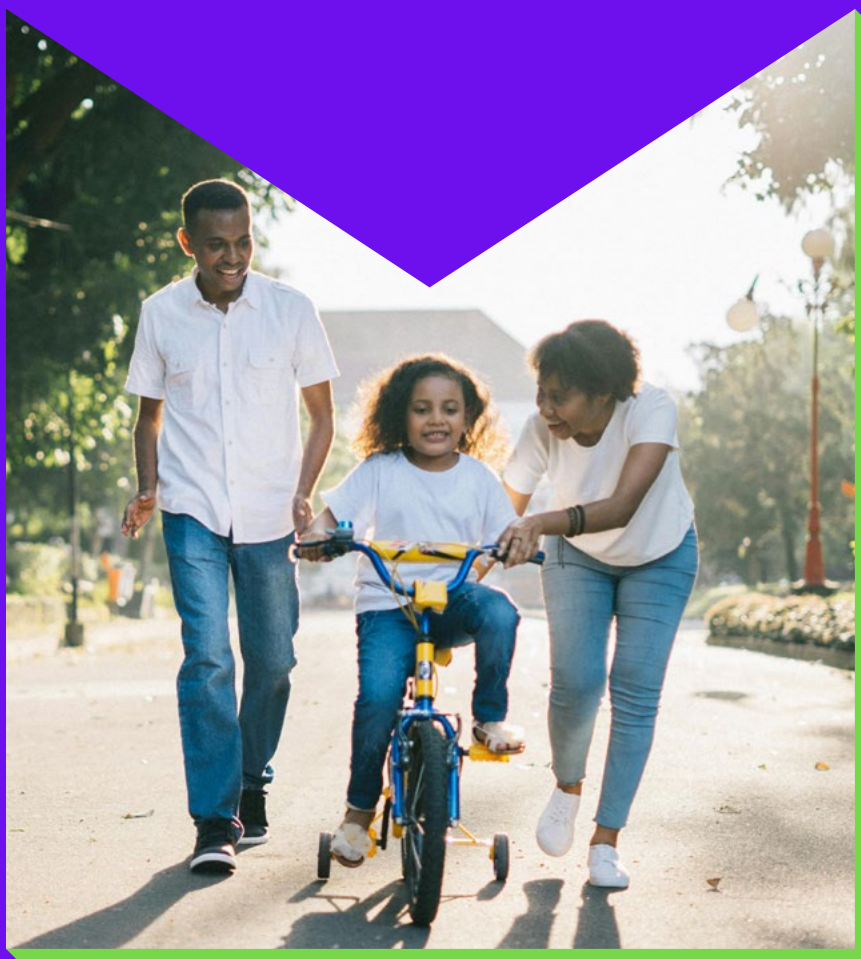
TOGETHER TO THRIVE

Task-sharing (test and learn) pilot

Process evaluation



MENTAL HEALTH FOUNDATION

October 2024

1. Background & project outcomes

1.1. Context

It is estimated that 15 to 20% of all children and young people in the UK are neurodivergent (meaning the brain functions, learns and processes information differently) (Anna Freud Centre, 2023). Over time significantly higher rates of children are being referred to CAMHS with neuro developmental differences and therefore there is a need to accept and understand difference rather than medicalise it. However, research indicates that in families where a child has neurodevelopmental differences and limited support, the wellbeing of the whole family can suffer as significant strain can be placed on family relationships (Crompton and Bond 2022). Society norms can act as a barrier to families leaving parents feeling inadequate, blamed and judged, and struggling to cope and ultimately the child themselves feeling increasingly isolated, lonely and distressed.

In Tayside a distinct Paediatric Neurodevelopmental pathway sits within NHS Tayside Child & Adolescent Mental Health Service (CAMHS), offering specialist assessment and intervention to children and young people presenting with neurodevelopmental difference. Since 2019 referrals to this pathway have increased by 400%. Specialist capacity could not keep up with this significant increase in demand and as a result there are now 2,500 children and young people waiting to be seen. Those being seen currently have waited 4 years for support, and it is likely those being added to the waiting list today will wait considerably longer.

Awareness of the impact of long waits for support on children and families coupled with belief in the need to accept and understand difference in children as opposed to over medicalisation led to the initiation of the 'Together to Thrive' (TtT) project - a multi-agency collaboration involving the Mental Health Foundation (MHF), NHS Tayside CAMHS, Dundee City Council (through the Alliance), third-sector organisations, and school referral partners.

1.2. Together to Thrive model

In response to these challenges, the Mental Health Foundation (MHF), initiated the 'Together to Thrive' (TtT) project - a multi-agency collaboration involving MHF, NHS Tayside CAMHS, Dundee City Council (through the Alliance), third-sector organisations, and school referral partners.

TtT is based on a Task Sharing model and aims to deliver transformational change in how support is delivered to families. It is focused on the provision of support for parents of children (aged 5 to 11) with neuro developmental concerns who are currently on the CAMHS waiting list or identified via schools as

having emerging neuro developmental differences. With the overall aim of providing early support and preventing escalation of children onto CAMHS waiting list where not required .

Task sharing is an evidence-based model that adapts and redirects support from specialist mental health services to community-based settings. It is based on three core principles:

- **Identification of priority health care needs of the population**

  TtT is informed by local family needs captured via CAMHS data gathered from duty calls, declined and accepted referrals, and neuro-developmental portal engagement, alongside feedback from community organisations and school referrals.

- **Training of community-based organisations**

  (CBOs) by Health Care Specialists
  TtT provides training, delivered by CAMHS staff and aligned experts, to CBO staff to enhance their knowledge, skills and confidence in working with parents of children with neurodevelopmental concerns. This includes areas of sleep management, sensory management, understanding of trauma on child development and reflective parenting. Additional areas will be developed as needs are identified.

- **Ongoing coaching of community-based organisations by clinical specialists**

  Monthly support sessions are led by the CAMHS team and open to all staff that have engaged in training. This was supplemented by 'specialist' drop-in sessions that reflected training delivery e.g. sleep management. Support was also provided via new processes for referrals and case management (via FORT), and a collaborative triage system.

