Children and young people's mental health resilience project

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Y Sefydliad Iechyd Meddwl

GIG CYMRU NHS WALES

Resilience Project Prosiect Gwydnwch

Llywodraeth Cymru Welsh Government

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Executive Summary

Our children and young people are precious to us all. We want the best for them. Our system can often supply the educational and physical requirements for our children, but are we getting the emotional support right? Who does a parent call when her child's behaviour starts to become unmanageable? How does a teacher respond to a pupil who is self-harming? What does a parent say when his teenager is too anxious to go out and is not sleeping properly?

More seriously, if these behaviours occur with a backdrop of adverse childhood experiences like bullying, social exclusion, abuse, neglect, abandonment, family separation or domestic violence - the child or young person's brain is more than likely being adversely affected.

Roll on 10 or 20 years, and 50% of these same children and young people are struggling with their mental health and their children are now also at risk of developing their own mental health problems – and so history repeats itself (Mental Health Foundation, 2015).

Can our health, social care and education system work together to arrest this cycle? Our current children and young people's mental health services are often not able to receive children before they become unwell. These children are often deemed as the 'missing middle'.

The Resilience Project wanted to try to address these issues by:

- Giving accessible, fast support to parents whose children do not meet the criteria for mental health services.
- To build mental health capacity, knowledge, and confidence within the education system.
- To promote joint working between health and education.

Since October 2019, and with a current team of 6 Resilience Workers, 3 part time clinical psychologists, an occupational therapist, art therapist and project manager, the Resilience Project has achieved the following:

- Education staff requested support for 181 children and young people, who received a professional consultation.
- 177 families have been supported through direct intervention (Resilience Project and through other health teams).

'... it's like a weight off my shoulders and actually understanding his behaviours...what he's thinking and why he does what he does, and it started to make a bit more sense. It was about us coping together, so that the way I deal with him helps him, and how he behaves and how I deal with it helps him...he's a lot happier as well...I've shared things with my mum and dad...and they were like wow!' (parent)

'... it was absolutely heart-breaking ... it got to the point where she was not sleeping in the nights... it was a dark place for everybody, I didn't want her suffering... but now, she'll go up to him [teacher] and say "sir, can I read to you?" and Alice was never like that. If you put her on the spot, she would absolutely hate it..... the difference in Alice from May, June to now has been tremendous... I spoke to her teacher yesterday...he said it's like seeing a different child. So, it's been absolutely fantastic the help they have given me' (parent)

- 938 education staff including school nurses received training.
- 45 resources developed for educators, parents/carers and children and young people.
- 13 YouTube resources produced that have been watched 2,468 times.
- 33% of children and young people receiving a consultation or formulation for the Resilience Project indicated a key theme of the request related to a developmental trauma.

- 83 CYP receiving a consultation or formulation had been previously referred to either a mental health or neurodevelopmental service at least once, and 55 had received 2 or more referrals to either or both of these services.
- 90% of educational staff felt confident using what they had learned during training in their working practice.
- 82% of education staff felt confident in using what they had learned from a formulation/consultation session.
- 90% of parents felt confident using what they had learned during an intervention session in their everyday life.
- Increased joint working between education and health.

'Every opportunity we take to work across sectors enables us to better understand the reasons why we work in different ways, the unique priorities, strengths and limitations that we each have in addition to our shared aims (Engagement Service Lead, Education) and

'...it felt like education is over there and social services is over there but actually it has, it feels like it has brought us much more closer together and understanding how we work and what the issues are and what the difficulties are (Lead of Children's Psychological Therapies)

The learning and recommendations from this project so far are:

- Clear leadership and authority from the start.
- Mapping the needs of the educational staff, children and young people and not repeating existing provision.

- Improving the marketing of resources.
- Increasing the diversity of children and young people reached including Welsh language speakers.
- Increasing face to face provision as the pandemic subsides.
- Considering scaling up this model throughout Cardiff and the Vale as well as locally and nationally.
- More involvement of staff and children/young people in the evaluation process.
- Persevering with partnership working across sectors where the following themes are considered: clear leadership, governance, flexibility, clarity, time and openness.

In summary, this project has and is demonstrating that putting accessible, systemic, trauma-informed resources in 'up-stream' to support non-health staff and the families they work with, can indeed help prevent children and young people being left in the 'missing middle'. This in turn can help prevent mental health issues developing. In addition, working in partnership across all sectors can reduce duplication and increase understanding ultimately enhancing the provision for the child and young person.

Introduction

'Our children and young people's mental health needs attention, now more than ever! Those who have experienced difficult childhood experiences particularly need our attention because of the potential long-term effects on their health. The Resilience Project has navigated a new way to connect directly with teachers and the children and young people they work with, to help offset mental health issues developing or deteriorating. The Mental Health Foundation have been delighted to have helped shape this project with Cardiff and Vale Health Board to the success that it is now.'

Jenny Burns (Associate Director, Mental Health Foundation)

"The Resilience Project has been set up to provide early help to those children and young people beginning to display distress, but who do not meet criteria for other services. It is breaking new ground because we are bringing together education and clinical knowledge and skills from health to improve the mental well-being of children and young people."

Dr Gwen O'Connor (Clinical Lead, Resilience Project)

The Children and Young People (CYP) Resilience Project is a pioneering partnership between the Mental Health Foundation (MHF) and Cardiff and Vale Health Board, bringing together the education and health sector to support the wellbeing of our Welsh CYP.

This innovative way of working, bringing together health, social services and education with involvement from a third sector charity, is ground-breaking. CYP are central to this project, however building capacity, understanding and knowledge with CYP staff and workers is the focus of this project. This service provision stands out from many others with regard to this approach.

Different environments impact the

health and wellbeing of CYP. Home, community and school are integral to their development and path through life. Therefore, this project is a holistic, multifaceted approach that focuses on the CYP in the context of their environment and the support network this offers.

From the outset this project was designed to be a preventative, transformative and capacity building, with the potential for scaling up across Wales and UK. The project vision was to build greater capacity, expertise and mental health resilience for CYP in educational settings across Cardiff and the Vale. By supporting and increasing confidence of those supporting CYP, this project hoped to increase resilience and reduce the impact of mental health distress.

The aims of the Resilience Project echo this vision and were as follows:

1. To enhance the joint working between education and health, to improve mental well-being of Children and Young People (CYP)

2. To increase mental well-being support and interventions for CYP through supporting education staff

3. To increase the confidence of all those working with CYP in relation to mental health

4. To decrease inappropriate referrals to Child and Adolescent Mental Health Services by providing support to the 'missing middle'

Resilience Project Design

This project was designed, based on a needs-led service model which uses clinical and psychological knowledge to support different parts of the system around the child. This included providing resources for parents and staff, training for those supporting CYP, consultation and team formulation for professionals with concerns about children, group work and direct intervention (see Figure 1). This model will form the structure of this report where each level will be described and explored considering the findings of the service evaluation carried out by MHF.

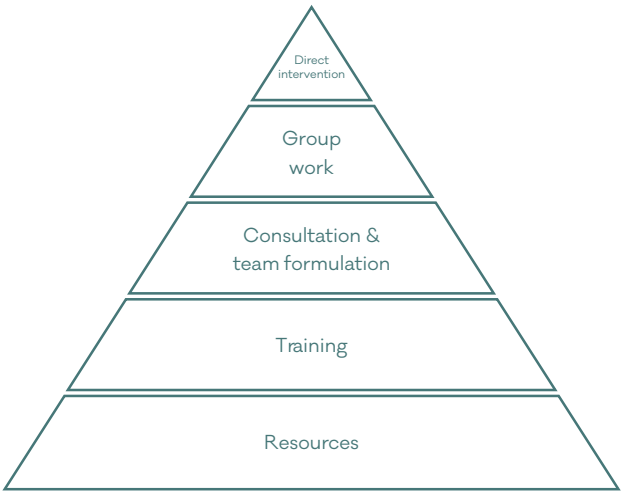


Figure 1. Service Model

The CYP Resilience Project was funded by Welsh Government- 'A Healthier Wales' Transformation Fund (TF), initially for up to 2 years. This fund has been distributed throughout Regional Partnership Boards across Wales aimed at achieving a 'long-term future vision of a 'whole system approach to health and social care' (Bebb

& Bryer, 2020; Welsh Government, 2018). To be eligible for this fund a project needed to demonstrate the capability to be transformative and scalable, along with one other 'stream'. It was critical that any new support programme was affordable and sustainable. That it changed and replaced existing approaches, rather than add an extra permanent service layer. It was also critical to have the potential to scale up from local to regional, national or to other organisations (Welsh Government, 2018).

This service, despite initial challenges, has become an effective and critical aid to the education sector, CYP and psychological services across Cardiff and the Vale. It bridges the gap between children and young people and NHS psychological services, by connecting directly with the local education authority. It provides resources, training and consultation opportunity for education staff to support CYP who may be experiencing psychological or emotional distress. With a focus on prevention and building capacity, it aims to capture children displaying distress early, to prevent escalation in poor mental health and possible referral to a clinical health setting.

It is worth noting that this project began as an Adverse Childhood Experiences (ACEs) education project. However, recently the concept of ACE's has been absorbed into mainstream thinking which became apparent during the development of the Resilience Project. To help build a picture of what was needed, the project was developed by exploration at a grass roots level. At this stage it was noted that education and care sector staff already felt educated about ACE's and their impact on mental health. Although this could be seen as having a detrimental impact on the delivery of the service, in fact the service adapted itself to offer what the staff and parents felt they needed i.e., not information about ACEs, rather offering support in how to help CYP. The Resilience Project then came into its own, suiting the needs of the education staff and carers on the frontline, and supporting our CYP.

Resilience Project Partners

There have been two main partners delivering this project; the Mental Health Foundation (MHF) and Cardiff and Vale University Health Board (C&V UHB) working in partnership with education and children's services.

MHF has a vision of good mental health for all. It's mission is to help people understand, protect and sustain their mental health through community and peer programmes, research, public engagement and advocacy. The Resilience Project fitted well with MHF's vision and they led on the evaluation, assisted with the project logistics and initiated the original ideas.

C&V UHB, C&V UHB Child Psychology clinically led this project. A Clinical Psychologist Lead and 10 Resilience Workers (graduate mental health workers) were originally employed to work across Cardiff and the Vale with the local authority Inclusion and Engagement

Teams, who work alongside primary and secondary schools. This staff structure naturally changed over the lifetime of the project, with the replacement of some Resilience Workers as they left with Clinical staff, to build in the support that became evident was required. To promote further joint working Resilience Workers were also based in child health teams to promote joint working between health and education, this included Primary Mental Health, Neurodevelopmental Service, Community Family Psychology, Enfys (née Developmental Trauma Service) and the Psychology Service for children (0-5) with Global Developmental Delay and Emerging Learning Disabilities and their Families.

Background

'Young brains are like seedlings. Strong roots and good growth depend on environmental conditions'
(Gerhardt, 2014).

A trauma informed approach

A young brain cannot develop in a healthy way without positive social experiences. The Centre on the Developing Child states:

> *'Science tells us that early childhood is a time of both great promise and considerable risk. Having responsive relationships with adults, growth-promoting experiences, and healthy environments for all young children helps build sturdy brain architecture and the foundations of resilience. Meanwhile, significant disadvantages can disrupt the developmental process and lead to limited economic and social mobility that threatens the vitality, productivity, and sustainability of society'.* *(Centre on the Developing Child, 2021)*

It has been increasingly acknowledged that chronic stress in childhood has long term health implications (Felitti et al., 1998). Bullying, social exclusion, abuse, neglect, abandonment, family separation or domestic violence contribute to poor experiences, adversely shaping the child's brain. Stressors that 'directly hurt a child or affect them through the environment in which they live' have been termed Adverse Childhood Experiences (ACEs) (Bellis, 2016; Felitti et al., 1998)). Two reports commissioned in Wales in 2016 and 2018 have found that at least 47% of Welsh individuals have experienced one ACE or more. Of those, 14% have experienced four or more ACE's (Bellis, 2016; Hughes et al., 2018).

Moreover, chronic stress affects key areas of the brain involved in higher level thought; cognition (thinking), emotion (feelings) and behaviour (action), which has implications across the lifespan. For instance, Welsh studies show that individuals experiencing four or more ACEs are at significant risk of problem alcohol or drug use, risky behaviour including teenage pregnancy or behaviour which results in a prison sentence. Furthermore, experiencing four or more ACE's places a person six times more likely to have received treatment for a mental health

illness (Bellis, 2016; Hughes et al., 2018).

