Barnardo's Core Priority Programme in Mental Health and Wellbeing

**Final evaluation report
North Tyneside strategic partnership**

MENTAL HEALTH FOUNDATION

August 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

Acknowledgements

The Mental Health Foundation, in partnership with University of Strathclyde, were commissioned as part of Barnardo's Mental Health and Wellbeing Core Priority Programme to conduct this work. We would like to thank all the stakeholders from the local partnerships for their participation in interviews, their valuable input, feedback, and support which have been essential to this report. We also express our gratitude to the staff, both current and former, whose time and efforts over the past five years have been crucial to the delivery of this programme.

For further information and resources regarding this programme, please visit our website at **https://www.mentalhealth.org.uk/our-work/research/barnardos/our-work-barnardos.**

Recommended Citation

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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

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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, funding for which came to an end in mid-2024. The report includes our learnings across three strategic partnership areas, with a summary of programme progress from the North Tyneside partnership.

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**

Report structure

This report is structured into two integral parts, each focusing on a different lens reflecting systems change and strategic partnerships. Together, these parts form cohesive narrative that underscores the transformative potential of partnerships in driving systemic change.

Part one: The Building Blocks

Part one serves as a foundational exploration into the building blocks of systems change, diving deep into the insights gleaned from the five-year evaluation process. It highlights key learnings, strengths, and challenges encountered by the partnerships, and outlines recommendations to enhance the process and impact of systems change.

Part two: North Tyneside insights

Part two shifts to assessing the progress within each strategic partnership area, supported by data from programme deliveries, interviews, and practitioner feedback. This section evaluates the impact on children and families by illuminating the tangible outcomes of collaborative efforts. It offers stakeholders a clear understanding of achievements, challenges, and areas for further growth towards systems change within the strategic partnership area.

PART ONE:
THE BUILDING BLOCKS

The Building Blocks

This part 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 from all partnership areas and outline recommendations for sustainable, long-term change.

The five building blocks will be outlined in the following structure. Under each building block, key themes that emerged as crucial aspects contributing to the success of local partnerships were 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
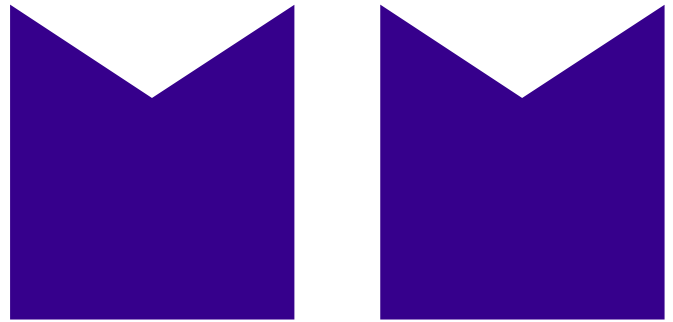
Language, communication and decision-making structures

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 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

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 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 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

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
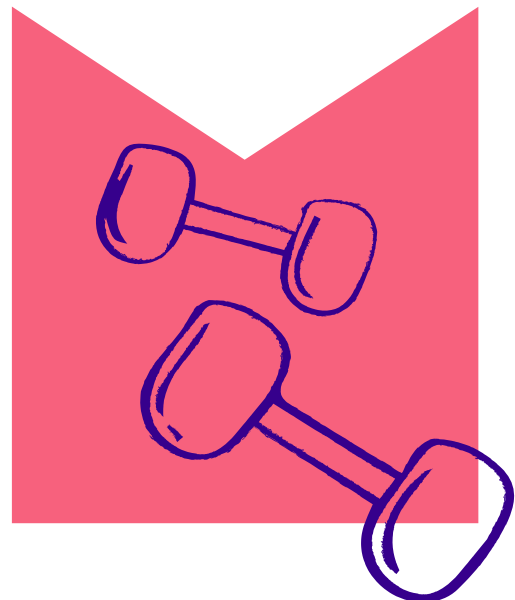
Recommendations

