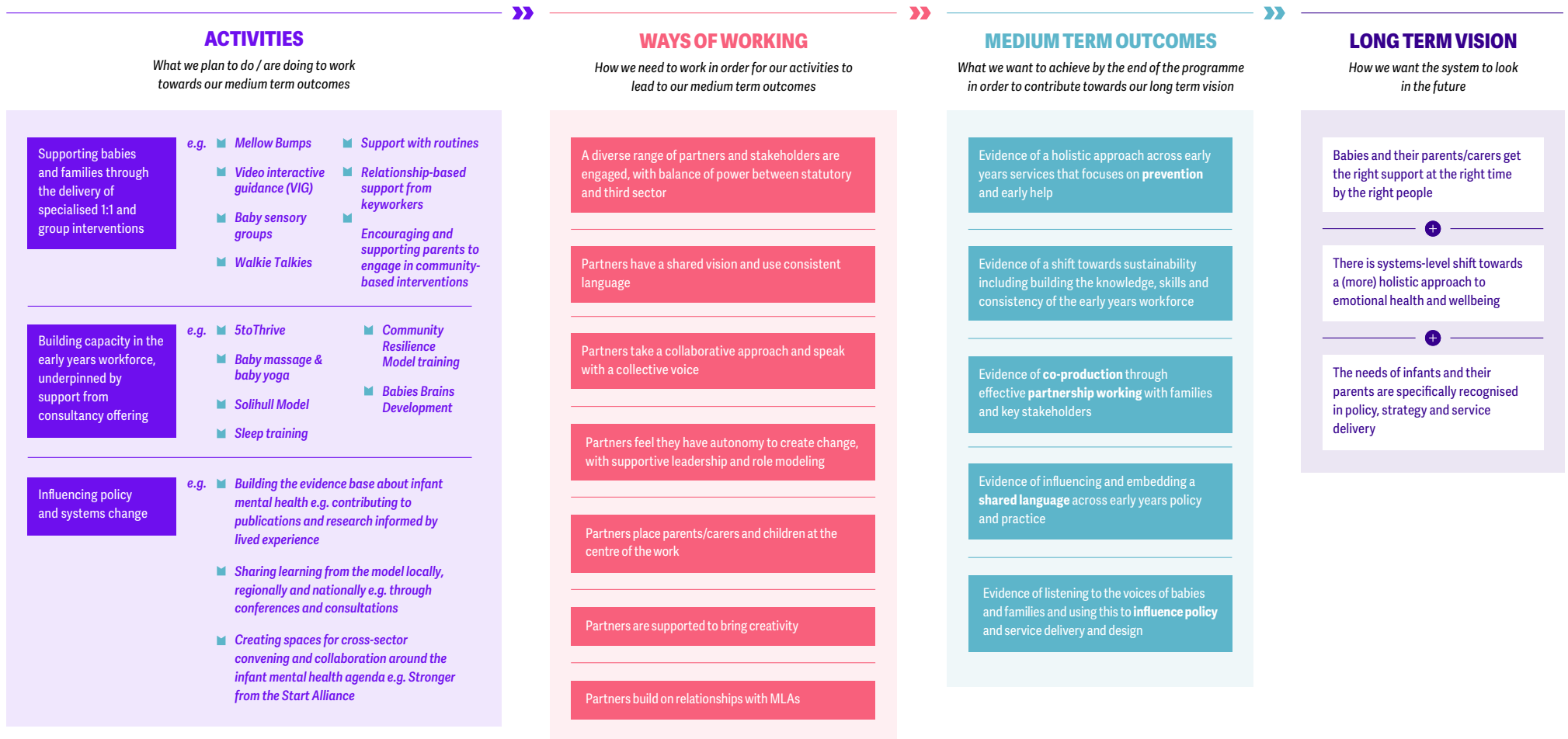
Figure 3. South Eastern Trust Theory of Change

ACTIVITIES
What we plan to do / are doing to work towards our medium term outcomes

Supporting babies and families through the delivery of specialised 1:1 and group interventions

e.g.
- Mellow Bumps
- Video interactive guidance (VIG)
- Baby sensory groups
- Walkie Talkies
- Support with routines
- Relationship-based support from keyworkers
- Encouraging and supporting parents to engage in community-based interventions

Building capacity in the early years workforce, underpinned by support from consultancy offering

e.g.
- 5toThrive
- Baby massage & baby yoga
- Solihull Model
- Sleep training
- Community Resilience Model training
- Babies Brains Development

Influencing policy and systems change

e.g.
- Building the evidence base about infant mental health e.g. contributing to publications and research informed by lived experience
- Sharing learning from the model locally, regionally and nationally e.g. through conferences and consultations
- Creating spaces for cross-sector convening and collaboration around the infant mental health agenda e.g. Stronger from the Start Alliance

WAYS OF WORKING
How we need to work in order for our activities to lead to our medium term outcomes

- A diverse range of partners and stakeholders are engaged, with balance of power between statutory and third sector
- Partners have a shared vision and use consistent language
- Partners take a collaborative approach and speak with a collective voice
- Partners feel they have autonomy to create change, with supportive leadership and role modeling
- Partners place parents/carers and children at the centre of the work
- Partners are supported to bring creativity
- Partners build on relationships with MLAs

MEDIUM TERM OUTCOMES
What we want to achieve by the end of the programme in order to contribute towards our long term vision

- Evidence of a holistic approach across early years services that focuses on **prevention** and early help
- Evidence of a shift towards sustainability including building the knowledge, skills and consistency of the early years workforce
- Evidence of **co-production** through effective **partnership working** with families and key stakeholders
- Evidence of influencing and embedding a **shared language** across early years policy and practice
- Evidence of listening to the voices of babies and families and using this to **influence policy** and service delivery and design

LONG TERM VISION
How we want the system to look in the future

- Babies and their parents/carers get the right support at the right time by the right people
- There is systems-level shift towards a (more) holistic approach to emotional health and wellbeing
- The needs of infants and their parents are specifically recognised in policy, strategy and service delivery

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