Given the prevalence of ACEs in Wales mentioned above, this is clearly an area that needs much attention. The higher the risk of negative life events for those who experience ACEs, the more likely an individual and their world, will be negatively impacted. ACE's have been shown to affect people across generations, indeed children that are affected by ACE's are also more likely to expose their own children to ACE's (Renner & Slack, 2006) . This leads to cyclical behaviour over generations, which increases pressure on future statutory services.

The Missing Middle

Within Wales, and across the UK, children experiencing behavioural or mental health issues are referred to a Primary Mental Health Support Service, CAMHS, a Paediatrician or a Neurodevelopmental service depending on the symptoms. However, there are a group of children who do not meet criteria for any of these services. These children are described as the 'Missing Middle' (Neagle et al., 2018). It has been identified that there is currently insufficient support for these children, who will often enter into health service at a later stage of life, potentially at crisis point and requiring higher intensity intervention (Action for Children, 2017; Neagle et al., 2018). This gives more weight to the argument of prevention as an approach; by supporting at an earlier stage, crisis situations can, more often than not, be avoided and potentially prevent the use of adult health services in the future.

Providing safe and positive social interactions with these children as early as possible in their life has a significant impact. Perry and Szalavitz (2017) state that:

'the most therapeutic experiences do not occur in therapy, but within naturally occurring healthy relationships.'

This suggests that there are many people in the CYPs life that can provide space for a safe and positive interaction with a child, not just a healthcare professional or therapist. Moreover, environments which are predictable and safe are often best placed to build resilience, skills in self-regulation and positive interactions. It is therefore not surprising that if home is a less supportive environment, schools could provide a safe and affirming space for children. It is also a space where teachers can notice detrimental, negative or concerning behaviour and be role models of good relationships themselves (Department for Education, 2014).

In practice, although this can vary across locations, the education sector can refer to Primary Mental Health, a GP, the local CAHMS team for a CYP or draw on other third sector organisations, school counselling or wellbeing teams to support a child's mental health (Department for Education, 2014). Research indicates that in order for support services to be successful, a focus must also be placed on the coordination of services (Ungar et al., 2014). This indicates that more positive outcomes can be achieved when local services work together, as well as involving

the CYP and their family. It has also been found that a wide range of an evidence-based interventions which offer continuity are also most effective. Specifically, interventions focusing on protective factors and aspects of resilience related to promoting social support, a sense of consistency, or control and predictability are often the most effective (Smokowski et al., 2004; Ungar, 2005).

In conclusion, building capacity and confidence for those surrounding a young person experiencing mental health distress has significant potential to increase general mental health wellbeing in our young population. Importantly this preventative approach may increase resilience and reduce the distress of life events that often become compounded, resulting in crises in adulthood. It may also go some way to address the transgenerational cycle of ACEs. Building capacity within the network of those surrounding CYP will ultimately benefit this population both mentally and physically, as well as wider society and the services in place supporting adults in crisis.

Therefore, the CYP Resilience Project was designed as a multiagency and coordinated approach of children's services, education and mental health support services. Its vision is anticipated to build greater capacity, expertise and mental health resilience for CYP across Cardiff and the Vale.

Project content and findings

The service model was structured using a multi-layered needs lead approach, which had its origins in previously effective community based mental health services for CYP in education.

An important factor in the successful implementation of a pilot or programme of support, was the presence of a multi-disciplinary team who built direct and consistent relationships with education staff (Callaghan et al., 2004; Early Intervention Foundation, 2017; Holtom & Lloyd-Jones, 2020; Owens et al., 2008; Pearlman et al., 2018; Reinke et al., 2018). In practice this equates to bringing together professionals from health, including psychologists, clinicians and Resilience Workers, who build a consistent relationship with education staff or family to support a CYP over a period of time.

It has been recognised that in previously effective pilots or support services, consultations are utilised as a basis for accepting referrals into the service, with signposting to other services an option (Callaghan et al., 2004; Early Intervention Foundation, 2017; Holtom & Lloyd-Jones, 2020; Owens et al., 2008). Furthermore, training was common practice in previously successful community programmes, providing opportunities for learning across a wide range of audiences; including education staff, primary care givers and CYP (Callaghan et al., 2004; Early Intervention Foundation, 2017; Holtom & Lloyd-Jones, 2020; Pearlman et al., 2018).

Therefore, this scoping of evidence and need, as outlined above, fed into the development of the current service model, see Figure 2. The report will now focus on each area of the service model, in turn, exploring delivery, supporting research and service evaluation.

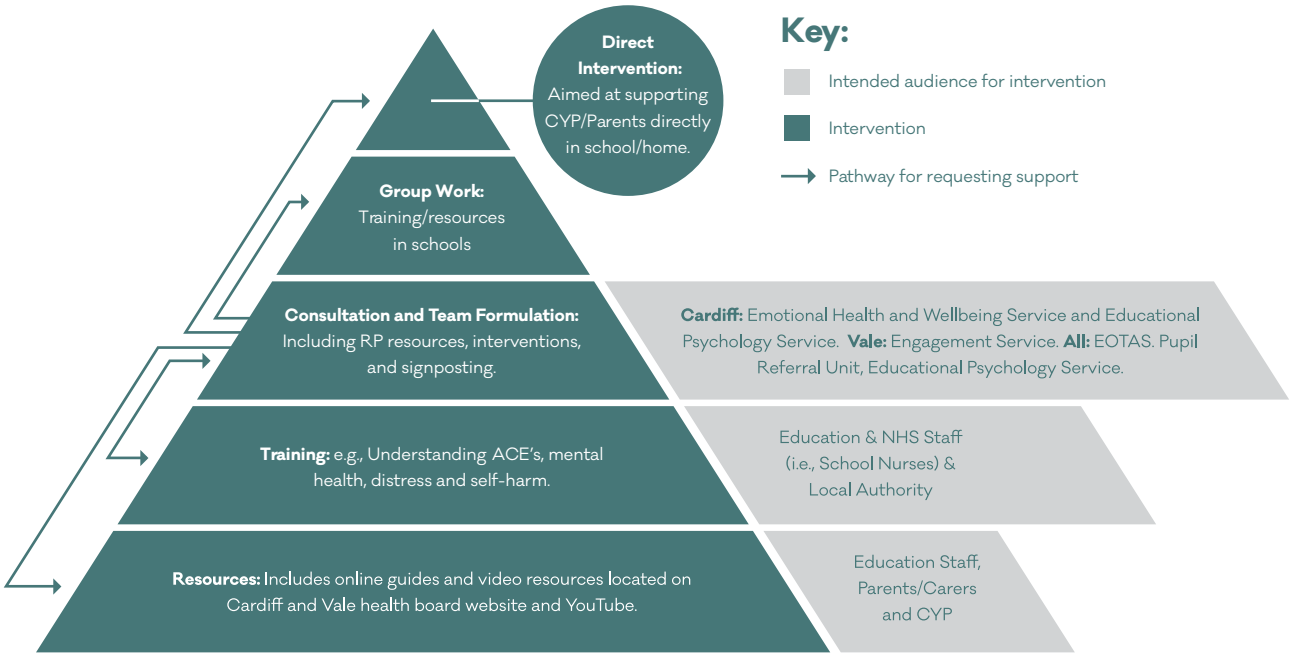
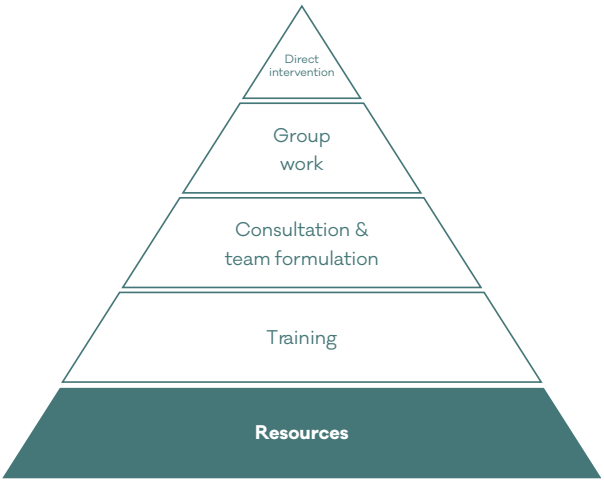


Figure 2. Service Model implementation: Support and intervention pathways

Resources



Supporting literature

It has become increasingly accepted that the internet plays a major role in help seeking behaviour. This is especially relevant following the advent of the COVID-19 pandemic and the limited clinical capacity to see CYP or families face-to-face. Internet based information takes many forms including; information guides or websites, forums and online therapy, all with the potential to help young people (Chambers et al., 2018). The use of such resources is likely to be based on several facilitating factors including; the assurance that searching the internet for self-help advice is free, anonymous and confidential (Pretorius et al., 2019). Indeed it has been established that potentially 77% of young people are likely to use the internet for mental health resources (Headstrong, 2012), in a more recent survey this increased to 88% (Pretorius et al., 2019). It is also worth considering the impact of the COVID-19 pandemic and whether this has and will continue to impact the utilisation of online resources. However, a potential downfall for online help seeking behaviour is whether a person is able to find material which suits their need and importantly the real impact of digital poverty as an exclusion criterion for access to these resources.

Much of the research surrounding online help seeking behaviour is centred on establishing a person's preferences when online. The literature indicates that people are influenced by online resources in different ways. For example young people searching the internet find resources with a health website logo, and endorsement from the education sector, more reliable and trustworthy (Pretorius et al., 2019). Parents are likely to engage in online resources where the literature is accessible and aimed different reading levels, for example those that do not use medical terminology (Wozney et al., 2018). Moreover, in designing mental health training for non-mental health professionals, takeaway resources are recommended to help consolidate the

learning and for reference (Scantlebury et al., 2018). Therefore, the Resilience Project has aimed to make their resources flexible, practical, accessible, engaging and evidence based. Although they are designed by mental health professionals, they are tailored to suit various audiences.

Delivery

The resources include a bi-monthly newsletter, videos and guides centred around mental health and wellbing. Due to the onset of the COVID-19 pandemic, the focus shifted to developing more online resources. This is opposed to physical or paper resources that had been planned, at the start of the project. These include guides for transitioning between primary and secondary school, as well as building healthy relationships, emotional understanding, confidence, and communication skills. Additionally, there are also symptom specific guides, aimed at understanding anxiety or low mood for example. Finally, resources are provided that are specifically aimed at those working in education and related to self-care. It has been established that training in staff self care can improve teacher wellbeing which has a direct influence and impact on student wellbeing. For instance teachers with improved wellbeing, that feel able to manage work related stress are also more likely to have the capacity to identify and provide early mental health interventions for their students.

The resources are hosted on a NHS website - Resilience Project - Cardiff and Vale University Health Board (nhs.wales) and depending on whether you are a CYP, parent or education staff, you access tailor designed material.

Evaluation

The Resilience Project has, thus far, developed seven videos (five translated to Welsh), 38 online resources (32 translated to Welsh) and a further six resources are in progress (all in Welsh, with two in English and Welsh). Videos and resources have been translated into the Welsh language to support CYP, families and education staff in Welsh speaking schools. The resources have been distributed by Resilience Project

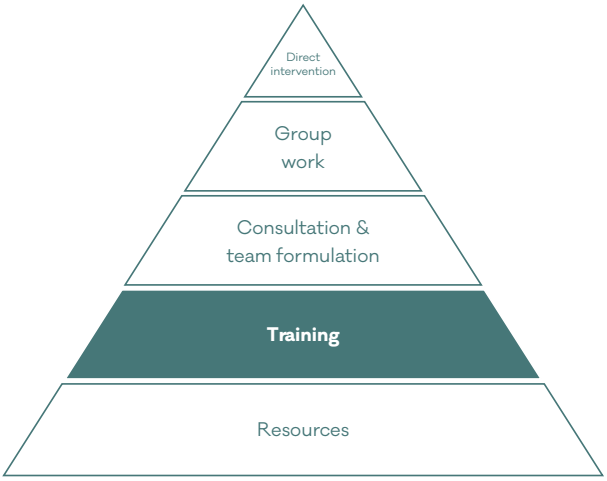
Platform	Outcome
YouTube	2486 views
CAV Website	1623 views
CAV resource downloads	401 downloads
CAV website: Average time on site	2 minutes 13 seconds

Table 1. Resource website and YouTube analytics

staff to over 340 recipients following consultation, training, or intervention.