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.
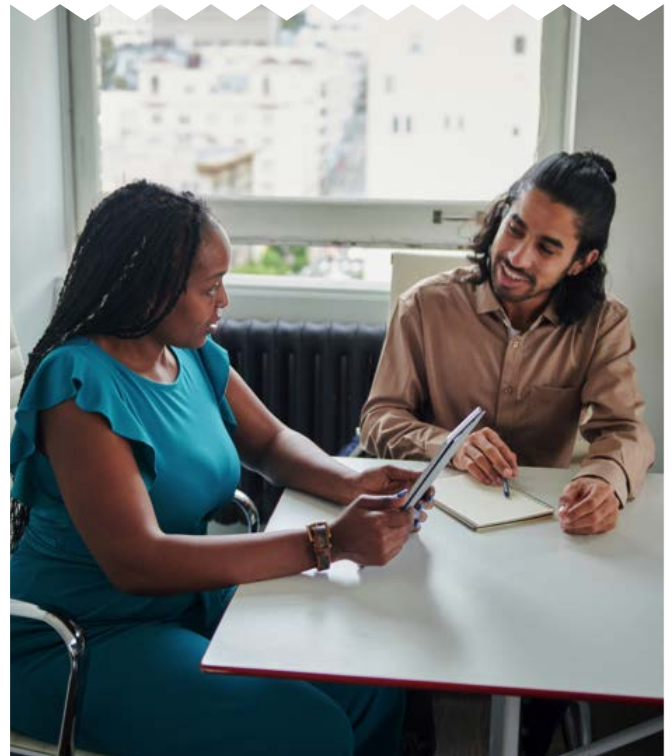
"I think people have been confused about what Barnardo's role is. We've been frustrated at points. I don't think they articulated really well [the benefit of Barnardo's coming in]. We've been able to bring that funding to be creative. It's given people the permission to do things differently. We've been 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
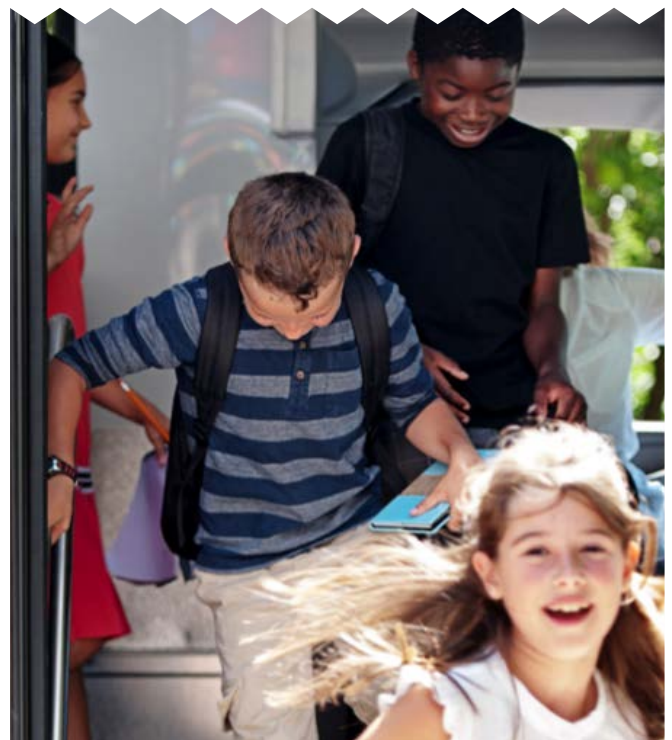
Recommendations

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 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

"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.

PART TWO:
NORTH TYNESIDE INSIGHTS

North Tyneside insights

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

This section provides findings of programme insights and the partnership outcomes across the five years of delivery (January 2019 – June 24), which will be presented in the following outline:
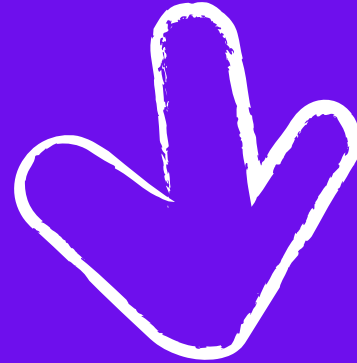
01 CONTEXT

02 NORTH TYNESIDE'S THEORY OF CHANGE

03 EVALUATION FRAMEWORK

04 DELIVERY AND INSIGHTS

Context

Demographics

North Tyneside has an overall population of 210,487, of this 59,563 are in the overall Barnardo's age range of 0-26 and 26,651 are in the targeted age range for North Tyneside of 5-15. Of the 316 local authorities in England (excluding the Isles of Scilly), North Tyneside is ranked 85th most income-deprived (ONS, 2021).

14.4% of North Tyneside residents live in the 18 Lower Super Output Areas that are ranked within the 20% most deprived areas of England. The weekly earnings in North Tyneside are £652.40 compared to the national average of £682.60 and the North East average of £613.70.

There are 78 schools in total in North Tyneside, 56 primary schools and 12 secondary schools, 4 middle schools, and 6 special schools with a total school roll of 31,147. 35.8% of schools in North Tyneside fall into either the 'medium' or 'high' bands for Free School Meals eligibility.