1.3. Project outcomes

The overarching objective of the TtT project was to:

To improve the mental health and wellbeing of children (aged 5-11) with neuro developmental needs, by adapting and redirecting support from specialist mental health services to community-based settings.

Specific project outcomes for the test and learn phase were to:

- Ensure a shared vision between partners for the model of delivery and benefits
- Increase understanding across all partner organisations of the support that families need
- Increase skills, knowledge and confidence of staff within partner organisations
- Ensure partners feel more supported when working with families
- Enhance collaboration between partner organisations and CAMHS

2. Overview of TtT pilot

2.1. Partners and funding

The core TtT partners included MHF, Dundee City Council (via The Alliance) and NHS Tayside CAMHS. Investment of the initial Together to Thrive pilot was match-funded via contribution from Dundee City Council (via the Alliance (£50,000)), NHS CAMHS Tayside (£30,000 plus in-kind contribution) and Mental Health Foundation (£50,000 plus in-kind contribution).

The pilot (test and learn phase) launched in April 2023, with the initial training of 16 practitioners from 7 organisations in April and May 2023.

2.2. Training and ongoing support

Training practitioners within the task-sharing model was important for several reasons:

- **Skill development:** The model shifts tasks traditionally performed by specialists to less specialised workers. Training ensures these practitioners are well-equipped to manage their new roles effectively, such as conducting assessments and providing therapeutic interventions.
- **Quality assurance:** Proper training maintains care quality as responsibilities are redistributed, ensuring that all practitioners, regardless of prior expertise, achieve a standard level of competency.
- **Confidence building:** Additionally, training enhances the confidence of non-specialist practitioners, increasing their effectiveness and proactive engagement in their roles.

For the TtT project the following training was undertaken with practitioners to improve skills and confidence to work effectively with parents:

Sleep management: Training provided by CAMHS focused on enhancing awareness and understanding of healthy sleep practices, the impacts of poor sleep on child well-being, and practical strategies to promote good sleep.

Sensory training: This component covered sensory processing difficulties, offering strategies to support children and manage distress effectively.

Trauma informed care: This training aimed to deepen understanding of children's difficulties within the context of traumatic childhood experiences, emphasising how these experiences affect overall development and the crucial role of relationships in supporting recovery.

These three core training areas were supplemented by **Peer Group Mentoring and Coaching sessions,** which occurred monthly for six months following the completion of each training course.

Additionally, last year, CAMHS led the co-creation of a new **Neurodevelopmental (ND) Portal** to assist children and families on waiting lists across Tayside.

This digital resource, accessible to both staff and parents, was developed with input from CAMHS clinicians and families experienced with CAMHS services. Practitioners received training to navigate the portal confidently, utilising its content to direct families to specific resources for at-home reference.

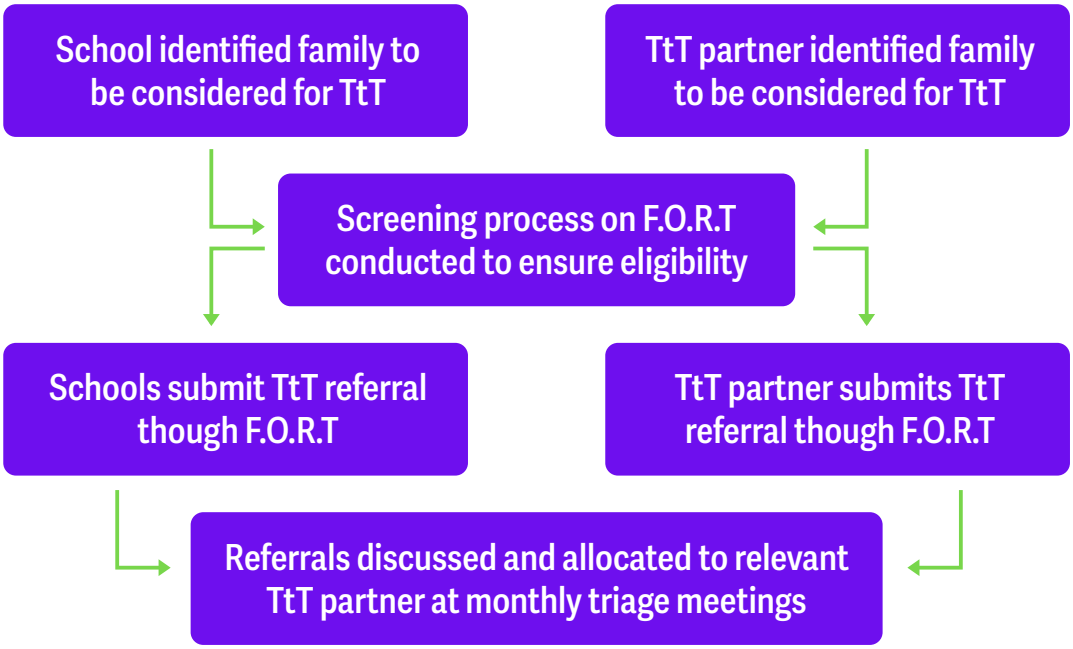
In addition, the TtT training programme included a Reflective Parenting Book Club. Reflective Parenting is a model of parenting based on theoretical ideas from mentalization – the ability of a parent/carer to understand the thoughts, feelings and intentions behind the behaviour of both themselves and their child. Prior to each session, participants were provided with material that offered insights into the reflective parenting model. During sessions the group leaders encouraged discussion and facilitated further learning around the model, enhancing participants capacity to utilise these concepts during their support of parents.

2.3. Referrals

First referrals were received by June 2023. Referrals were mostly for one-to-one support however due to a cluster of referrals from one school it was decided to develop a group model of delivery within that school comprising 6 parents. In total 71 referrals were received with 5 referrals not accepted.