The resources are hosted on two platforms; firstly, YouTube which up until March 2021 had received 2,486 combined views (of all resources). During the last quarter of the Resilience Project, all the resources were hosted on a new platform; the Cardiff and Vale (CAV) University Health Board website. Since hosting on this platform, the website has received 1623 page views. Furthermore, 42% of viewers remain on the site after landing on the page, to look at other parts of the website and the resources have been downloaded 401 times (See Table 1, CAV website analytics from 1st Jan-23 March, 2021. More in-depth information regarding the analytics is available on request).

Training



Supporting literature

CYP encounter many non-mental health professionals as part of daily routines or as part of a statutory services, like education. Indeed it has been reported that teachers are a common contact point utilised by CYP and parents for emotional difficulties (Banwell et al., 2021; Ford et al., 2005). However, previous research has indicated that educators report reduced confidence and knowledge of the impact of mental health on CYP, as well as on their own mental wellbeing (O'Reilly et al., 2018; Parker et al., 2021). It is also reported that this inexperience can increase work related distress, which can impact staff mental health as well as that of their students (Oberle & Schonert-Reichl, 2016). Therefore the evidence indicates that mental health training for education staff could well be beneficial for CYP wellbeing, as well as for staff wellbeing.

A review of many studies evaluating mental health training for non-mental health professionals, has found that training effectively increases knowledge, attitudes, confidence and mental health self awareness (Booth et al., 2017). A further review of studies also compliments this evidence, by showing that support programmes which focus on resilience and coping skills have positive impacts on the ability for CYP to manage their wellbeing (Fenwick-Smith et al., 2018).

Delivery

This evidence supports the focus of training for educational staff developed by the Resilience Project, which include courses providing information on CYP mental health, ACEs and developmental trauma. These are also aligned with the aims of the project, to increase mental well-being support and provide interventions for CYP through supporting education staff as well as increasing the confidence of all those working with CYP in relation to mental health.

Evaluation

Quantitative findings

In total 8 separate training courses have

been developed by the Resilience Project, aimed at education staff across Cardiff and the Vale. Twenty-nine training courses have been delivered since the start of the Resilience Project and 938 education staff have accessed training up to the end of February 2021. Most attendees accessed the 'Understanding and Responding to Shame/Distress', 'Unpicking Mental Health Difficulties Through an ACEs Lens' and 'Self Harm Awareness' training. This could be an indicator of need, or an indication of which courses had been developed in the early stages of the project, therefore had more opportunity to be delivered. See Figure 3.

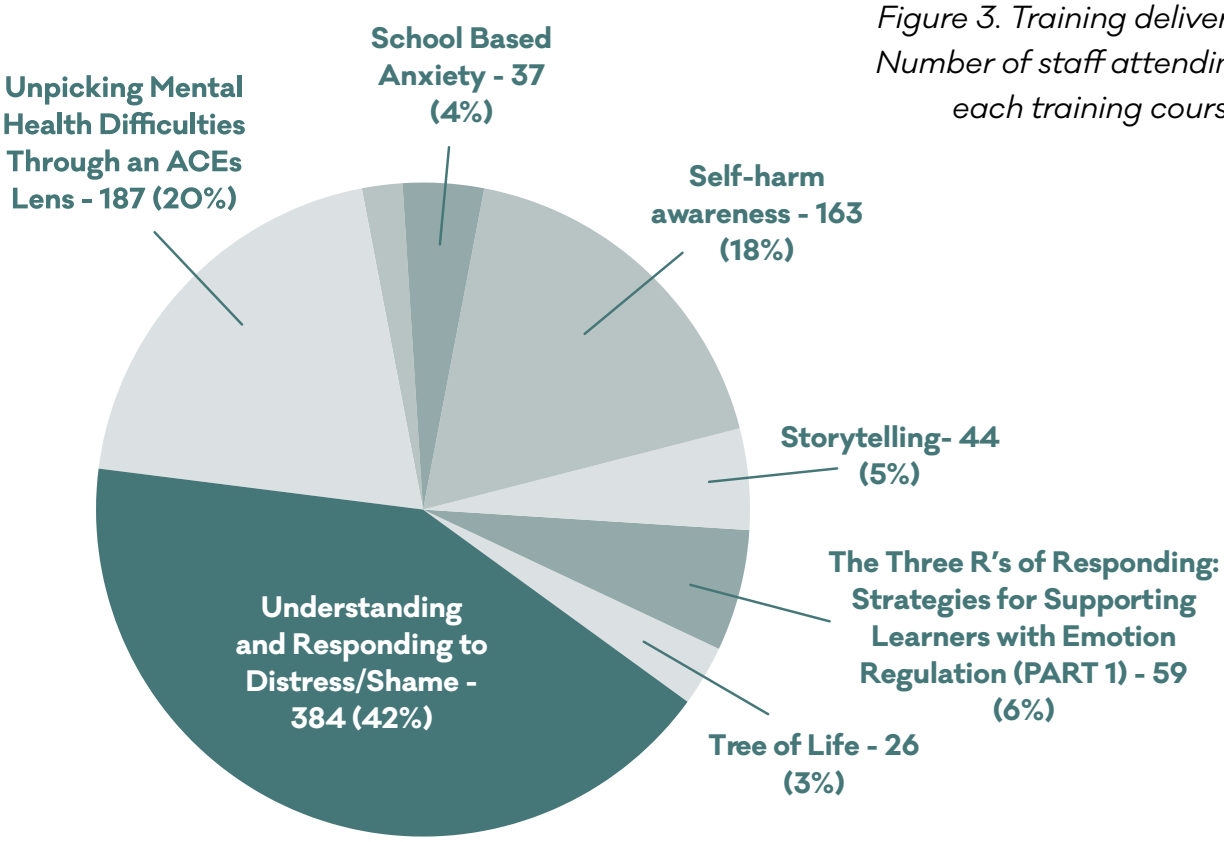


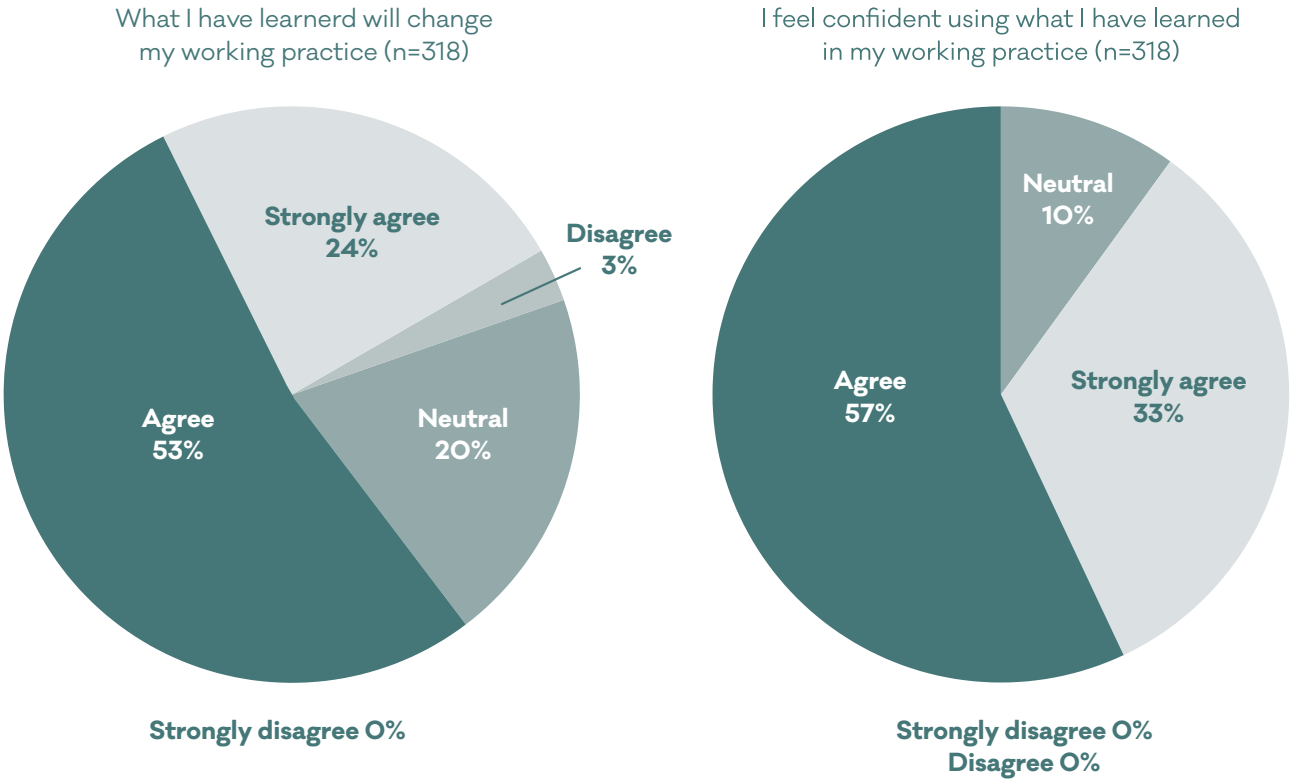
Figure 3. Training delivery: Number of staff attending each training course.

Of those that accessed training, 318 education staff completed a training feedback form. Over 90% of attendees agreed* that the training was in line with their expectations (92%), was easy to access (91%), was at a time and place convenient (91%) and was appropriate and relevant to their working practice (95%). Furthermore, 76% of attendees agreed* that they felt supported by the Resilience Project. Moreover, over 90% agreed that they can apply what they

*For the purposes of this report "agreed" refers to either strongly agreeing or agreeing with the feedback statement

have learned into their everyday practice (92%) or felt confident using what they have learned in their working practice (90%). Finally, 77% agreed that what they had learned will change their working practice in the future. See Figure 4.

Figure 4. Training feedback for confidence and how training will change working practice



Qualitative findings

Each training course has been qualitatively analysed separately. Below are the findings.

Wellbeing

> *'Fantastic tips and opportunities to discuss things with others'*

Comments about what was most helpful for participants were centred on the aspect of gratitude and positivity within the training. This resonated well with the focus on the importance of good self-care and highlighting the importance of reflection and the part it plays. Although the feedback was positive, participants suggested that more group discussions, setting up a social media page for CYP and additional training in this area would be welcomed.

Unpicking mental health difficulties through an ACEs lens

'The session was very informative, great how it all links with other courses that I have attended'

Reinforcing the participants own daily practice, was of help to some participants. Many noted the benefit of the evidence-based knowledge of the Resilience Project facilitators and discussion with them helped recognise the resources available to them. This was made more relevant with the use of case studies to inform real life situations that may occur, this was also helped by acknowledging changed interactions in the context of the pandemic. Suggestions included making the information relevant to younger children, an open 'Q&A' at the end and perhaps incorporating it into sessions with pupils.

Understanding and responding to distress/ shame

'The training was interesting and informative and gives you lots of things to think about with regards to how I Interact with children in school and reasons for their behaviour.'

The provision of information about brain development was highlighted as helpful in gaining an understanding of responses to distress. The introduction of practical strategies, especially helping calm a distressed CYP, was noted as helpful. The resources were also appreciated, however, one participant suggested that the training be delivered with an appreciation of Welsh language and terminology, to be able to apply the training in Welsh-medium schools.

'Brilliant. Thanks.'

One participant suggested that understanding the differences between shame and guilt stood out for them on this course. Others found the three R's (Regulate, Relate and Reason), the 'learner meetings' and an understanding of a way forward, helpful and requested further training.

Tree of life

'I enjoyed the workshop and found it helpful. I hope I will be able to use it with pupils, young people or staff in the future. Thank you.'

This, for many, was a new approach to facilitate opening up conversations with CYP. The practical use of it appealed and being able to complete a Tree of Life themselves, created an opportunity for self-reflection and learning. It was seen to be a useful tool when working with adopted and Looked After Children (LAC) and others suggested transferring it to use within their staff group.

The three R's of responding: Strategies for learners with emotional regulation

'Reassurance that strategies we already use are appropriate'

Many participants had not heard of the use of PACE (Playfulness, Acceptance, Curiosity and Empathy) when working with CYP. Exploring this helped reinforce their usual practice with CYP and found that the time spent advising on practical use of this theory, was of help. Some, however, already had this information from other courses and had preferences for other methods (such as Socratic questioning).

Self-Harm awareness

'I enjoyed all aspects. I found it all relevant to my practice.'

Again, practical strategies when working with CYP who self-harm was seen as of great benefit by the participants. The evidence base and statistics that accompanied the course helped form a context and this, together with an understanding of why people self-harm, were areas appreciated by the participants in increasing their knowledge. Some would have preferred more interaction, such as the use of questions and running polls within the training, and others suggested more real-life examples and videos to embed the knowledge.

Emotional regulation and storytelling

'Knowing how storytelling can provide a thinking, safe environment to open up without being intrusive.'