In 2021, the rate of Looked After Children (0-17) in North Tyneside (74 per 10,000) was higher than the national average (71 per 10,000). In December 2019, the rate of children who were referred to Children's Social Services was lower in North Tyneside (373.8 per 10,000) than the national average (544.5 per 10,000).

Local authority and mental health and wellbeing context

The North Tyneside strategic alliance with Barnardo's aligns with pre-existing efforts, including the Children and Young People's MHWB strategic group established in 2014/15 as part of the Local Transformation Plan. Since 2015, this group has been improving mental health and wellbeing through an integrated, whole-system approach based on the Future in Mind (2015) report. North Tyneside adopted the THRIVE[2] support model, fostering youth participation through a youth council and advocacy team.

The PROMOTE report[3] highlighted the local need for a stronger focus on prevention, better alignment of mental health policies, the need to evaluate the roll out of Local Transformation Plans, and the need for a whole-systems approach to thinking about mental health.

Additionally, the MH2K project[4], engaging about 500 youths, informed the alliance's work, demonstrating strong partnership traditions in Children's Services, including the multi-agency HIVE team supporting looked-after children.

[2.] https://www.annafreud.org/mental-health-professionals/thrive-framework/

[3.] https://www.dur.ac.uk/resources/ilg/PROMOTE_Report.pdf

[4.] https://involve.org.uk/resource/mh2k-north-tyneside

North Tyneside 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 page showcases the Theory of Change that was strategised for the North Tyneside area.
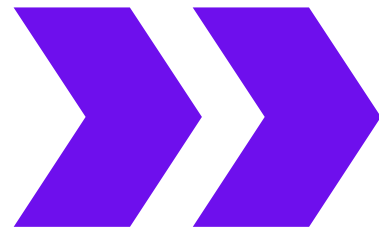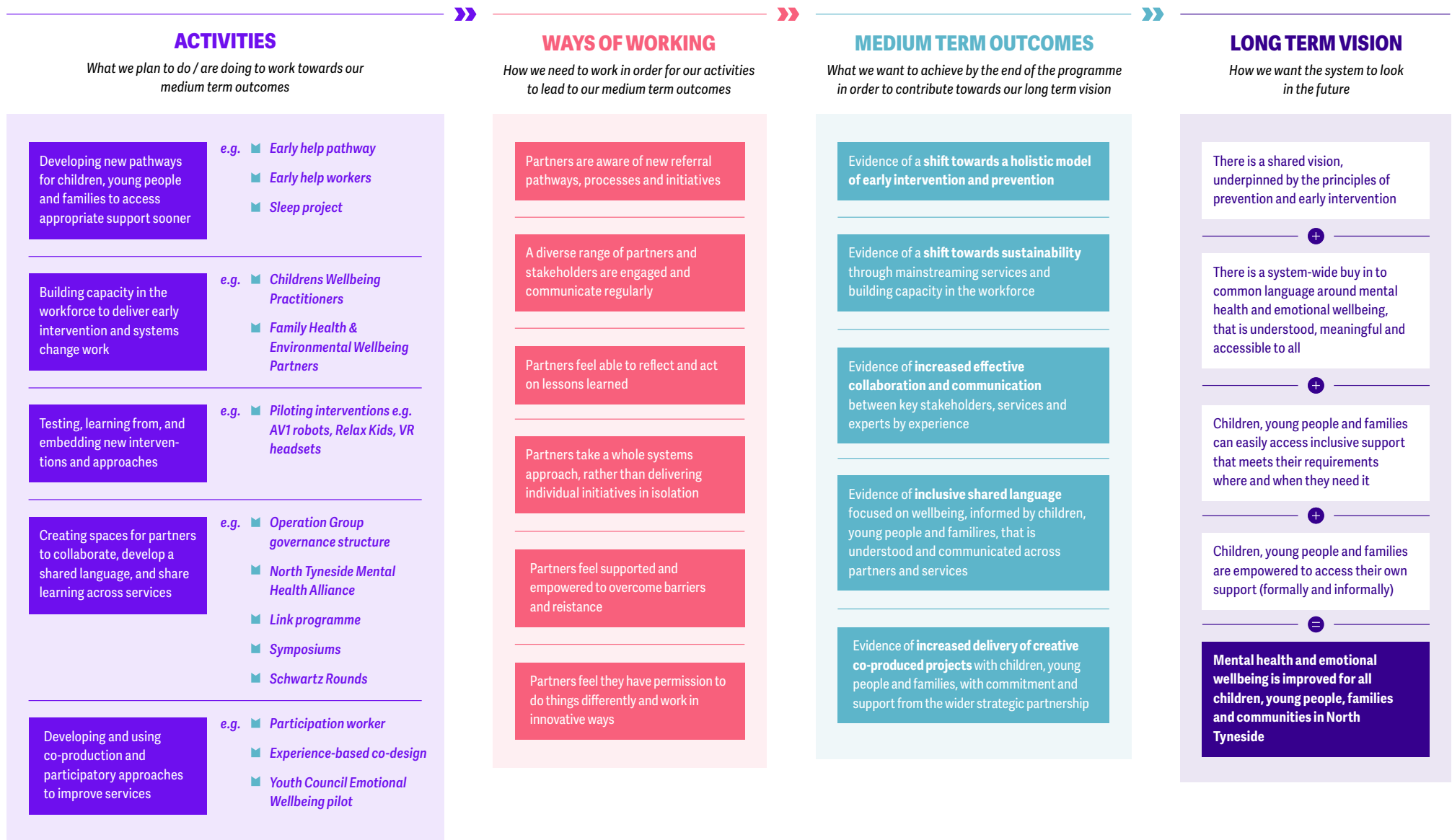
Figure 1. North Tyneside Theory of Change