2.4. Triage & F.O.R.T. system

All referrals were managed through The Fast Online Referral & Tracking (F.O.R.T) system. The FORT system is an online referral and client record management system which is operated by Advice Infrastructure across Dundee. TtT was able to utilse this system and tailor it to the specific needs of the service. The FORT system was a cornerstone of the pilot, designed to streamline the referral and tracking processes for families identified by schools or organisations as needing additional support. All referrals were processed throughout the year though this system as follows:



3. Evaluation approach & methodology

3.1. Approach

The Together to Thrive evaluation is focused on the test and learn phase of the evaluation. It is predominately a process evaluation to better understand the challenges and successes around the initial development and implementation. It provides insights into:

- Quality of partnerships developed
- Partners experiences of engaging with the initiative
- The acceptability of the systems developed to monitor progress including evaluation methodologies
- Suggestions regarding improvement to the initiative

The evaluation also provides some initial insights into the impact of the project on parents and families. However, this was not the predominant focus as this will be the aim of the phase two evaluation running over 24/25.

SUMMARY OF EVALUATION METHODOLOGIES

METHODOLOGY	RESPONSES / NUMBERS	
01 Qualitative interviews with partner organisations	15	
02 Qualitative interviews with parents	2	
03 Quantitative analysis of F.O.R.T data	From 71 referrals	
04 Analysis of Pre & Post Training Evaluation Surveys	PRE	POST
- Sleep Training	26	8
- Sensory Training	16	8
- Trauma Informed Training	11	10
05 Analysis of Partnership Scorecards	PRE	POST
- Frontline staff	17	7
- Strategic Leads & Managers	4	4
- Schools	5	1

3.2. Methodologies

Qualitative interviews: To understand the TtT project's impact, we conducted 17 in-depth interviews from November 2023 to May 2024. Interviewees included frontline staff, senior management from partner organisations, school partners, CAMHS, and steering group members. The semi-structured interviews focused on developmental challenges, pilot successes, partnership dynamics, and partner experiences to gather insights for Phase 2 improvements.

Data analysis of the F.O.R.T system: The F.O.R.T (Fast Online Referral & Tracking) system managed referrals and tracked services delivered for school referrals. It allowed frontline staff to ask parents/carers five research questions during the initial meeting and again at case closure.

Training feedback analysis: Training sessions and coaching for partner organisations were key to the task-sharing model. Participants completed an online survey via Smart Survey before training and a week after its end. To ensure anonymity, these responses were combined.

Partnership scorecard analysis: The Partnership Scorecard assessed the quality of partnerships formed through the TtT initiative. Used at two specific points, it measured changes in partnership working over time. Distributed by MHF to key contacts within each partner organisation via an online survey, the scorecard provided metrics on project aspirations, objective understanding, partnership effectiveness, and communication quality.

3.3. Ethical considerations

All qualitative interview participants provided informed consent. The study design was reviewed and approved by the steering group, with strict adherence to confidentiality and data protection measures throughout data collection and analysis.

3.4. Limitations

There were some limitations to this approach:

- Small parent sample. There was only 2 parent interviews undertaken which limits their insights as to the process
- There was a low post-training survey response which affected data completeness. While pre-training survey participation was strong, post-training responses dropped, possibly due to survey fatigue, poor timing, or lack of opportunity to apply new knowledge.
- There was similar variations in pre & post respondent numbers in partnership scorecards, limiting a full picture of partnership perception.

3.5. Evaluation findings

The next section details our findings reviewing the project's pilot year and assesses the feasibility of its continuation. This section looks at the following areas:

- Evaluation aims
- Training reflections
- Referral and triage
- Parent / carer understanding of process
- CAMHS involvement and support
- Collaborative working

4. Findings

4.1. Aims

The evaluation aims were to:

- Gain insight into the challenges and successes around the initial development and implementation of the pilot TtT initiative.
- Develop insights into the quality of partnerships developed.
- Understand partners experiences of engaging with the initiative and any improvements that could have been made.
- Examine the benefits to families, including changes in family dynamics and child wellbeing
- Assess the overall impact on families' abilities to manage their challenges through the TtT support model.
- Identify key learnings and improvements for Phase 2

4.2. Training reflections

Practitioners had a broadly positive reception to the training in general and consistently praised it all, describing it as *"brilliant," "phenomenal,"* and *"a godsend"*. It was also perceived as a supportive environment in which to discuss problems. In addition, practitioners mentioned the following key benefits of the whole training package:

- **Networking and collaboration:** The training facilitated valuable networking opportunities. Practitioners appreciated meeting others in the field and valued the reflective space provided by activities such as the Book Club.
- **Practical application:** Comments highlighted the relevance and direct applicability of the training to their work, especially in supporting families with complex needs. This was perceived as one of the key benefits of the training – that the strategies and resources were not only applicable to their specific roles within the initiative - but also beneficial in their day to day casework which they felt had enhanced their overall work with families.
- **Enhanced skills and confidence building:** Training was credited with significantly enhancing participants' skills, particularly in these specialised areas. Furthermore, it had significantly boosted some practitioners confidence, empowering them to deal with a variety of challenges beyond the direct scope of the training. This in turn had led to a personal satisfaction among practitioners when they see positive outcomes from their interactions with families.

There was some feedback indicating a desire to expand the training to include more staff within the organisations, suggesting a need for broader access to the training benefits. Some also expressed a desire for ongoing training opportunities, including refresher courses and continuous professional development, to sustain the training's impact over time.

The following sections summarises thoughts on each training course bringing together the findings from the interviews with participants and pre and post training surveys.

A) SLEEP MANAGEMENT

Only two participants had completed training on sleep / sleep management before but in both cases this was over four years ago. All participants felt the training was extremely relevant to their role and they came away from the training feeling *"extremely confident"* that they understand the importance of healthy sleep and the impact of poor sleep on child well-being. Moreover all participants felt extremely confident in putting the practical strategies they had learned to provide strategies and tools to share with parents / carers.

> *"I wasn't sure what to expect but it was very well-delivered and the resources and brilliant and will be used with families"*

Some specific insights also emerged from the interviews that highlighted the varied experiences and perceptions of the training's effectiveness.