The use of storytelling to make sense of a situation was thought to be very relevant to the participants. Specifically, the use of this method to help CYP learn and develop emotional intelligence in a practical way and as a new approach. Some participants queried the relevance to use of this method with older CYP who have behavioural issues, but in the main the method and training were felt to be beneficial.

'Easy to understand - relevant'

The practical use of this strategy was appreciated alongside the space to think about our stories and the stories of others. Some participants suggested that giving examples of a greater variety of stories, would allow a wider understanding of the use of storytelling in a range of circumstances. Some participants would have preferred some smaller group discussion and others requested additional resources.

Training summary

Overall, the training was very well received by the majority of participants. The comments on how to improve each of the training sessions had some converging themes. Many stated they would have liked the training to be face-to-face, however, they also acknowledged this was not the fault of the Resilience Project and the pandemic restricted this request. Timings were also noted for amendment: either the sessions were considered too long or too short, whilst other participants suggested further training in the same area. Interestingly other information learned in these sessions was not limited to the content of the course and many stated that the information given about the Resilience Project was, indeed, helpful in itself.

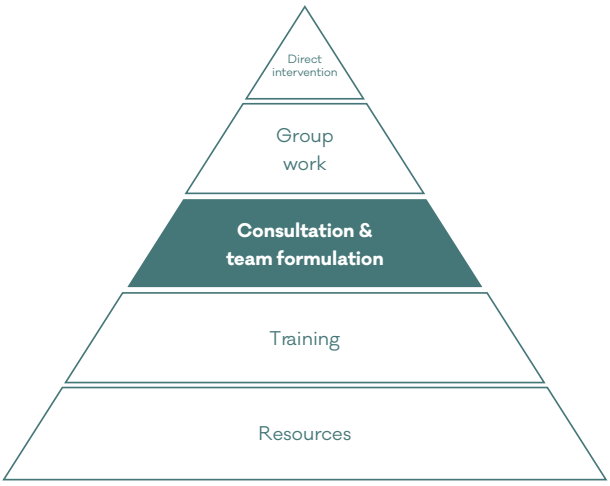
'I would love to do more with the resilience project.'

The training was very well delivered in a friendly and interesting manner. Left me wanting to know more. Many thanks.

'Such an enjoyable morning! I am feeling very relaxed. Thank you so much. The trainer...was engaging, interesting, knowledgeable and very relaxing.'

'The resilience team is very approachable. Great training and amazing staff.'

Consulation and team formulation



Supporting literature

The scoping of literature at the developmental stage of the service model, noted the use of consultation as a basis for advice, guidance and referral. This type of intervention has been used in previously successful support services for CYP (Callaghan et al., 2004; Early Intervention Foundation, 2017; Holtom & Lloyd-Jones, 2020; Owens et al., 2008). This is where a team consult regarding a CYPs needs, provide clinical advice and guidance, resources and signposting as well as consider suitability for the service. Moreover, the Resilience Project benefits from an additional layer of support within consultations, as clinicians co-develop a 'formulation' of the child's need. This supports education staff to effectively understand and plan how to respond to a child's needs. Formulations are more in-depth and take into account the person as a 'whole', exploring social, biological and psychological factors contributing to difficulties, taking into account clinical and psychological knowledge and theory without necessarily coming to a specific diagnosis. This allows an ongoing and collaborative approach which can be revised and 'reformulated' as more information is gathered, or as progress is made (Macneil et al., 2012). As discussed, CYP may not meet diagnostic criteria for support from mental health services (see The Missing Middle) so formulation has also been proposed as an alternative approach for CYP who have experienced ACE's or difficulties with attachment (Rahim, 2014).

Delivery

The Resilience Project brought together psychologists, mental health clinicans, education staff (e.g. school staff, Engagement Teams, Educational Psychologists), the third sector and

other health services (e.g. Primary Mental Health Service, CAMHS) to support children displaying distress in their educational environments. Education establishments could also use consultation sessions to discuss whole classroom, or whole school approaches to improve the wellbeing of CYP in the school enviroment. It offered consultations for school staff, local authority education inclusion/ engagement services, and educational psychologists, to think about the needs of individual CYP, service suitability and signposting. It also provided bespoke psychologically- informed interventions for families, utilising a collaborative and formulative approach.

Evaluation

Quantitative findings

In total the Resilience Project has been contacted regarding support for 193 CYP across Cardiff and the Vale. See Figure 5 for available information regarding request for support origin. Information obtained from 150 CYP, where the resilience project were contacted for support, indicates that a key theme of the request related to developmental trauma (33% of requests). A number of previous referrals to mental health and/ or Neurodevelopmental services were available for 101 CYP, of these 83 (82%) had been referred to either mental health/ neurodevelopmental or both at least once and 55 (46%) had received 2 or more referrals. See Figure 6 for further details.

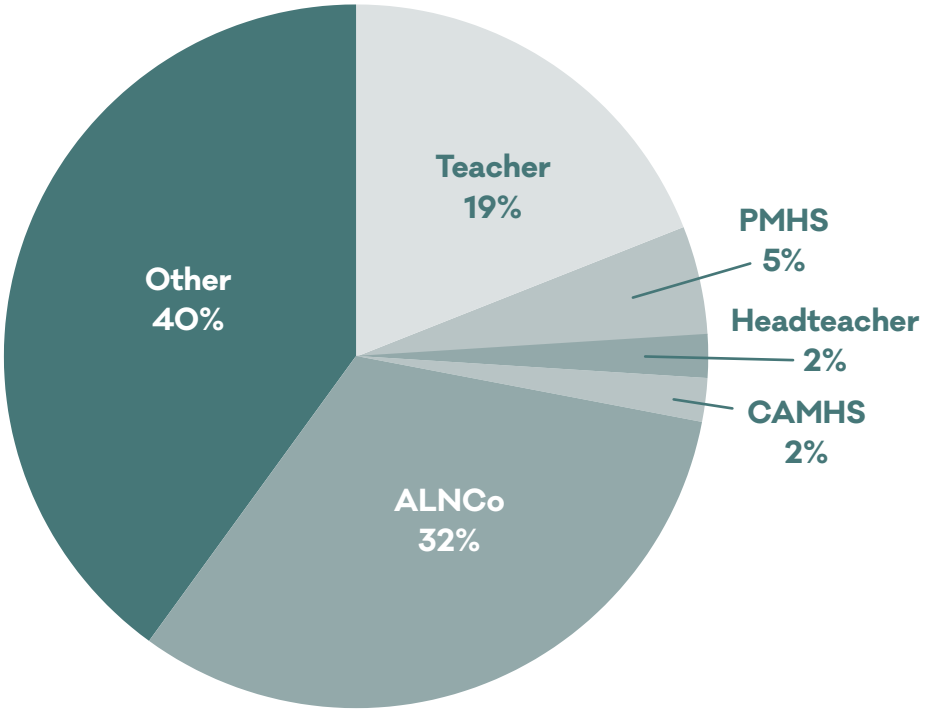
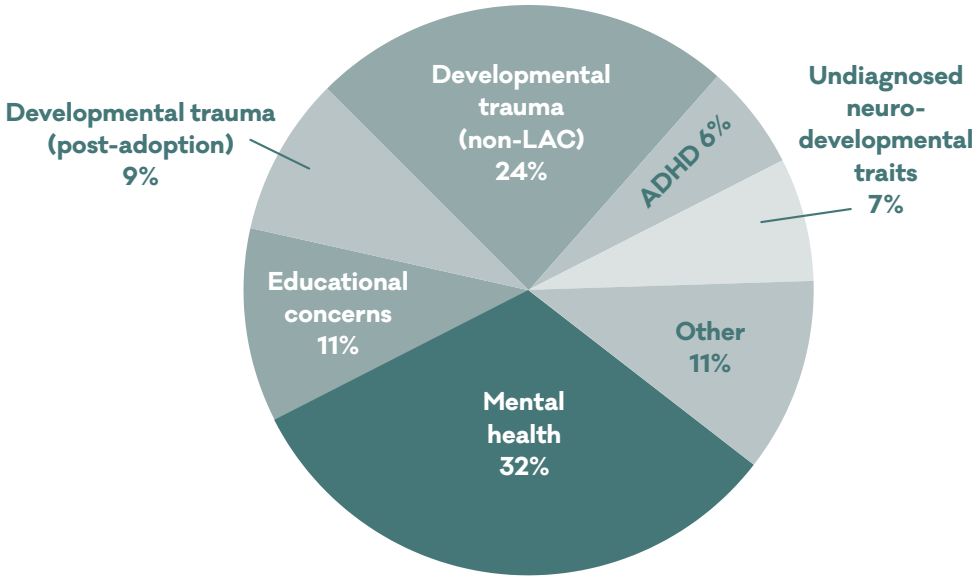
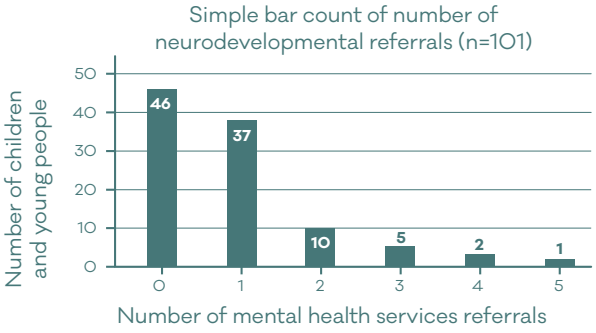
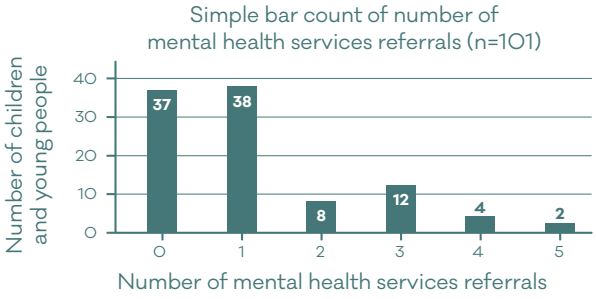


Figure 5. Request for support origin for CYP discussed at Resilience Project consultation

Figure 6. Theme of request for CYP discussed in Resilience Project consultations. Frequency counts of the number of previous referrals to mental health, neurodevelopmental services and total number of referrals







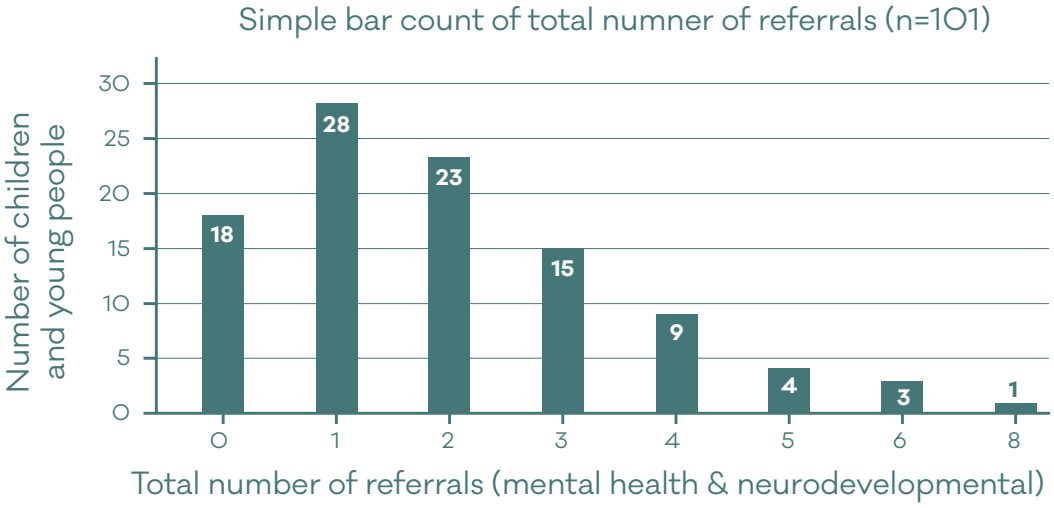


Figure 7. Referral location information for CYP receiving a consultation or formulation