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

Developing new pathways for children, young people and families to access appropriate support sooner	*e.g.* ▪ *Early help pathway* ▪ *Early help workers* ▪ *Sleep project*
Building capacity in the workforce to deliver early intervention and systems change work	*e.g.* ▪ *Childrens Wellbeing Practitioners* ▪ *Family Health & Environmental Wellbeing Partners*
Testing, learning from, and embedding new interventions and approaches	*e.g.* ▪ *Piloting interventions e.g. AV1 robots, Relax Kids, VR headsets*
Creating spaces for partners to collaborate, develop a shared language, and share learning across services	*e.g.* ▪ *Operation Group governance structure* ▪ *North Tyneside Mental Health Alliance* ▪ *Link programme* ▪ *Symposiums* ▪ *Schwartz Rounds*
Developing and using co-production and participatory approaches to improve services	*e.g.* ▪ *Participation worker* ▪ *Experience-based co-design* ▪ *Youth Council Emotional Wellbeing pilot*

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

- Partners are aware of new referral pathways, processes and initiatives
- A diverse range of partners and stakeholders are engaged and communicate regularly
- Partners feel able to reflect and act on lessons learned
- Partners take a whole systems approach, rather than delivering individual initiatives in isolation
- Partners feel supported and empowered to overcome barriers and reistance
- Partners feel they have permission to do things differently and work in innovative ways

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 towards a holistic model of early intervention and prevention**
- Evidence of a **shift towards sustainability** through mainstreaming services and building capacity in the workforce
- Evidence of **increased effective collaboration and communication** between key stakeholders, services and experts by experience
- Evidence of **inclusive shared language** focused on wellbeing, informed by children, young people and familires, that is understood and communicated across partners and services
- Evidence of **increased delivery of creative co-produced projects** with children, young people and families, with commitment and support from the wider strategic partnership

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

- There is a shared vision, underpinned by the principles of prevention and early intervention

  ⊕
- There is a system-wide buy in to common language around mental health and emotional wellbeing, that is understood, meaningful and accessible to all

  ⊕
- Children, young people and families can easily access inclusive support that meets their requirements where and when they need it

  ⊕
- Children, young people and families are empowered to access their own support (formally and informally)

  ⊜
- **Mental health and emotional wellbeing is improved for all children, young people, families and communities in North Tyneside**

Evaluation framework

The Evaluation Framework was developed to complement the work of Theory of Change.

It encompasses key medium-term outcomes that define the specific achievements it aimed to reach by the end of the programme. These outcomes are essential steps toward realising the long-term vision.

Tangible indicators have been mapped out under each outcome to help assess them comprehensively from different perspectives. The following section of this report highlights the various evidence collected from different sources, demonstrating the progress in achieving these outcomes.

However, it is important to note that the limited amount of data collected for each programme, coupled with the absence of research capturing the impact of strategic partnerships on end-user beneficiaries due to the early termination of funding, presents challenges in drawing robust conclusions or conducting detailed assessments of the programme's effectiveness. This data insufficiency impedes accurate measurement of progress against the pre-aligned indicator framework and identifying areas for programme improvement.