One practitioner expressed dissatisfaction with their experience of the sleep training due to participating remotely while the session was conducted in-person. This participant felt isolated and unable to engage fully, noting:

> *"I didn't feel I got really much from that myself because I was just sitting at a screen in the corner of the room"*

B) SENSORY TRAINING

Only two of the participants in the Sensory Training session had completed any sensory training before, therefore for the majority this was new information. Most felt that the training would give them better knowledge and understanding to better support parents and felt it was relevant to their current role.

Before undergoing the training there was a noticeable lack of confidence among participants, particularly in their understanding of sensory processing difficulties and practical strategies to support families dealing with these issues. This was especially evident in their ability to advise families on managing the impact of sensory processing challenges where they had little confidence. After the training, all participants reported a significant boost in confidence. They expressed a sense of readiness and new capability to provide advice on sensory processing difficulties.

> *"It was much more interesting [than I thought]. Loved the many real life examples..."*

> *"It would be good to follow up with some more of the sensory items which were in the room but I think we ran out of time to discus..."*

For a few however the sensory training served as a reinforcement of their existing protocols. Thus while some found the training to be an excellent enhancement to their skills, others viewed it as a refresher. This variation highlights the differing levels of prior experience among the practitioners suggesting that for some participants, the training reinforced existing knowledge rather than providing new insights.

C) TRAUMA INFORMED TRAINING

Unlike the sleep and sensory training sessions, nearly all of the participants of this training had previously completed trauma-informed training in the last few years and – as a refresher course – many felt that they would be getting the latest information for best practice and build on their knowledge. Consequently all were confident that they understood the concepts behind trauma informed practice and the majority were confident giving advice to families in this area. This confidence level increased somewhat after the training. This increase in confidence and enthusiasm for the Trauma Informed Training was further highlighted during the qualitative interviews with partner organisations. For one practitioner it was instrumental in their decision to pursue further specialised training in Developmental Dyadic Psychotherapy (DDP).

> *"I didn't have any specific expectations but after doing the training and learning so much I know feel more skilled and confident in my role..."*

> *"Although, beneficial, it felt that the amount of discussion prevented the facilitators from delivering all the training material..."*

> *"Absolutely loved it. I can not believe this isn't a mandatory training for all professionals working with children and families . The principles can be applied to all families..."*

> *"The way it was put together was a little bit more focused... the language was more helpful for who we're working with in this project."*

Enthusiasm for more extensive training opportunities was evident, with one participant expressing a strong desire to re-engage with the training process, specifically pointing out the quality and impact of the Trauma Informed training:

> *"If I got the opportunity to do the [trauma informed] training again, I would bite their hand off because that was excellent."*

D) COACHING SESSIONS

The coaching sessions, integral to TtT, were perceived as a critical component in reinforcing and applying the knowledge gained during the initial training phases. Practitioners perceived the main benefits of these sessions to be:

- **Practical application and reinforcement:**
  Participants valued the coaching sessions as a platform to embed and reinforce the acquired knowledge from the training. Applying what they had learned in a supportive environment, where real-world complexities could be navigated with professional guidance was seen as a valuable part of the process.
- **Appreciation for interaction and peer learning:**
  The sessions were noted for providing opportunities to learn from peers' experiences and different perspectives. This peer interaction was crucial in understanding the varied applications of the training and overcoming challenges in practice.
- **Quality of facilitation:**
  The expertise of the facilitators was frequently highlighted. Participants felt that the coaches were knowledgeable and provided valuable, actionable advice during the sessions.
- **Supportive documentation:**
  The provision of summary documents after the sessions was particularly appreciated. These summaries helped participants focus on the discussion without worrying about note-taking, ensuring they left with accurate, concise takeaways.
- **Flexibility and accessibility:**
  The format of the sessions, whether in larger groups or smaller, more intimate settings, was adaptable to the needs of the participants. This flexibility was crucial in ensuring all participants could engage meaningfully, especially when confronting personal or professional challenges.
- **Desire for continued engagement:**
  There was a strong desire among some participants for the continuation and possibly the expansion of the coaching sessions.

Despite the positive feedback, some participants noted difficulties in attending all planned sessions due to busy schedules, highlighting a need for flexible scheduling or repeated sessions to accommodate all participants.

REFLECTIVE PARENTING BOOK CLUB

The qualitative feedback from the interviews offered a detailed view of the participants' experiences, highlighting both the strengths and challenges of these sessions.

- **Valuable learning and perspective sharing:**
  The sessions provided a platform for reflecting on professional practices and discussing various child and family dynamics in a structured yet open environment. Participants valued the opportunity to gain different perspectives, particularly on how parental upbringing affects parenting skills. This insight was noted as particularly useful in their work:

  "I think in terms of the reading material it's allowing me to have ....a wee bit of a different perspective of certain things..."

- **Community and networking:**
  The book club sessions were appreciated for fostering a sense of community among professionals from different backgrounds but within the same field. This networking aspect was seen as beneficial for sharing insights and experiences. These interactions also provided emotional and professional support, helping participants to discuss cases and personal experiences in a supportive setting.

- **Challenges with time and engagement:**
  A common challenge was finding the time to engage fully with the book club due to busy schedules and the demanding nature of their roles:

  "Yes, a lot of reading... it's finding the time on top of training that's going on, or on top of our own caseloads..."

  In addition, some participants struggled with the academic nature of the materials, which were felt to be sometimes lengthy and complex.

- **Practical applications and enhanced motivation:**
  Everybody mentioned the practical applications they found for the knowledge gained in the book club, using it to improve their interactions and relationships with families they support. These insights were directly applied to their work, enhancing their approach to care. The sessions also motivated participants to expand their reading and learning beyond the book club materials, enriching their professional and personal development.

Some feedback suggested improvements in logistics, such as providing full references for the book chapters to enhance accessibility and follow-up reading:

"it'd be good to have the full reference for the book because at times we get a chapter but I don't know what the name of the book is."

4.3. Referral and triage process

This section of the report delves into the referral system used in the Together to Thrive (TtT) initiative, focusing on its implementation, challenges, and effectiveness as perceived by practitioners involved in the pilot project. The themes that were drawn out have been gathered from in-depth interviews with practitioners, CAMHS staff, TtT's Project Manager and data from the F.O.R.T system.