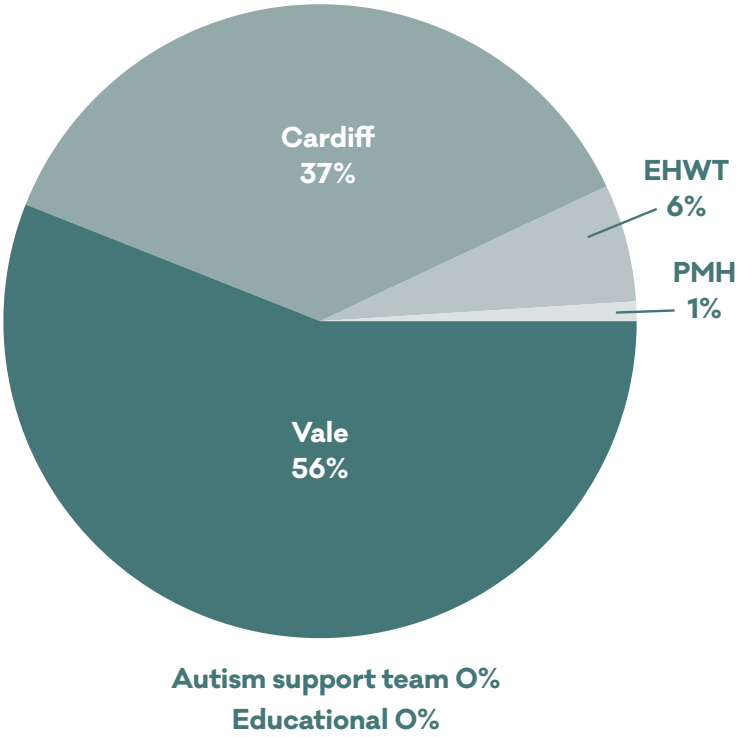
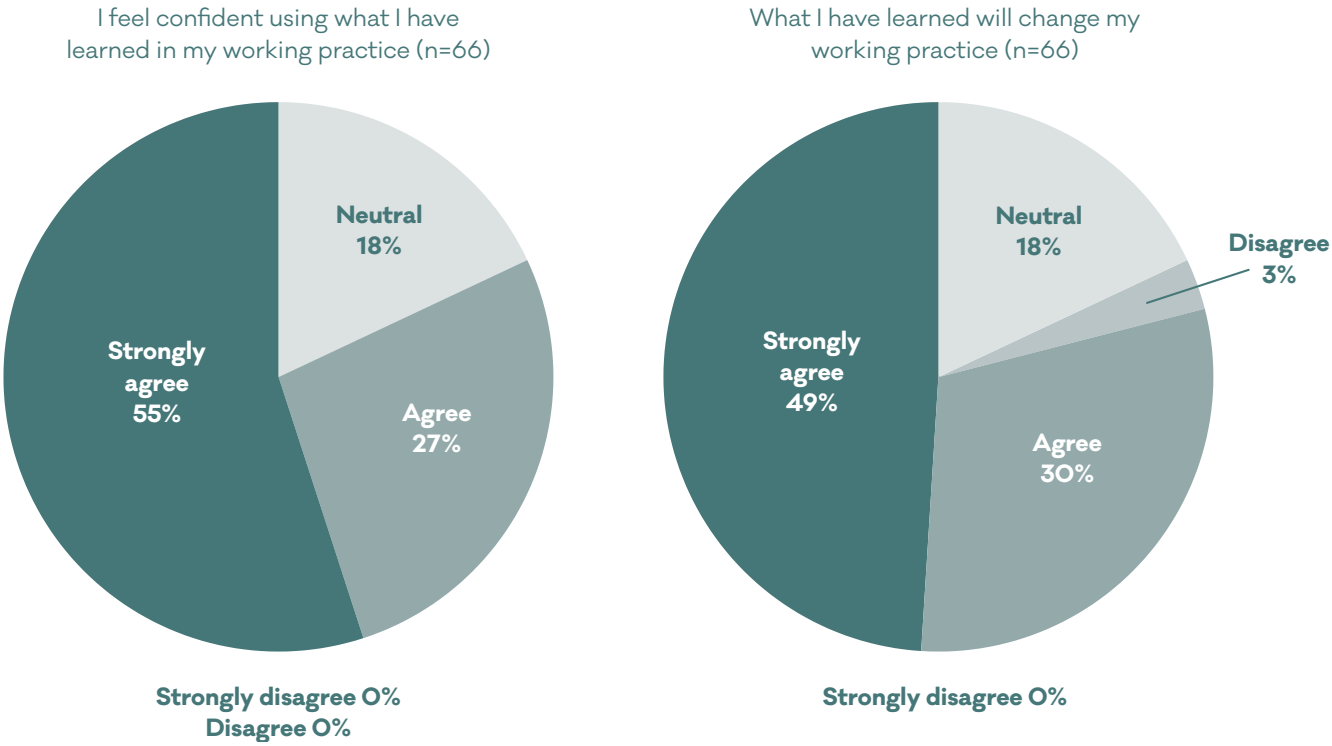


Figure 8. Consultation and formulation feedback for confidence and how consultation will change working practice.



One hundred and eighty-one CYP received a professional's consultation or formulation session from the Resilience Project. Request for support location information was available for 167 of those CYP, see Figure 7. Advice, guidance and signposting were provided for 119 CYP discussed at consultation. 62 (34% of those discussed) CYP were taken into the Resilience Project for intervention.

Sixty-eight education staff gave feedback regarding the formulation or consultation session for a CYP that they had requested support from the Resilience Project. Over 90% of attendees agreed that the process was in line with their expectations (96%), was easy to access (92%), was at a time and place convenient (100%) and was relevant to their working practice (99%). Furthermore, 87% of attendees agreed that they felt well supported by the Resilience Project. Moreover, 88% agreed that they can apply what they have learned into their everyday practice. Likewise, 82% felt confident using what they have learned in their working practice. Finally, 79% agreed that what they had learned will change their working practice in the future. See Figure 8 for further information.

Qualitative findings

The qualitative feedback from those who accessed the 'team consultation and formulation' was positive. The main theme for staff was the reassurance and practical advice given by the team. This was not simply a space created to discuss the difficulties arising with a CYP, it was a space that brought together knowledgeable professionals, that were external to Education. These discussions provided a platform for open conversation about concerns and acted as a sounding board to gain support and encouragement as well as practical advice. The development of knowledge and understanding of the type of behaviours expressed by some CYP was enhanced by sharing the evidence base that accompanied it.

> *'Having a clinical psychology insight into what the pupil in question was experiencing and how to support (him/ her) with transitioning to the next stage of secondary education... Support suggestions on how best to make new relationships.'*

> *'Able to get a different perspective on the issues relating to the pupils and specialist insight into other underlying problems that may be impacting them. Also useful to talk through and 'rationalise' some of the concerns with specialists in the area.'*

> *'Collaborative conversation for forward planning'*

When considering the least helpful part of the team formulation the respondents were in the main satisfied. Although acknowledging that the pandemic had changed the way of delivery, it was also noted that the pandemic had a negative impact on the benefits of face-to-face meetings for the team formulations. Some also highlighted aspects that,

interestingly, were in contradiction to the above positive narrative. Some staff found that not enough time was taken in providing advice and practical strategies that could be used in schools. This was coupled with the wish for additional capacity and time to use the expertise of the Resilience Project and some difficulties in the accessing the Resilience Project.

> *'There was relatively little time to discuss with member of staff how this would be translated into practical classroom approaches/strategies. It was discussed at the end but this was relatively brief due to time constraints.'*

> *'Specific advice, for example creating a calm/safe box, easy to implement tips and strategies to try.*

> *Coming up with a satisfactory solution for this child's complex needs'*

> *'This has been a positive experience and the only negative is that we can't do a team formulation meeting for every pupil that needs it.'*

> *'I wasn't anticipating help, I was making referrals on behalf of Inclusion Services. It was helpful to know how I could make referrals in the future.'*

Suggested changes that could improve the project were also requested from staff. These echoed a wish for face-to-face contact, additional capacity and to have the Resilience Project staff spend time in schools working directly with the teachers. It was felt that the teachers were best placed to highlight the CYP that would benefit most from involvement with the Project staff.

> *'Being able to access the project for pupils when the need arises. I now know how to make this referral. I think it would be more helpful for the project to make direct contact with school staff, who are usually the professionals 'most concerned' with pupils and in the best position to carry out any agreed actions. EPs [Educational Psychologists] tend to have very limited contact with pupils and families due to the current nature of service delivery.'*

> *'I would like the Resilience Project to have first-hand experience of the school environment to enable further discussion about new strategies that have been recently put into place such as the Bridge Intervention and the Graduated response for Climate and Behaviour.'*

> *'An opportunity to have more clinical psychology sessions for the Engagement Service to access for mainstream schools.'*

General advertisement and knowing about the Resilience Project offer, was also noted by one staff member as an area for improvement.

> *'Potentially, my limited knowledge of what the project involved. Maybe a brief introduction regarding the purpose and scope of the project from the outset would be helpful?'*

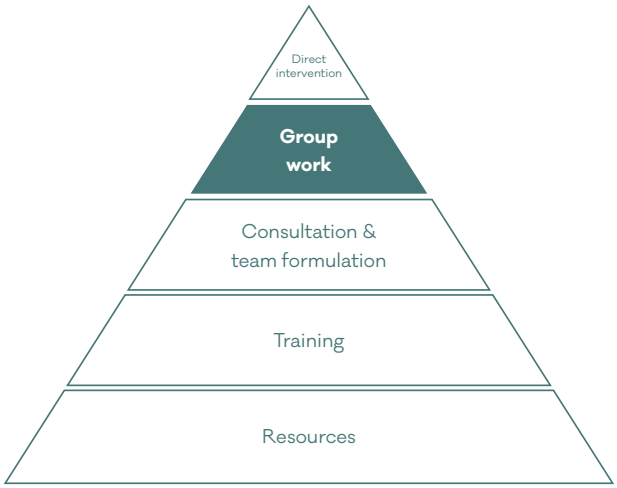
This was also a point of attention for a parent.

'People need to know about the Resilience Project and what they do and how to get engage with them. Schools need to know of RP too and what they do, what they can provide for schools and parents.'

Another comment worth noting was that of a staff member who noted the need for the involvement of a Welsh speaker.

'Having a Welsh speaker who would be able to offer advice/work with pupils in Secondary setting.'

Group work



Supporting literature

The penultimate part of the service model for the Resilience Project is group work. Group work has been successfully utilised to support CYP as well as parents and carers of children who have experienced poor mental health or ACEs. For example various group interventions have been evaluated to support children who have experienced trauma (Colegrove et al., 2019; Mitchell et al., 2007) and anxiety (Haugland et al., 2020; Pandya, 2017). There is also evidence supporting the effectiveness of programs aimed at parents and to prevent future risk of maladaptive behaviour or health adverse behaviour in children (Borden et al., 2010; Brennan et al., 2016).

Delivery and evaluation

The groupwork provision of the Resilience Project uses storytelling to develop confidence in talking about emotions and communication skills. Adapted from the 'Feelings are Funny Things' model, which has been recognised as best practise for Children Looked After in schools in Wales. This is a six-session group program for school staff, to support the development of children's emotional literacy. The Resilience Project has also developed a single session plan to encourage the discussion and exploration of feelings of loneliness and isolation from COVID -19.

Seven groups are planned in secondary schools across Cardiff and the Vale for the summer term 2021. The groups will be run by Resilience Workers in conjunction with school staff. The intention is for schools to run the groups independently in future, building capacity within the education sector.

A small-scale evaluation of the groups is planned following these initial sessions in 2021. It is also hoped that more groups will start across Cardiff and the Vale, as well as continued training in using stories and storytelling techniques.

The restrictions due to the pandemic

had an enormous impact on the delivery of groups. They were initially planned for the Summer term 2020 and again in the Spring term 2021 but this was not possible. Groups can be run online, however Resilience Project staff have anticipated that the content of the groups would not be easily adapted to online and therefore not be as beneficial as face-to-face sessions.

Direct intervention

Supporting literature

The final level of the Resilience Project service model is direct intervention. Resilience project intervention lasted up to 12 sessions and could be carried out with CYP individually, CYP and their families or indirectly with parents/carers or school staff depending on identified needs. The interventions that were provided within the Resilience Project are based on individual formulations of the child's needs and subsequently a bespoke intervention plan was created.

As such interventions were multi modal with a range of models being drawn upon as appropriate including Dyadic Developmental Psychotherapy (DDP), traditional and Third Wave Cognitive Behavioural (CBT), systemic and behavioural approaches.

CBT is an umbrella term for psychological therapy founded in behavioural and cognitive theories of human psychology, established by Aaron Beck (Beck et al., 1979). The premise for CBT is based on the concept that thoughts, feelings and behaviours are interconnected and that by challenging negative thought patterns you can improve how you feel (NHS, 2019). CBT is now one of the worlds most researched psychological therapies (Beck, 2005) and is recommended by National Institute for Health and Care Excellence for the treatment of a range of mental health diagnoses in CYP including, but not limited to, depression, anxiety, Obsessive Compulsive Disorder

or Body Dysmorphic Disorder. 'Third Wave' CBT is described as an emerging group of CBT, extending the traditional focus to a more holistic view, considering how a person relates to their internal thoughts. This includes using tools like mindfulness, acceptance or dialectal behavioural therapies.