01 Early intervention and prevention

A shift towards a holistic model of early intervention and prevention

02 Sustainability

A shift towards sustainability through mainstreaming services and building capacity in the workforce

03 Partnership working

Increased effective collaboration and communication between key stakeholders, services and experts by experience

04 Shared and inclusive language

Inclusive shared language focused on wellbeing, informed by children, young people and families, that is understood and comunicated across partners and services

05 Co-production

Increased delivery of creative co-production projects with children, young people and families, with commitment and support from the wider strategic partnership

DELIVERY AND INSIGHTS

Outcome One

EVIDENCE OF A SHIFT TOWARDS A HOLISTIC MODEL OF EARLY INTERVENTION AND PREVENTION

01

Increase in the number of programmes focusing on early intervention and prevention and their participants

There were 16 new programmes launched as part of the Barnardo's CPP to support and enhance the health and wellbeing of children, young adults and families in North Tyneside. Thirteen of these programmes have been mainstreamed. The number of workshops, training sessions, and one-on-one supports under these programmes has increased annually since their inception and continues to grow.

Programmes and services receive appropriate referrals

Referrals to the Early Help (EH) service have increased significantly since 2019, when the first EH workers were recruited. However, it is crucial to balance increased access to avoid overwhelming the service, creating waiting lists, or indirectly increasing referrals to CAMHS. Evaluation interviews in Phase 2 highlighted the need to minimise unsuitable referrals to CAMHS. On a positive note, 98% of families did not require further support from CAMHS after Early Help intervention.

Children, young people and families have better skills and resources to support their mental health and wellbeing

Feedback from children and families in EH, The Link Programme, and trainings such as VR Headsets has been highly positive, despite the reliance on limited secondary data sources. They consistently highlighted the valuable mental health knowledge embedded within these programmes, describing it as practical and beneficial. Stakeholders expressed deep appreciation for the support received. Objectively, these initiatives have successfully fostered confidence and optimism among participants, encouraging the mainstreaming of more programmes and increased investment in mental wellbeing efforts.

End-user feedback

Comments collected through different programmes from children, parents, school staff and health practitioners.

"I feel my son has bonded with the Early Help worker and he felt comfortable discussing his mood and potential plans for self-harm. My son would come home and tell me about interventions that the Early Help worker has completed with him at school. My son enjoyed these sessions, it was a positive experience."

Early Help programme

"J has totally been blown away by the programme. He keep sasking if you will come back and says how he really felt it was beneficial. He said the main thing he learnt was about the brain and his emotions. He really felt that he has a great understanding of his emotions now."

The Link programme

"Amazing view of how the child sees the world. It makes so muchmore sense now."

"I will be more aware of how to respond to children who have challenging behaviour."

VR Headset programme

"No matter what role we are in, it is nice to hear we are all human and share the same worries and feelings."

"Very insightful and heart lifting"

Schwartz Rounds
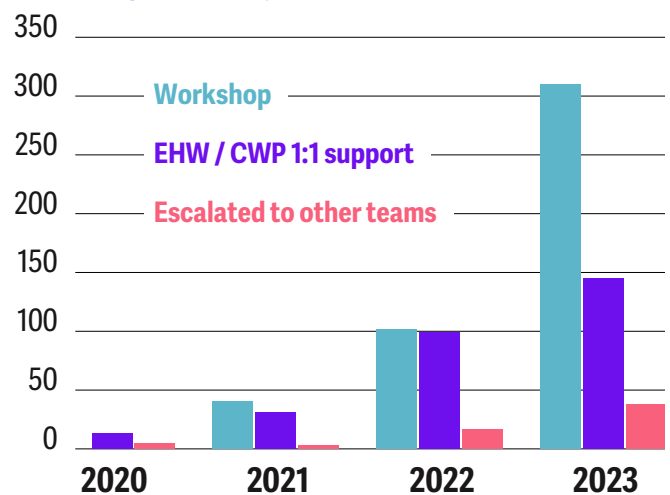
PROGRAMME IN HIGHLIGHT:
Early Help

Early Help-CAMHS was a pilot funded by Barnardo's, aimed to provide a bespoke early intervention offer for children and young people who do not meet the threshold for CAMHS services, but where there is an unmet need or a provision that could be offered to the family.

Delivery

The team offers two levels of intervention: workshops and one-on-one support, both of which have shown continuous growth since 2019 (Figure 2). Out of 933 referrals made to Early Help, 212 were accepted for 1:1 support and 541 families were invited to workshops that occurred every month.

Figure 2. Early Help Deliverables Data

Workshop

EHW / CWP 1:1 support

Escalated to other teams

Impact

Evaluation participants highlighted that the Early Help-CAMHS programme helps prevent families from reaching a higher level of need before receiving support. Early Help works 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. This programme exemplifies the shared vision of the partnership and its systems change objective.