The F.O.R.T. system

In analysing the F.O.R.T system data, we found that out of 71 total referrals across the pilot year, 37 were from families on the CAMHS waiting list. This signifies that more than half of the referrals aimed to address the needs of those experiencing long wait times for CAMHS services. Additionally, 5 referrals were not accepted, which is a small portion of the total, indicating that most referrals met the necessary criteria. A breakdown of month-by-month referrals is detailed graphically below:

The graph above illustrates a dynamic pattern of engagement from June 2023 to March 2024. The initiative saw a strong start with the highest number of referrals in June, totalling 14. This initial surge likely reflects a high level of awareness and need among families and referring agencies at the program's launch. The gradual increase towards the end of the year may reflect growing familiarity with the initiative and its perceived value among both schools and organisations.

Overall, although many practitioners appreciated the structured IT approach to handling referrals, some others found the system cumbersome and time-consuming. Practitioners' views of the perceived strengths and weaknesses of the system are detailed below:

Usability and functionality of F.O.R.T

Many users noted a significant learning curve associated with adopting the F.O.R.T system, especially for those accustomed to different referral management systems:

> *"I'm getting there with it. Initially, it was a lot of back and forth."*

Practitioners appreciated the accessible data, enhancing case understanding before initial contact. However, some found the interface confusing at first and time-consuming to learn. The process for exiting cases was also unclear to some users.

Data entry and duplication issues

Several practitioners pointed out that they enter the same data into both their internal databases and the F.O.R.T system. This duplication of effort, while necessary to integrate the new system with their existing processes, is cumbersome and time-consuming:

> *"We have our own referral and client management database...we are running into, or have run into having to duplicate some of the stu"f."*

The F.O.R.T system however has brought a number of benefits to the initiative allowing an efficient referral and triaging system to develop. Benefits include:

- A centralised hub for the collection and storage of referral information with detailed documentation on family situations and progress.
- A streamlined referral process making it easier and quicker for schools and organisations
- Facilitates involvement of the various organisations (third-sector agencies, schools, CAMHS) allowing better collaboration and communication
- Prioritises cases and the appropriate timely support for families leading to faster triaging.

Analysis of F.O.R.T. system data showed that many practitioners failed to complete the research questions meant for parents/carers during the first meeting. Barriers included forgetting the questions, being unaware of them, and parents not returning paper copies. The added workload frustrated staff and may have deterred full engagement with the F.O.R.T. system, contributing to incomplete data:

> *"The design of where the research questions came in is a bit fiddly..."*

Out of the 71 referrals, only 21 participants completed some or all of the research questions, which limits the capacity to generate meaningful or statistically robust findings. Consequently, the data presented here are reported in absolute numbers rather than as percentages.

The initial questions were administered at the start of the referral process. However, despite the protocol requiring a follow-up assessment just prior to the parent's exit from the TtT programme, only 2 referrals completed the repeat questions at this stage. This insufficient follow-up response rate means we have no comparative analysis of participant outcomes before and after their involvement with the TtT program.

F.O.R.T. RESEARCH QUESTIONS

01	How well have you been able to cope with difficult family experiences?	Very well /well	6
		Neither	7
		Not well / Not at all well	5
02	Are you comfortable with how you and your child get along?	Very comfortable / Comfortable	12
		Neither	7
		Uncomfortable / Very uncomfortable	2
03	How able are you to support your child's sleep?	Very able / Able	6
		Neither	5
		Not very able / Unable	3
04	Does your child have sensitivities that appear to be related to their senses?	Yes	3
		No	21

Suggested improvements to F.O.R.T

While the F.O.R.T system has significantly contributed to the efficiency and effectiveness of the project, feedback from practitioners highlights a few areas for further development:

- Enhancements in user interface design
- Clearer functionality
- Reduced need for data duplication
- Hands-on training on F.O.R.T.

Triage meetings

The feedback from practitioners regarding the triage meetings highlighted several positive aspects but some issues were flagged.

For some, there were logistical challenges related to scheduling and staff availability to attend triage meetings. Fridays, in particular, proved to be a difficult day, requiring a great deal of juggling:

> *"Because they have booked in on a Friday, I have caring responsibilities, so I'm trying to get to one every two, three weeks."*

Practitioners who attended the triage meetings experienced initial uncertainties about how to efficiently manage and discuss referrals, indicating a learning curve in the early stages of implementation:

> *"I remember the first triaging meeting, we weren't even sure what we're meant to do."*

However, over time, roles within the triage process became more participatory and clarified, with practitioners becoming more actively involved in decision-making, which enhanced their engagement:

> *"Now, I'm a bit more part of that conversation."*

Managing capacity

A significant challenge identified however is the mismatch between the number of referrals agreed at the Triage meeting and the capacity to manage them. Practitioners' feedback did highlight significant capacity issues when it comes to managing additional referrals and many expressed frustration over the limited resources available to accommodate all referred families. In addition, limited staff in some partner organisations led to strain, with some being the sole providers accepting referrals. Existing high caseloads and waiting lists prevented some organisations from accepting any new referrals:

> *"The number of referrals is there. The number you can take's there. It's just trying to match them up and prioritise. That can be difficult... and is not sustainable..."*

> *"We have to watch they're not getting overwhelmed because this could be over and above..."*

Practitioners mentioned the importance of managing their caseloads effectively whilst accepting referrals and some organisations faced significant capacity challenges, making it difficult to take on new referrals.

The availability of trained staff was another critical factor affecting capacity and more than one organisation pointed out that having more trained staff would have made a significant difference in their ability to manage referrals.

One practitioner explained how they initially set a limit on the number of TtT cases they could handle to see how it could fit with their existing workload. This approach allowed them to gradually increase their involvement as they became more comfortable with the management of these cases:

"I think I set myself a bit of a limit for the Together to Thrive, just to begin with to see how it worked with your own caseload, and through doing that I've been able to say, actually, no I could pick up another one, or another two."