DDP is another, relatively new, psychotherapy for the treatment of psychological distress experienced in CYP. It was initially developed by Dan Hughes in 2007 and aims to facilitate attachment security between a child and their primary care giver (Hughes, 2011). DDP is based on the founding principles of Attachment Theory, which aims to explain the process by which relationships are formed, specifically between child and primary caregiver (Bowlby, 1988). DDP hold a set of principles that include exploring positive attributes of the child, developing emotional self-regulation and facilitating an understanding of why a child has used maladaptive or distrustful behaviours to keep safe. Central to DDP is the attitude of PACE (Playfulness, Acceptance, Curiosity and Empathy), which are set of guidelines that help a care giver to offer enhanced connectedness with their child in day-to-day parenting and interactions (Casswell et al., 2014). DDP was initially developed to support children in care and is indeed utilised by UK Adoption (Wingfield & Gurney-Smith, 2019). It has also been successfully used as a therapy for perinatal depression (Goodman et al., 2013). Initial research of the effectiveness of this therapy was promising, indicating significant improvements in CYP relationships and behaviour (Becker-Weidman, 2006; Becker-Weidman & Hughes, 2008). More recent research has indicated that DDP increases parents understanding of their child, which generalised to a shared understanding of the therapy experience and journey, including that it was different to previously offered services (Wingfield & Gurney-Smith, 2019). This research suggests that there is early support for the efficacy of DDP and now includes scoping of its use within the NHS, including evaluating different models of delivery and cost effectiveness (Boyer et al., 2014).

Delivery

Interventions were recommended by the clinical team following consultation or team formulation. Initial assessments were then carried out jointly with a Resilience Project clinician, Resilience Worker and CYP/ parent carer or identified professional in order to co-develop an intervention plan. Interventions would then be delivered by the Resilience Workers under supervision of a clinician. The Resilience Project offered 'direct' and 'indirect' intervention and it is important to distinguish between them. Direct intervention involved sessions with a CYP or a parent. Indirect interventions were held with education staff, to support a CYP in their education setting. Some CYP received direct and indirect

intervention, to meet the needs of CYP, families and education staff. The majority of interventions were delivered virtually via video call or telephone due to the COVID-19 pandemic.

Evaluation

Quantitative findings

In total 62 CYP or families received intervention from the Resilience Project, totalling 301 intervention sessions. In addition to this the Resilience Project team has also supported 115 CYP through other health teams, providing an additional 623 intervention sessions. Results below relate to those CYP who received intervention directly through the Resilience Project only. On average CYP/families were in the Resilience Project service for 48 days (ranging from 0 to 398 days).

Information from 55 CYP who had been supported by the Resilience Project was collated following an intervention. Of these 35% of CYP indicated a developmental trauma in their theme of the request, see Figure 9 for further details.

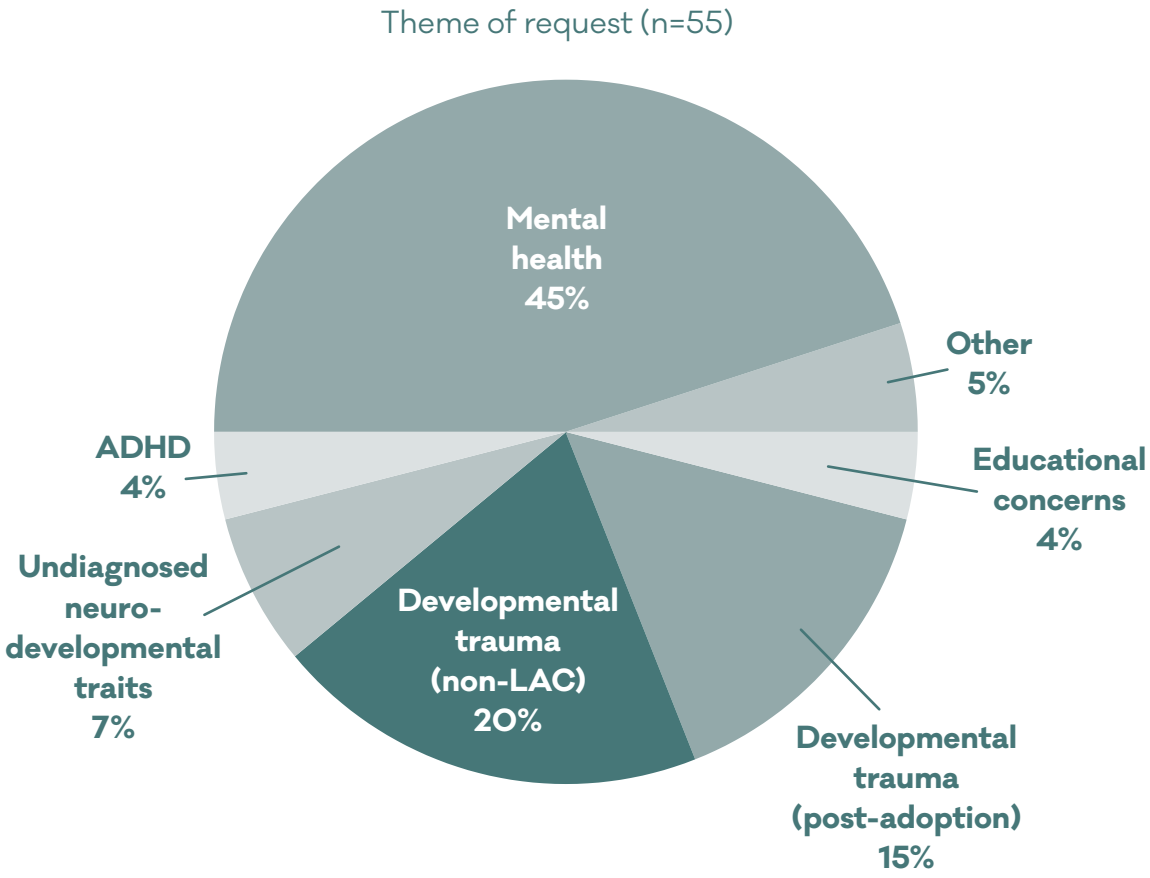


Figure 9. Theme of request for parents who gave feedback following an intervention

From the 55 CYPs who had received an intervention, 19 completed feedback regarding that intervention from the Resilience Project. Of this 19, 79% agreed that the process was in line with their expectations. Likewise, over 95% agreed the service was easy to access (100%), was at a time and place convenient (100%) and was relevant to their concerns (95%). Furthermore, 100% of parents agreed that they felt well supported by the Resilience Project. Moreover, 95% agreed that they can apply what they have learned into their everyday lives. Likewise, 90% felt confident using what they have learned in their everyday life. Finally, 74% agreed that what they had learned will change their everyday life in the future. Figure 10 for details.

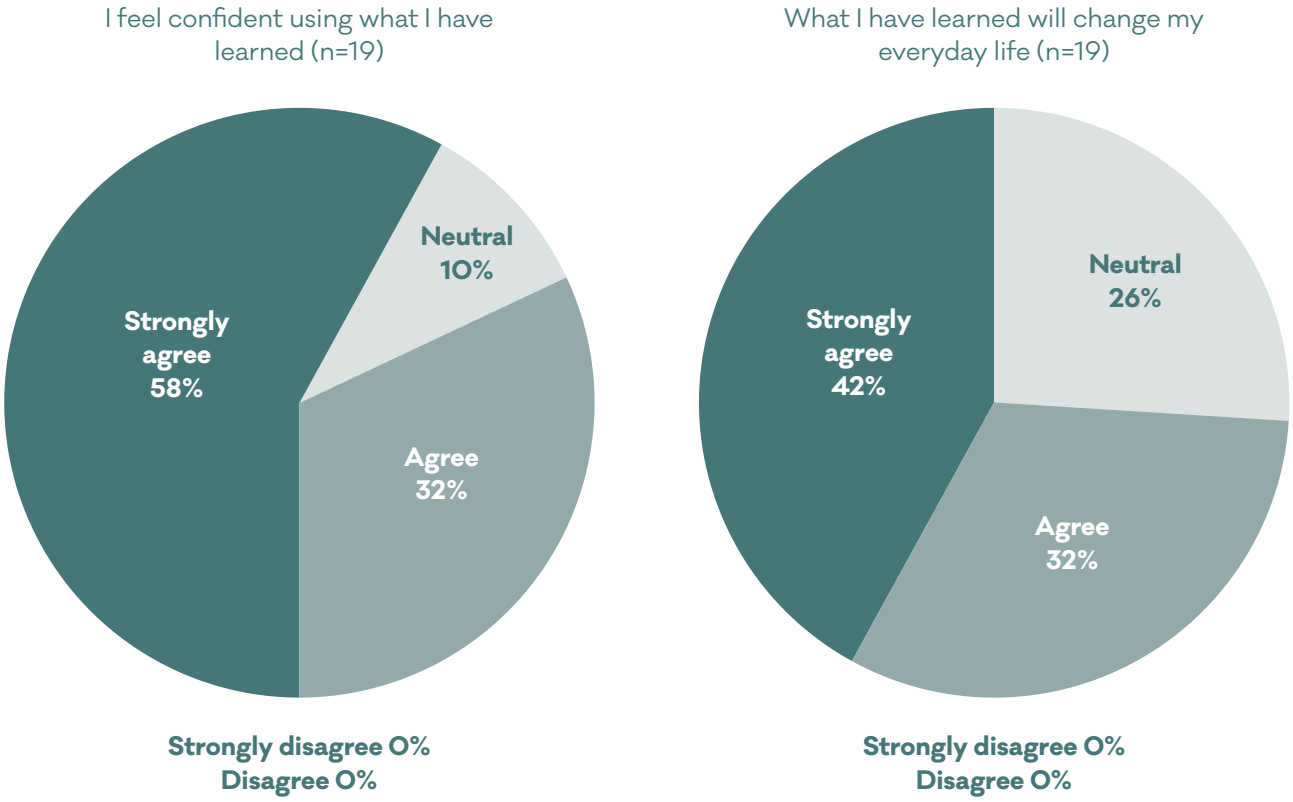


Figure 10. Parent feedback for confidence and how training will change working practice

Qualitative findings

Qualitative data was collected from parents and teachers who had received an intervention from the Resilience Project, this is collated as part of the feedback process.

For the parents of these CYP, the aspect that was most helpful when working with the Resilience Project was the non-judgemental approach that the project staff took. This allowed the parents to come to a session without fear and discuss whatever was of concern, regardless of how it may be construed. This openness helped in normalising and legitimising the struggles that they were having in relation to the challenging behaviour of their child. It also role modelled healthy relationships between resilience worker and the parent and child.

> *'It was learning how to handle situations when (CYP) was struggling.'*
>
> *'You were a godsend! You were always readily available and you listened to me without judgement. You've had such a massive impact on us, and helped us to feel calmer and more in control, which has fed down to supporting (CYP).'*
>
> *'At the start when half session was with me so I could speak openly about my concerns before discussing it in front of (CYP). You were able to bring up what we discussed in our session with (CYP) without it coming from me and feeling awkward. When we joined up to do the full hour together felt like the right time to be more open.'*

An aspect that the teachers found helpful was the connection between home and school. This 'mirroring' that took place enabled the reinforcing of boundaries and structures that reinforced the positive impact on the CYP.

> *'The link between what work was being done with home and what we could mirror in school to provide a consistent approach with strategies...Some excellent resources were shared with the school to support our way of working with the pupil.'*

For the parents, the least helpful part of the intervention they had received was also about the inability to access the service face-to-face. One parent suggested the sessions may have been too long and that 45 minutes may have been more beneficial, and another felt that they had already a good understanding of what the Resilience Project was offering and therefore gained limited added value.

The parents again stated that face-to-face contact would have been appreciated and of benefit when building rapport.

> *'Seeing each other face to face, rather than on the phone. To be able to build that relationship, and warmness when you meet someone'*
>
> *Even given the restrictions of the pandemic, the service provided by the Project was appreciated and the request for it to continue accompanied this.*
>
> *'The project should go on longer. Wish I had the opportunity for more sessions.'*
>
> *'I think it has been helpful and very supportive, especially for me through the time we were going through'*

'We found the support really helpful - I think because we were lucky to be allocated a really great support worker...who really tailored the support to our needs as a family - helping us to find potential solutions to the specific problems we were having and liaising with the school when helpful. I think a big part of this was also due to her [RW] knowledge of ADHD and neurodiversity.'