PROGRAMME IN HIGHLIGHT:

Sleep Well

In March 2023, Sleep Well North Tyneside was launched, building on prior investments in training local practitioners in sleep support techniques through Sleep Scotland.

In March 2023, Sleep Well North Tyneside was launched, building on prior investments in training local practitioners in sleep support techniques through Sleep Scotland. This sleep programme aims to assist children, young people, and families and offers support at three levels:

- Self-help information for parents and carers
- Workshops for parents and carers
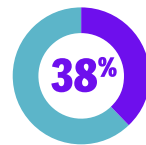- More intensive one-on-one support

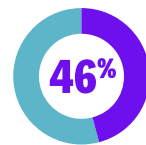Figure 3. Sleep Well Deliverables Data
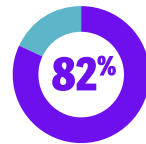
82% **Acceptance Rate**

80% of those invited to join the Sleep workshop accepted via phone call

38% **2023 Attendance Rate**

Across 10 workshops there were a total of 32 participants, many of whom attended after several reschedulings.

46% **2024 Attendance Rate**

In 2024, attendance has shown notable improvement, as 30 participants have attended 5 workshops since January, and additional 45 participants are scheduled.

The figures above reveal that despite the high level of referrals for sleep-related issues and initial acceptance of interventions, actual participation rates remained low. Substantial effort from both sides was necessary to facilitate participation. As shown, the non-attendance rate for workshops was higher than the attendance rate in both 2023 and 2024.

Outcome Two

EVIDENCE OF A SHIFT TOWARDS SUSTAINABILITY THROUGH MAINSTREAMING SERVICES AND BUILDING CAPACITY IN THE WORKFORCE

02

Investment from Barnardo's

Since the strategic partnerships were established in 2019, Barnardo's sustained investment in workforce development and capacity building has been evident, supporting programme delivery and long-term systems change (see Figure 4). The Early Help-CAMHS pilot is a good example of successful collaboration with partners to secure additional funding and mainstreaming opportunities. The Alliance leveraged Barnardo's funding to resource the pilot and then strategically collaborated with wider partners to mainstream it.

However, some participants noted that the lack of clarity regarding long-term funding and mainstreaming poses challenges to the sustainability of initiatives across the partnership and 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."
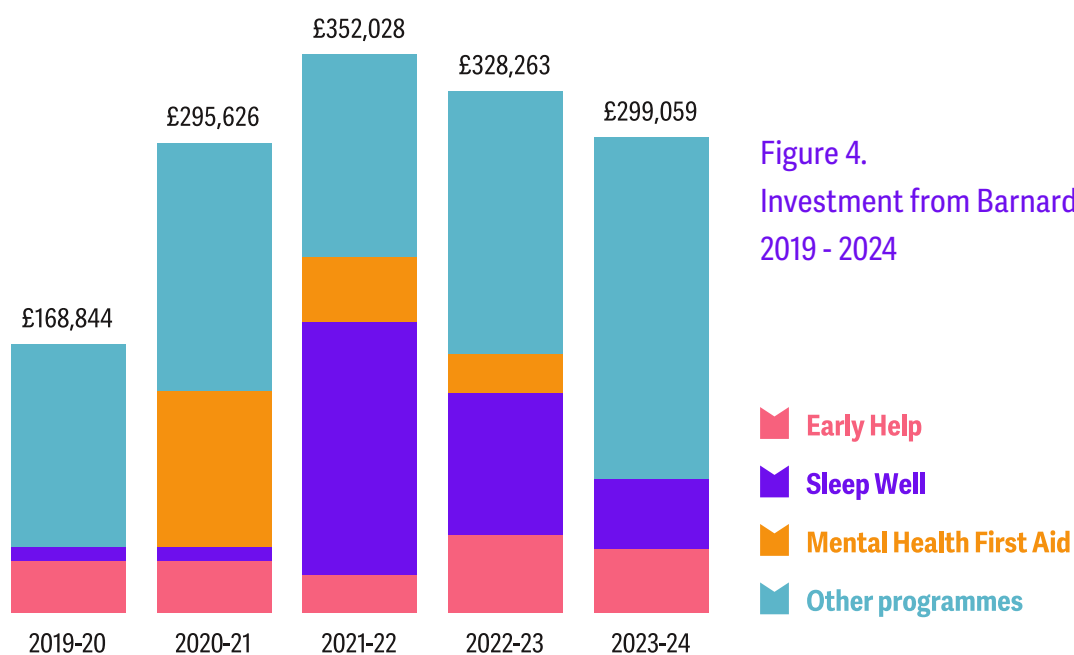North Tyneside partnership member

Figure 4.
Investment from Barnardo's
2019 - 2024

Early Help
Sleep Well
Mental Health First Aid
Other programmes

Capacity building

Across different programmes, there was a strong emphasis on capability building. Training sessions for health practitioners and school staff covered various aspects of wellbeing that are beneficial for children, pupils, and families, including Sleep Training, Mental Health First Aid, and training around trauma (VR Headsets) bringing about essential knowledge, awareness and confidence for practitioners.