Despite these teething problems, the multi-disciplinary nature of the triage meetings is viewed positively, with practitioners valuing the diverse perspectives brought by different stakeholders. The collaborative environment and resource-sharing among partners were also appreciated

"It's been working fine....I actually am enjoying being part of the triage meetings."

"Partnership working is key... We have to share resources, we have to share our knowledge base."

4.4. Parent / carer understanding of process

There was a noted concern about the level to which families understand the purpose of their referrals and a recurring challenge was ensuring that families fully understand what the TtT initiative entails.

Practitioners often find themselves explaining the project's purpose to families who were unclear about the support being offered. Practitioners commented that families often did not have a clear understanding of what the project entailed at the onset, which necessitated additional explanations:

> *"a lot of the time the families I've met with so far, you're having a discussion to begin with explaining what the project is, and it's like they didn't know at all to begin with."*

To address this issue, a leaflet for parents and carers was designed to be given when they were first referred. However, some practitioners were unaware of the leaflet, or felt it was not accessible enough for parents and carers in terms of language used.

We asked one of TtT's sessional workers to informally ask some parents about the leaflet to gather their initial thoughts, and opinions were divided on its usefulness. While some parents and carers found it easy to understand, concise, and simple, others experienced some struggles:

- No mention of how a parent would initially access the service
- Lack of information regarding schools involved

> *"Maybe provide a brief outline of how to access the program or contact details. Maybe ideas for the duration of the program. How long families can expect the support"*

4.5. CAMHS involvement & support

The feedback from practitioners regarding the support they received from CAMHS during the pilot year revealed several key learnings about the task-sharing model and what makes it work:

Regular contact and meetings: Practitioners appreciated the regular Book Clubs facilitated by CAMHS, which provided opportunities for discussion and problem-solving. These meetings helped maintain communication without overwhelming the practitioners:

> *"If there's any issues we would discuss it there and then at these monthly meetings... it's not overbearing."*

This structured yet flexible approach ensured that practitioners felt supported by CAMHS.

Professionalism and commitment: The CAMHS staff involved in TtT were consistently noted for their commitment and professionalism. Practitioners highlighted the dedication of these key CAMHS staff members whose involvement they felt significantly contributed to the project's success. The professionalism and knowledge of CAMHS staff were also highly regarded

> *"They're really committed to it and that comes across really strongly."*

> *"...they're really professional, really knowledgeable about different subjects."*

Changing perceptions: Some practitioners initially had reservations about CAMHS, influenced by past negative experiences or feedback from families. However, their involvement in the TtT initiative, particularly through interactions with dedicated CAMHS staff, led to a positive shift in their perceptions:

> *"My opinion has completely turned around with [CAMHS staff] there. They are just wonderful women, and they are so dedicated and passionate about young people."*

Cultural shift: The integration of CAMHS support within the TtT initiative also involved navigating cultural shifts within CAMHS. Practitioners acknowledged the challenges of this shift but recognised the incremental progress being made:

> *"I don't have illusions about how difficult a culture shift is within CAMHS... but you have to start somewhere."*

Direct support and communication: While some practitioners noted that there was not always direct contact with CAMHS for individual family cases, the established communication channels and the ability to reach out directly if needed were valued:

> *"I presume the expectation is, if we did have issues, or any questions or concerns, we could then email and that wouldn't be an issue at all."*

4.6. Collaborative working

This section looks at how practitioners think they are working collaboratively and analyses the data from the partnership scorecards sent to all partners at the beginning of the pilot and the end.

Development of a collaborative culture

One of the key achievements of the Together to Thrive (TtT) initiative has been the development of a collaborative culture among CAMHS, schools, and third-sector agencies. This collaboration is described as more than the sum of its parts, reflecting a synergy that has been difficult to achieve in the past. The integration of these diverse organisations, each with their own entrenched cultures and operational silos, is seen as a significant step forward. A practitioner highlighted the excitement of seeing these institutions come together to truly task-share:

> *"It's the triangle that's developing, and the culture shifts that are beginning to take place. CAMHS, schools, and third-sector agencies coming together to create something greater than the sum of its parts. To me, that's so exciting to see, finally! The fact that they're at the table, coming together, and investing in training and task-sharing is just hugely exciting."*

This in turn has fostered more relationship-building among professionals who typically do not work together. This has been perceived to be both challenging and rewarding. One practitioner noted the significant relationship-building achievements and the new opportunities for CAMHS to engage in broader conversations:

> *"The fact that we have built relationships is something CAMHS would never have had the opportunity to do otherwise. CAMHS would never have had the chance to be part of these conversations. This has been a major challenge, but also a significant success."*

The partnership scorecard

The partnership scorecard was a way of identifying the extent to which the Together to Thrive partnership was working cohesively and effectively. The scorecard was initially completed by all partners (strategic leads, frontline staff and schools) early in the pilot project lifecycle and at the end of the first year to allow for reflection prior to completion. There were 13 partnership areas to score according to which statements participants feel best reflected how the partners were working together.

The scorecard was distributed to all participants via online survey software Smart Survey. In the initial scorecard 26 completed it, however the post pilot survey only had 12 responses. Due to this we have aggregated all responses and analysed to give a flavour of responses rather than definitive numbers.

PRE AND POST PARTNERSHIP SCORECARDS

AREA	+/- CHANGE	PRE SCORECARD	POST SCORECARD
Shared vision	0.1	4.3	4.4
Objectives	0.2	4.1	4.3
Knowledge	0.5	3.9	4.4
Ownership	0.4	2.8	3.2
Development	0.6	3.5	4.1
Achievement	0	4.1	4.1
Communication	-0.2	4	3.8
Leadership	0	4.3	4.3
Influence	-1.5	4	2.5
Building capacity	-0.2	4.2	4
Sustainability	1.1	2.7	3.8
Collecting evidence	0	3.0	3.0
Learning culture	0	4.2	4.2

The partnership scorecard data reveals several notable changes from pre- to post-training responses:

- **Sustainability:** Increased by 1.1 points (from 2.7 to 3.8), indicating greater confidence in the initiative's long-term viability. This improvement was driven by strategic leads and frontline staff moving away from "Don't know" responses.
- **Development:** Positive shift of 0.6 points, suggesting improvements in partnership growth and progress.
- **Knowledge:** Increased by 0.5 points, reflecting enhanced understanding among participants.
- **Ownership:** Rose by 0.4 points, indicating increased responsibility for their part in the project
- **Objectives**: Improved by 0.2 points, showing better goal clarity amongst partners.