'Happy that we were able to learn new skills and apply them to everyday life. All the different things we have learned has really helped the way we support (CYP). It has all been really, really helpful. The things that we have learnt are things that we can keep using continually. Not just help us now but will help us in the long term. The Resilience Project has given us the most help since all the difficulties have arisen. From all the help that we had from other services this has been the most helpful in our family and being able to support (CYP). Really hope that the project continues and is able to help others the way it has helped us.'

Case studies

During the course of the evaluation, parents were approached to share their experiences of the Resilience Project. Interviews were held in early 2021, with five parents of CYP who had completed intervention. The interviews were recorded and anonymised, and consent was gained prior to assimilation. Case studies are presented with pseudonyms to maintain anonymity.

The Ripple effect: Carla and Liam

Liam, aged nine, is the middle son of three children. Having had a change of school and additional support from the Education Psychologist his mother, Carla, was linked with the Resilience Project by the Educational Psychologist. She was looking for support and was hoping the project would provide this in the form of strategies to help her support Liam alongside the support he was receiving from school.

'He [Liam] was going through such a hard time, I just needed to know how to make him feel better, erm that was why I agreed to it'

Each week, Carla would receive a call from the Resilience Worker, who would ask her how her week had been. For Carla this 'check-in' became a place to explore situations that had arisen during the week that she felt she needed help with. She shared an example of this and how she had worked through this to find an alternative response in the future:

'For example Liam was particular about the clothing he was wearing before I take him to school and I've had to try on three different t shirts, three different trousers and three different pairs of socks...he had a massive meltdown'

On discussing a different way of managing this and similar situations, Carla was given strategies by the Resilience Worker, to help when future instances arose.

This involved reflecting back to Liam that she understood the frustration he felt and why he felt he needed to try on the different clothing. Using this as an example Carla was able to begin to respond to Liam differently, which elicited a different response from him. Not only did Carla use these strategies with Liam but found them of help with her other two sons also.

'I use it with the boys, I use loads of the strategies that (Resilience Worker) advised me use which I use with all three of them, definitely definitely in general with (son) who doesn't have any additional learning needs...arguments don't get prolonged so much they just get ended there and then...I definitely know more and I know how to deal with situations with all three children better...it's just much better all round, I just don't have the prolonged tantrums anymore'

Carla was also very honest in relation to her own learning, recognising that she didn't always get it right. There were times she had forgotten to use the techniques that the Resilience Project had given her, which resulted in a negative response from Liam and an escalation of the situation. However, even once this had happened, she revisited the situation with Liam and both apologised and moved on in a more positive way.

'Honestly I don't always do it...I do get sort of get a bit frustrated...he reacts so differently...kick something in temper and then I know...straight away that I could have handled things differently...when I do remember...he's like a different child, he's calm and...there's not as much anger'

Carla found that the interaction the Resilience Project had with the school was also of benefit and an additional positive impact of the strategies. The Resilience Worker had regular contact with those that were supporting Liam in school and updated Carla on the progress he was making.

'I thought [it] was brilliant, yeah especially them being able to have a catch up with the school and how Liam's sessions had been with (staff) in school...that definitely was useful...I think it's just knowing you've got that extra support.'

Insight into interactions: Tony, Maria and Matthew

Matthew lives with his guardians and has done since he was one year old. Tony and Maria are his grandparents and guardians. They have struggled to cope with his behaviour over the proceeding 13 years he has been living with them. This came to a head around two years ago when Matthew ran away from home and was brought home by the police. At the time, the police officer who had found him suggested to Tony and Maria that Matthew may have autism. This was not something that either of them had considered and so they began to look into the condition. This led them to request an assessment for autism (in Wales), which has taken two years to manifest into an appointment.

During this time Matthew had continued to struggle in school and cause his guardians difficulties at home. They felt they had reached crisis point when a member of the pastoral team supporting Matthew at the school, suggested accessing support from the Resilience Project. Neither had heard of the project, but were keen to have any additional support that would help them manage Matthew's behaviour.

Maria: 'At the time we were so desperate, erm we needed help so I said I don't mind anything that can help us will be fine and I didn't know what to expect... we were just very very stressed'

On meeting with the Resilience Project, Tony and Maria were surprised by the approach taken. Initially they had expected the focus to be on Matthew and so when the Resilience Worker concentrated on their interactions with each other and Matthew, they were grateful for the difference in the support. It was not only the 'offloading' that the couple found of help but the value that came with understanding each other better. This led to the realisation that although they had different approaches, together they were team.

Maria: '...being able to offload onto (Resilience Worker), without even thinking for the first ten minutes or so, it would all come out and she's the first person we've been able to do that with...unloading it like that was such a relief'

Tony: '...it has let us air our grievances with, we didn't, we'd have bottled it up before 'cause we wouldn't talk to each other...and for me that has been the biggest change is the ability to talk to each other through (Resilience Worker) and then talk to each other properly ...we got a better understanding'

Maria: 'different understanding: both right'

Tony: 'it's a taught me a little bit more patience, if that's possible (laughs), and to listen a bit more'

Both Maria and Tony have appreciated the intervention of the Resilience Project. With the additional help from the school, alongside the Resilience Worker liaising with school, they feel they are in a good place to support and understand each other and Matthew.

Tony: 'We will survive because we've developed a lot better an understanding of...how to behave ourselves (laughter)....We can hopefully say we're on a path to a decent place'

We call her the lady who talks about our worries: Sarah and Alice

Sarah is mother to seven-year-old Alice. Since the Covid pandemic she had become increasingly concerned about her daughter's anxiety. Although coping, Sarah felt unable to support Alice in a way that she would have liked and that she was 'hitting a brick wall': her daughter had not left their home for seven weeks due to anxiety that she and her parents would contract Covid and become seriously ill.

'It was absolutely heart-breaking, as I said it has always been little things, but I have sort of been able to control it and help her and ease her, but it got to the point where she was not sleeping in the nights... it was a dark place for everybody, I didn't want her suffering'

With some trepidation Sarah accepted the request for support with the Resilience Project. Her concern was due to thinking that as a result of the request she would not be considered a good mother and Alice would be taken away from her. These concerns continued to trouble her until she had an assessment with the Clinical Lead of the Resilience Project. From this initial assessment, Sarah felt both supported and safe in accessing help for Alice.

On being accessed by the Resilience Project, Sarah was uncertain as to what to expect. She had not heard of the project but was happy to access any support

that may be available to Alice. On a follow up assessment with the allocated Resilience Worker and Clinical Lead they booked in six sessions, once a week, via a virtual platform with the Resilience Worker. During this time Sarah was encouraged to talk about some of the scenarios that she faced with Alice when managing her anxiety, these included anxiety surrounding car journeys. Alice held an unhelpful thought pattern (for example that their car would crash) which was examined with the Resilience Worker. Alternative ways of responding to Alice, were suggested, when her concerns arose. This change in her way of interacting with Alice helped Sarah use the evidence (i.e., that they had not crashed in the past), yet maintain a realistic view of the world for her:

'if I keep sugar coating it it's probably going to make it worse'.

'I just remember I kept going back to what (Resilience Worker) said to me and I sort of done that with Alice so as we were going in the car "mum are we going to be in a crash?" and I'd be like "No, that didn't happen last time did it? You don't have to worry about that" and it was just sort of being a bit more to the point with her'

For Sarah, an unexpected outcome of the intervention with the Resilience Project was that she recognised her own anxiety and the impact of this on Alice. She was able to use some of the things she had learned for Alice with herself, for instance challenging her own concerns about leaving Alice with a babysitter. The outcome of the changed ways of being with Alice and the techniques Sarah is now using, had a marked impact on her daughter at home and in school.

Towards the end of the six sessions, the Resilience Worker offered additional resources to reinforce the work they had done and help her continue with the progress they had made. This not only was shared with Sarah, but the Resilience Worker liaised with Alice's teacher, so her support at home could be continued in school.

'she'll go up to him [teacher] and say "sir, can I read to you?" and Alice was never like that. If you put her on the spot, she would absolutely hate it..... the difference in Alice from May, June to now has been tremendous... I spoke to her teacher yesterday...he said it's like seeing a different child. So, it's been absolutely fantastic the help they have given me.'

Sarah felt the Resilience Project had made a great deal of difference to their lives and felt it not only should continue, but more parents should know about it for their own children. She especially appreciated the way she was made to feel safe and not judged when she shared her concerns about Alice; she felt the Resilience Workers kindness and understanding throughout the time she was working with her.

'Honestly if I could scream from the roof tops how amazing they've been... I suppose we are sort of a team at the moment me and Alice, sort of just getting through it. And she honestly, she's amazing at the moment'.

I've found it's worth its weight in gold: Rhian and Morgan

Rhian is the mother of seven-year-old Morgan. Morgan has some behavioural and attention difficulties, and he is receiving some additional support in school from the educational psychologist. It was through this connection Rhian heard about the Resilience Project that may provide help in managing his behaviour at home. His behaviour at home had come to a point where Rhian felt she was finding it difficult to cope.

'...we just were pulling our hair out basically and we just weren't getting anywhere with him and we knew we needed extra support, I would have done anything to be honest, we were getting desperate because his behaviour was spiralling'

As Morgan had been experiencing problems for several years, Rhian had been in contact with other services. Although she had attended many courses and had contact with many professionals, including adoption services, Rhian felt limited progress was made in managing Morgan's behaviour. This was in part due to the focus of these interventions on generic approaches to low level, poor behaviour in childhood.

'...I think with the other things we've done it was all very, I'd like to use the word very fluffy...it was all about rewards and charts and everything was so very lovely and pink and fluffy...but it didn't work for Morgan, absolutely no way!'

Each week she received a call from the Resilience Worker. Rhian appreciated the fact that real life situations from the intervening week were used to discuss her difficulties with Morgan. These she found more concrete and helpful than the general approach to improving behaviour as with previous courses. The real-life situations that Rhian shared with the Resilience Worker were heard without judgement and with care. This made Rhian not only feel empowered but, together with the praise she received for her actions as a parent, strong enough to try out a new way of managing situations that resulted in a de-escalation of emotions.

'I started practicing these strategies what she [Resilience Worker] taught me and it all made perfect sense...and I was finding myself referring back to these things all the time and it just... started to work with Morgan a bit more than me just saying 'right that's it!'

For Rhian, one of the most important things was to understand the concept of 'natural consequences'. She began to adjust her responses to Morgan's behaviour and align the consequences with the behaviour, i.e., rather than banning time on his play station if he threw eggs across the kitchen, she pointed out they would now not be able to make or eat the cake they had planned. Putting this in place, alongside an awareness of the importance of allowing 'repair' after a challenging situation arose, Rhian noted a change in Morgan's behaviour which equally had an impact on her.

'...it's like a weight off my shoulders and actually understanding his behaviours... what he's thinking and why he does what he does, and it started to make a bit more sense. It was about us coping together, so that the way I deal with him helps him, and how he behaves and how I deal with it helps him...he's a lot happier as well...I've shared things with my mum and dad...and they were like wow!'

It proved a very, very different experience: Lisa and Brett

Brett is the teenage son of Lisa. He loves sport but struggles with social engagement. Due to his difficulties has been statemented by the Local Authority and receives the input of the Special Educational Needs (SEN) team. Over the years Lisa and her partner have sought, tried and paid privately for many different types of support to help manage Brett's Autism and Attention Deficit Hyperactivity Disorder (ADHD). Collectively these interventions have proved helpful and unhelpful in varying degrees, but it was not until the family came into contact with the Resilience Project, that Lisa felt truly supported.

Lisa heard about, and was linked with the Resilience Project through by the Education Psychologist involved with Brett. Child and Adolescent Mental Health Service (CAMHS) had considered a referral to them inappropriate and by this point she felt had read everything and had attended every course available in an effort to offer the best support to her son, yet she was at breaking point.

'we had hit a point where we had gone through hell basically...and there hasn't been any support for us. Because we are a middle-class family, educated family, there isn't any support for those families. You can be in severe difficulty and really you know, getting to the point of family breakdown because chaos is ensuing...We had a hit a point where we were starting to hate our child because it was hard because we had no help'

She felt yet another intervention would no doubt prove 'completely pointless'. Lisa felt that previous interventions for Brett were like trying to fit a round peg into a square hole; '99 percent of those children fit, and they fit easily but there is 1 percent who don't'. Although unconfident at the start, as the Resilience Worker began to have sessions with Lisa she realised the previous focus on bedtime routines and establishing boundaries, that were ineffectual with Brett were not the focus of their conversations.