"It's how the alliance has enabled us to create those opportunities for people which are really hard to do, would have been really hard to do if we hadn't had that level of buy-in, if we hadn't had this journey to get us to where we are now. I don't think we would be talking the way we are. I've noticed how different the conversations are."

North Tyneside partnership member

New positions, such as Early Help workers and Children's Wellbeing Practitioners, as well as new pathways such as the GP/Community Pathway, were created to enhance sustainable early intervention and prevention capabilities for children, young adults, and families. Table 1 presents some key outcomes regarding capacity building of the main programmes delivered within the strategic partnerships.

"That is what I feel has been a massive benefit. 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, [...] I think that there has been a shift in people's thinking and ways of working because of that."

North Tyneside partnership member

PROGRAMME	FUNDING	OUTCOMES
Early Help - CAMHS	£183,747 (13% of total funding)	⚑ Started with 2 workers which quickly grew to 4 Early Help workers and a Team Lead ⚑ Early Health Pathway ⚑ New post in place: Children's Wellbeing Practitioner
Sleep Well (including funding of Sleep Scotland Awareness)	£311,675 (22% of total funding)	⚑ Staff from across services were trained in both Sleep Awareness and Sleep Counselling ⚑ Sleep workshops for parents
Mental Health First Aid	£153,880 (11% of total funding)	⚑ 60 schools have taken part or been involved ⚑ Led to development of a half-day awareness course for early years practitioners of which 120 had been trained

Table 1. Summary of key programmes' funding and outcomes

Outcome Three

EVIDENCE OF INCREASED EFFECTIVE COLLABORATION AND COMMUNICATION BETWEEN KEY STAKEHOLDERS, SERVICES AND EXPERTS BY EXPERIENCE

03

Systems change governance groups have a diverse membership across multi-disciplinary services and stakeholders

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 and the various levels of staff.

Group members represent the key players in the mental health and wellbeing space in North Tyneside with the group chaired by Public Health. Membership represents a variety of strategic managers and officers across North Tyneside Council (Children and Families; Education, Learning and Skills; Participation and Advocacy; School Improvement; HIVE; Public Health; Children's and Adult's Services; Safeguarding and Children's Services; and Educational Psychology). At the trust and health board level, there is representation from the Integrated Care Board (ICB) and the Northumbria Healthcare NHS Foundation Trust. Third sector representation includes VODA, which participates as an umbrella organisation representing the wider voluntary sector. 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 are not funded by Barnardo's but are aligned with the work.

"I think we had a strong partnership and it has improved. [...] If you look at the local authority, the ICB, CCG [Clinical Commissioning Group] with the likes of education, the providers, and North Cumbria Healthcare, those relationships have strengthened, I think, as part of the partnership and with the voluntary sector as well, because the voluntary sector are obviously a big partner in this."
North Tyneside partnership member

Improved communication and collaboration between key stakeholders and services across the system

Many interviewees identified a 'relationship-focused mindset' towards systems change as a key strength of the strategic alliance in North Tyneside. Strong existing relationships and a history of partnership working have facilitated multi-agency communication and discussions, allowing individuals to view the system from different perspectives.

At a programmatic level, approximately 85% of Early Help Assessments (EHA) are initiated by partner organisations, and Early Help collaborates at multi-agency referral meetings to recommend support avenues and share information with relevant agencies. This process enriches understanding of family dynamics and presenting difficulties, ensuring appropriate support is provided. For example, if there is a need for a social prescriber or housing issues, relevant agencies are involved, and the right support is put in place for the family. Likewise, Sleep Well programme connects practitioners across sectors, including school nursing, Mental Health Support Teams in education settings, Educational Psychology Services and Early Help, through a collaborative champions network that aims to align systems change across services.

Evaluation participants commended Barnardo's CPP systems change programme for strengthening communication and collaboration between key mental health and wellbeing services for children, young people, and families. They noted that joint working among practitioners from varied disciplines has improved awareness of referral routes and access to provision better tailored to families' differing support needs.