Conversely, some areas saw declines:

- **Influence:** Dropped by 1.5 points (from 4.0 to 2.5), indicating a reduced sense of a collective voice on community-based mental health and emotional wellbeing prevention and early interventions. The decrease was marked by an increase in "Don't know" responses post-training.
- **Communication and building capacity:** Both fell by 0.2 points, showing slight declines.

No changes were observed in Achievement, Leadership, Collecting Evidence, and Learning Culture, indicating stability in these areas.

Overall, the data suggests mixed outcomes with significant advancements in some areas and challenges in others.

4.7. Neurodevelopmental (ND) Portal

The Neurodevelopmental (ND) Portal was developed by NHS Tayside (CAMHS) to address the urgent need for accessible information and strategies to support children and young people, as expressed by families. The portal was created after CAMHS data revealed that children exhibiting challenging behaviours and other influencing factors benefit significantly from early interventions. These interventions focus on guiding and supporting parenting, improving family relationships, and building active skills with children. This online programme of support for children and families across Tayside can be undertaken whilst they wait to be seen by CAMHS.

To ensure the portal's content met the real needs of families, an online survey and focus groups were conducted, involving 300 families. Their feedback was instrumental in shaping the resources and information available on the portal. In addition, recognizing the importance of the parents' voice in the portals' development, parents and carers were included as partners in co-creating this resource.

Practitioners were given an online tour of the ND Portal, enabling them to effectively utilise this resource with the families they support. Additionally, parents and carers were provided with login and password details, allowing them to access the information and resources at home.

Overall impressions

The majority of practitioners generally viewed the ND Portal positively and there was a great deal of strong endorsements for the help it had provided. It was described as a valuable resource for both practitioners and families navigating the CAMHS waiting list. Consequently practitioners have actively used the portal to sign up families, who have in turn utilised the resources effectively without any major issues. There was a great deal of enthusiasm about expanding access across all families in Tayside.

The portal is praised for its usefulness and ease of use, with remarks such as:

"it's fabulous"

"really helpful"

" you can explore every rabbit hole imaginable."

"The portal now is great. I've signed a few families up to it. They seem to be working really well, no issues that I would say."

"So one of the families is using one of the workbooks together with the young person. That was through the portal."

Challenges

Although the feedback was predominantly positive, a couple of challenges were noted. Firstly the difficulty of accessibility on mobile devices. One of the practitioners interviewed pointed out that one of their families was having difficulty due to the smaller text size on phones. Another issue was a noted delay in obtaining logins for the Portal, which affected the timeliness of support provided to families.

4.8. Families engagement with TtT

The feedback from both professionals and parents has underscored the positive impact of the initiative on families and practitioners commented on all the feedback they received about the transformative effect the project had on some families.

Reason for involvement

The research found that parents were motivated to become involved by the opportunity to receive support sooner rather than later. Struggles with managing daily routines with their children drove these parents to agree to help through TtT. One parent described their experience:

> *"I was just struggling, morning routine, night-time routines. Then I'd got in touch with the school and said, 'I need help…"*

For those engaged in the school group model parents were not only motivated due to their own family's difficulties, but also to find common ground with others facing similar challenges in a setting that was thought to provide a non-judgmental environment where they could share experiences and advice:

> *"Not just speaking to maybe a family member, you're actually speaking to people that are actually going through it as well and they understand you, and there is no judgment."*

Desire for a diagnosis

Some parents joined the initiative with the expectation of finding quick solutions, such as a diagnosis or medication. However, practitioners emphasised the importance of setting realistic expectations and focusing on ongoing support. One practitioner noted:

> *"A lot of families, a lot of our mums just want a diagnosis. They just want to know that they'll get a pill and everything will be fine."*

Interestingly, interviews with practitioners, parents and carers highlighted that while families have experienced positive outcomes from participating in TtT, they still view their future CAMHS appointments as the ultimate solution to their challenges. This dual perspective can present challenges when working with families initially. They have high expectations for CAMHS, anticipating quick solutions and diagnoses. This can sometimes lead to frustration when they realise that ongoing support and self-management are also necessary components of TtT. As one practitioner noted:

> *"I work in the field, but I still had that expectation that CAMHS is going to fix things." This highlights the need for setting realistic expectations early in the referral process.*

What we found was that overall there is a significant desire among families for a formal diagnosis, which they believe will provide clarity and validation for their children's conditions. However, the need for a diagnosis can sometimes overshadow the benefits of immediate support and intervention provided by TtT. As one practitioner observed:

> *"Families are wanting that clarification, and they really want the diagnosis, but I don't think some realise.... the support is the priority."*

It was clear that TtT has played a critical role in changing parents perceptions and managing expectations about mental health support for children. Although families often expected quick fixes, through TtT, they learn to engage in ongoing support and strategy implementation.

Interviews also highlighted some perceived concerns for families. For instance, families waiting for CAMHS might be hesitant to engage with TtT, fearing it might affect their position on the CAMHS waiting list. One practitioner explained:

> *"Families are waiting in excess of three years for an appointment...so of course they are afraid that this impacts on their waiting list place"*

> *"If they were to come off [the list] to try this, then they are afraid they might actually end up at the end of [CAMHS] waiting list."*

Family readiness

Parents engaged with TtT displayed a readiness to explore different strategies and interventions to support their children better. This openness to trying new methods was highlighted by a parent who said:

> *"I'm just willing to do anything and try different things to see how it progresses."*

The readiness of families to engage with the initiative in some cases can be a challenge. Some families were not prepared for the level of commitment required, leading to disengagement:

> *"We've had a couple of families in last month. They clearly weren't ready for change, they're not picking up the phone, they're not answering texts."*

However, for the task-sharing model of TtT to be effective, families must be ready and willing to engage with the initiative. Some families preferred to wait for CAMHS, believing it to be the only solution. Thus, practitioners emphasised the importance of setting realistic expectations and highlighting the immediate benefits of TtT:

> *"Are they ready? Do they actually really know what we're offering?"*

Impact of involvement

Many practitioners and parents reported significant early improvements in the family dynamic and child well-being:

> *"The support we were doing in that hour, two hours, it's completely changed the family setting,"*

> *"It's improved the child's well-being in terms of going into school herself."*

> *"Once we started on the sleep stuff it just clicked into place..."*

> *"Hearing feedback from parents that the initiative has changed everything for their family is a great win. It's reassuring to know that the work we do can have such a significant impact."*

Access to trained support and resources:

The task-sharing model has facilitated access to trained support and resources that families might not have otherwise reached:

> *"They may not have found the centre themselves*

> *"they're getting the right support because of the training that these three staff had had"*

Enhanced parenting skills and confidence:

The initiative has significantly boosted the confidence and skills of parents. For instance, one parent shared:

> *"I can take a step back and look at it from angles where I wouldn't have"*

Illustrating how the support provided has equipped parents with new perspectives and strategies. This empowerment enables parents to better handle their children's needs and behaviours, fostering a more supportive and understanding family environment.

Building long-term relationships and support networks:

The TtT initiative has also helped in building long-term relationships and support networks for families. This idea that they have continuous support was seen as essential for sustaining positive changes and providing reassurance to parents. One parent stated:

> *"It's good to know that there are people, if it got bad again, that I could speak to,"*

School support group

The school support group was developed as part of the TtT model to provide a more efficient and supportive alternative to one-on-one sessions. Instead of individual support, a school identified and referred parents with the intention of bringing them together in a group setting. This offered them additional peer support alongside the opportunity to learn about sleep management, sensory processing etc from 2 or 3 TtT practitioners on a weekly basis.

The setup of the group involved careful planning to ensure regular meetings, the provision of refreshments, and the establishment of ground rules for confidentiality and trust. This structure allowed for more efficient use of resources, addressing the capacity issues that come with one-to-one referrals. Additionally, it created a supportive environment where parents could share their experiences and strategies, enhancing the overall impact of the TtT initiative.

4.9. Model sustainability & capacity building

Practitioners we spoke to widely recognised the task-sharing model as a more efficient way to manage resources, emphasising its potential for better resource allocation. However, there is a significant concern regarding the sustainability of this model, particularly given its heavy reliance on the goodwill and commitment of third-sector organisations. One practitioner highlighted this imbalance, stating:

> "It's heavy on the third-sector organisations' goodwill and commitment. Long-term sustainability will require a more balanced distribution of responsibilities among CAMHS, schools, and third-sector agencies."

Several key themes have emerged regarding the model's sustainability, as discussed by the practitioners involved.

Improved resource management

Practitioners widely agree that the task-sharing model facilitates better resource management.

> *"I think it's a better way of managing resources.*

This sentiment is echoed by others who see the value in leveraging existing relationships and expertise within the community to address the needs of families waiting for CAMHS

Dependency on third-sector goodwill

A significant concern raised is the heavy reliance on third-sector organisations' goodwill and commitment. While third-sector agencies recognise the model's value and are willing to absorb the additional workload, this dependency is not sustainable in the long term.

One practitioner noted:

> *"It feels it's heavy on the third-sector organisations' goodwill and commitment, because we all recognise that this is a good way of doing things"*

> *"Long-term, that's not a good model to self-sustain, and especially not for us third-sector agencies"*

Flexibility and evolution of the model

The task-sharing model is appreciated for its flexibility and the ability to evolve based on feedback and experience. This evolution also led to some confusion and frustration in the initial stages. This adaptability is crucial for its success. As one interviewee stated:

> *"I think what we had understood it to be maybe is not how it's evolved, but I think it's continuously evolving"*

Importance of communication and collaboration

Effective communication and collaboration among all involved parties are essential for the model's success. Understanding each organisation's role and the resources they bring to the table enhances the support provided to families. One practitioner highlighted the importance of shared knowledge, saying:

> *"It is listening to what other people are doing, what is their day-to-day like"*

Capacity and burnout concerns

A recurring theme is the challenge of building capacity within organisations that are already stretched thin. One practitioner expressed this concern:

> *"It's really difficult to see how you're going to build capacity when you're at capacity"*

5. Key learnings from the pilot

The Together to Thrive (TtT) initiative has received overall positive feedback throughout this evaluation and in particular the training was valued, coaching was extremely beneficial, and joint triage meetings were a linchpin. The model's acceptability among practitioners is reflected in the high numbers volunteering for training in the next phase.

However, several key learnings have emerged:

- **Training and coaching:** Training and coaching should remain central to the model, with a preference for face-to-face interactions. This approach has been highly valued and should continue to be prioritised.
- **F.O.R.T. system:** The F.O.R.T. system has been effective for smooth referral and triage processes but has faced a few challenges as a monitoring and case management tool. Issues stem from a lack of understanding of its importance post-referral and a lack of familiarity and confidence with the system.
    - Recommendations include providing more training and support for users and exploring new ways to capture parental progress against project outcomes.
- **Referral process:** There is a need for improved tools for referral organisations to ensure they and the parents they refer understand the criteria and what to expect from TtT support.
- **Research and feedback:** Improved systems are necessary for gathering impact insights, including data on moving on/exiting, and the importance of post-training evaluation feedback, and parental feedback.
    - We recommend that the F.O.R.T research questions be removed from the F.O.R.T interface. Instead, MHF should distribute these directly to parents using a mobile-friendly online survey to streamline the feedback process and increase response rates.
- **Practitioner capacity:**
    - The capacity of practitioners remains an ongoing issue. The enhancement model requires community organisations to take on cases without additional financial support.
    - This aspect will need continuous review to ensure the model's sustainability.

These learnings highlight areas for improvement to enhance the effectiveness and sustainability of the TtT initiative.

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