"I think the level of buy-in across all partners has been phenomenal. I think the investment that people have in the programme is really positive. I think we get good attendance at the meetings. It feels like people understand it, people understand what their role is within it. [...] That all the individual bits are part of a much bigger picture. I think we've kept the momentum going which, over a long-term project, can be quite hard. I think having kept that momentum going has been really positive. We've managed to get projects that have leadership from different elements of the picture as well. I think they're for me the stand-outs."
North Tyneside partnership member

"The senior managers are really on board. They've been really supportive. I think they understand, especially just getting the CWPs in place; that was a massive push forward."
North Tyneside partnership member

Outcome Four

EVIDENCE OF INCLUSIVE SHARED LANGUAGE FOCUSED ON WELLBEING, INFORMED BY CHILDREN, YOUNG PEOPLE AND FAMILIES, THAT IS UNDERSTOOD AND COMMUNICATED ACROSS PARTNERS AND SERVICES

04

Inclusive shared language focused on wellbeing

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.

This was appreciated but acknowledged as a challenging objective, given that language is closely linked to the culture and paradigms of various professional sectors, such as social work, education, and health. Nevertheless, there was consensus that the absence of a shared language is highly problematic for children, young people, and families.

"It's how we communicate this last bit and make sure that we get that comms right, which should absolutely underline the culture change of where we're getting and that message around - which is what we're hoping for - is you don't need to get a diagnosis. Absolutely a diagnosis is there for the families that need them, but a diagnosis doesn't mean that you get services. Actually, there are things that we can try first that support the behaviours that will give both the child or young person and the family coping skills that we need to maybe try first."

North Tyneside partnership member

Programme in highlight: Neurodiversity Transformation

One significant success and shift in language was the transition from deficit-based to strengths-based communication. An example of this is the Neurodiversity Transformation programme in North Tyneside partnerships, which began in September 2023. Since its inception, the programme has hosted numerous steering group meetings, activities and symposium to define priorities and create an action plan. One of the key priorities is around Communication and Information — "developing a positive shared language and ensuring information about getting help and support is available when and how it's needed."

Activities to engage stakeholders, schools, and young people have been conducted to understand the baseline understanding of neurodiversity, identify helpful measures, and clarify expectations for change. Common themes have emerged, including a needs-led approach, focusing on strengths as well as challenges, changing language, and shifting the culture away from diagnosis as the primary goal. These themes have been incorporated into an action plan for change, with the overarching aim of making North Tyneside a neuro-comfortable place to be at home, at school, at work, and in the community.

"I think it's like a gift, something to help people understand it better"
Young person

Outcome Five

EVIDENCE OF INCREASED DELIVERY OF CREATIVE CO-PRODUCTION PROJECTS WITH CHILDREN, YOUNG PEOPLE AND FAMILIES, WITH COMMITMENT AND SUPPORT FROM THE WIDER STRATEGIC PARTNERSHIP

05

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.

One manifestation of this co-production mindset is the shift from an individualistic to a collective focus on support, with Barnardo's playing a significant role in this development. Emphasising parental empowerment and community support in meeting the needs of the child, rather than focusing solely on the individual, has been crucial in ensuring that children, young people, and families are at the heart of systems change. This approach has been a key element of many programmes developed through the CPP.

Many service providers now use the language of empowerment, reflecting a move among stakeholders from the idea of 'doing to' to 'doing with.' This shift in perspective highlights the importance of collaboration and shared responsibility in achieving meaningful changes.

Furthermore, North Tyneside appointed a dedicated Youth Participation Worker in mental health and wellbeing, funded by the strategic partnership. This worker engaged primarily with young people, as well as parents, carers, teachers, and other stakeholders, to discuss needs and contribute to project developments. The Youth Participation Worker operates mainly in schools but also collaborates with the voluntary sector, Youth Justice, Children in Care, and children with special educational needs. They reported feeling aligned with the strategic partnership's goals and engaged in the aspiration for systems change.

Under the Neurodiversity Transformation programme, stakeholder engagement and co-production remains core to its work programme. A Young Person's Group is to be established to work alongside the Steering Group. Across different programmes within the strategic partnership, the voice of children, young people and parents is included as a regular agenda item. To ensure the active inclusion of children and young people, co-production training has now been provided to

32 members of staff across the local authority and voluntary sector.

Co-production, however, is recognised as 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 represents the views of young people in that way.

"I think there's still work to do on that [youth voice]. I know things, like when our team goes 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 partnership member

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