'...we were offered examples of new techniques that we could take and try, and those techniques were out there, they weren't your normal...'bath in the evening' type activity, suggestion. They were something different...she used PACE [Playfulness, Acceptance, Curiosity and Empathy] with us which I have never come across before and aspects of that have worked really well'

Lisa felt that the Resilience Worker was offering something different, something bespoke for Brett and wider than him, to her family; 'We were really seen as a family'. The approach of the Resilience Worker was to focus on the whole family and reflect on real life events that had taken place the previous week. The sessions were used as a way for Lisa to take a step back and explore a different way of interacting with her son and family. Alongside this, praise from the Resilience Worker and recognition that living with Brett would sometimes be a challenge, helped Lisa be kinder to herself.

'...I always looked at my husband and the way he can interact with my son, he's very good at distraction, he can create a giggle where there seemingly isn't one. And I always felt, I wish I could do that and I think one thing the resilience project has done is allowed me to respect that we both have our skills, and they are different but that is good...it's a different perspective on things'

Lisa recognises that she will have to continue to 'fight' to have Brett's needs met. However, another aspect that was of help in this, is the link between the Resilience Worker and the school. Being in a position to interact with both the school and the parent, the Resilience Worker was able to advocate on Lisa's behalf and follow up the commitments agreed by the Local Authority. This resulted in making sure the provisions that should be in place were in place to support Brett in school. Due to the difference in approach and focus of the Resilience Project, things are now different for Lisa and her family.

'I think our life has changed significantly, it is not perfect, but it is a lot easier than it was... we funded it [previous interventions] by the skin of our teeth because we knew we had to, but actually, this has been so much better.'

Partnerships

'But partnership working is very easy to say, very difficult, very difficult to achieve.'

(Head of Additional Learning Needs, Education)

Introduction

In the early stages of the Resilience Project, it was recognised that partnership working was integral to its success. This not only gave the opportunity to approach the project with a specific focus but to also take the opportunity to capture the learning made as the project progressed. Bringing together health and education with the involvement of the third sector is a new initiative that deserved some reflection, therefore, the research design incorporated data collection for this specific area. See Figure 11.

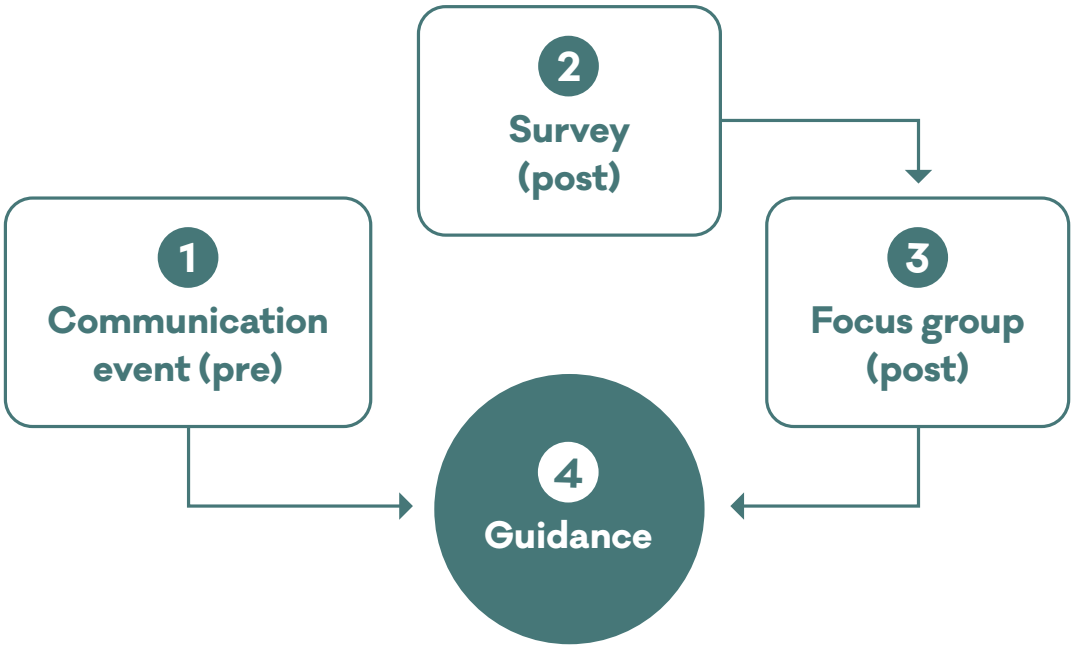


Figure 11. Qualitative Research Design

The focus on partnership working began with an event that took place before the onset of the project. All partners and stakeholders that may have an interest in the Resilience Project, were brought together (1). This enabled a wider discussion about this type of working in relation to the project and was, in essence, theoretical. At the end of the project a survey was developed and completed by those directly involved with the project, both at a strategic and delivery level (2). Finally, a focus group was run to discuss the learning that had taken place at a strategic level with regards to partnership working (3). Bringing these three sets of data collection allowed the development of guidance that supports successful partnership working (4). These three areas will now be explored through the findings section below, which concludes with this guidance.

Findings

'Communication event'

As the project began a 'communication event' was held at the start of 2019, to introduce the stakeholders to the new initiative taking place. The invite to this event was sent to those in Education, Health, Social Services, Local Government and the Third Sector. The purpose was to communicate the nature of the project and forge links that would remain throughout its duration. This was seen as an ideal occasion to gather some of the attendee's thoughts on partnership working; namely what makes partnership working a success.

Approximately 40 people attended this communication event and each of the tables had a mixture of attendees from the different sectors. This was to encourage an exploration of the different approaches and different viewpoints in relation to the challenges and benefits of partnership working. The event started with an open group discussion where the attendees were asked to consider, in their opinion, what was needed to support partnership working. Given time, each table then fed back into the room what they had decided as a group was important. This resulted in a list of 14 items which were as follows; Accountability, Shared vision, Time, Reliability, Openness, Communication, Passion, Money, Being co-located, Co-operational working, Everybody's voice is heard, Governance, Consistency and Understanding rules.

These 14 suggestions were then reflected back to the entire room and used as a basis to further explore partnership working. This list was refined to a collectively agreed 'top five' items to be discussed. Interestingly, the five that were decided on were not all on the original list; some were combined and others morphed into other headings as the conversation was opened up and discussed by all attendees. The five agreed headings were then discussed on each separate table (and recorded on flipchart paper) with the resulting comments on each item:

Shared vision – working with people, not

on people; not taking a 'one size fits all' approach; synergy: whole is worth more than the sum of parts; be mindful of and use the ripple effect for benefit; slow and steady wins the race.

Communication – explain clearly purpose of role; use shared language and reflection to check common understanding; shared values and beliefs of how project will work; continuous learning and flexibility; gain consensus; consider communication systems; consider where knowledge is shared and where is it held; adopt an open approach with active listening.

Governance – integrate a steering group; set out aims and objectives, terms and conditions; clear leadership and essential skills; involvement of key people with influence; sufficient funding; accountability and transparency are key.

Collaboration – led by an individual with drive; understand each other's roles; permission to do things differently; mutual respect and openness; recognise and respect different values and culture; mutual responsibility and clarity about boundaries; use common language and ensure that everyone is heard; avoid duplication.

Monitoring and evaluation – define terms so everyone clear; use 'mapping and gapping' to develop project context; understand the necessity to meet the service remit and project needs; outcomes used to inform and encourage partners; project development driven by an evidence base; mixed methods research designs; results-based accountability; adopt different layers of evaluation for different audiences; avoid meaningless measures and adopt different ones that capture the different approaches; agree common outcomes; maintain a clear focus and decide what is relevant.

As suggested earlier, the above information (theoretical) was brought together with the findings below (applied), to provide context for the concluding partnership guidance.

Survey

Twenty respondents who had been involved in the project completed the survey from the three settings; Education, Health and Third Sector. The aim of the survey (designed and sent using 'Survey Monkey') was to develop an understanding of the experience of partnership working in the Resilience Project. There were many changes and challenges that took place as the project developed, therefore it was hoped that the survey would be a starting point to gather this information. Equally, it was hoped that beginning a conversation in this way would create space for an openness about these difficulties encountered. This was not only to capture these but to negate the need to revisit these in the focus group and therefore, allow a 'solutions focused' discussion.

Those working at strategic, operational and delivery levels were invited to complete the survey. This included leads in Education, Health and Third sector, as well as the Resilience Workers and teachers working directly in the schools

with CYP and their parents. Using each of the questions as a topic with which to explore the answers provided, the collated findings from all 19 participants of the survey are below.

Q1) What did you hope the Resilience Project would achieve?

Support the gap in services [those CYP that do not meet the criteria for other services] and provide additional support to complex learners; provide training and specialist advice and in doing so, build capacity and confidence in teams; create a shared approach; join up the Education and Health sectors.

Q2) Did you feel the aims of the project were met? (See introduction for aims of the project)

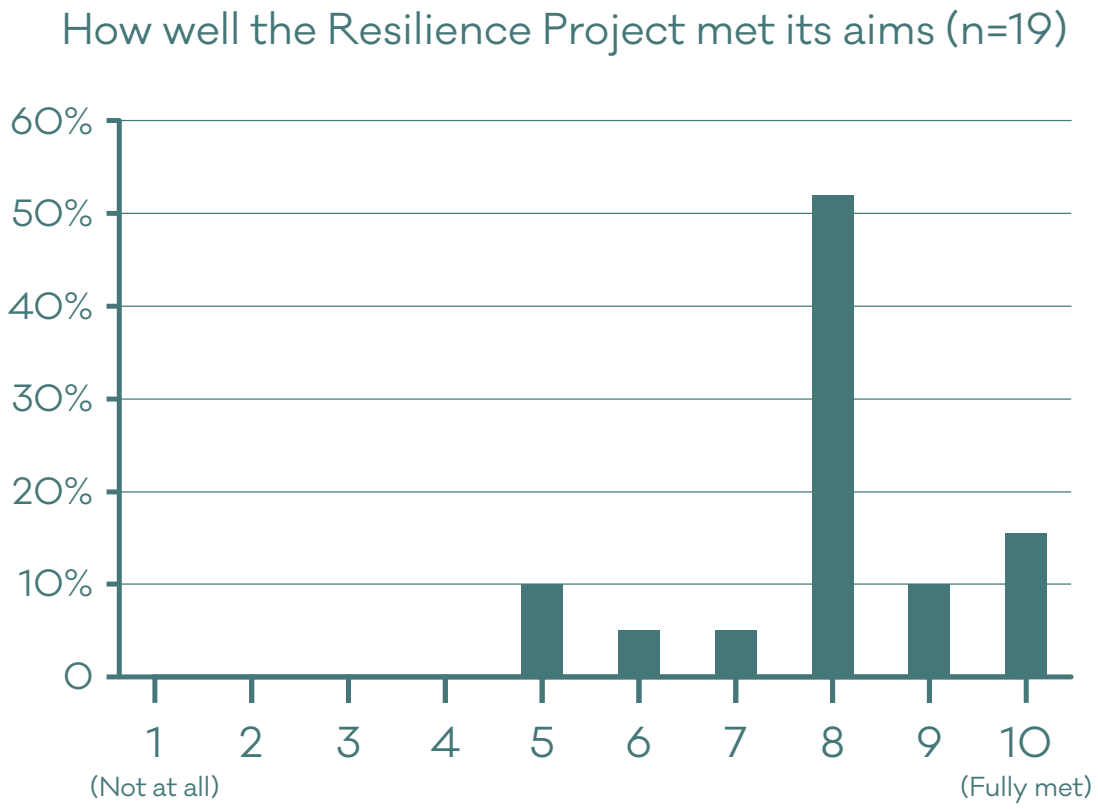


Figure 12. How well the Resilience Project met its aims

Q3) How did the pandemic impact partnership working?

Move to virtual working; limited direct contact with CYP; slower time in creating change as not seeing students face to face; challenges with IT systems; less time to embed working relationships, however, it did strengthen some cases; less time spent travelling has allowed additional time delivering support.

Q4) What were the three main challenges?

1: Not knowing the team and roles as well as who is working in which location; COVID; ensuring no duplication; ongoing lack of clinical capacity as well as having a clinical lead from the start; agreement on how to use resources; not being able to select pupils who had external support from other agencies such as CAMHS; developing confidence and building trust of the project in Education; agreeing priorities; short-term funding.

2: Communication with the Resilience Workers and referees; agreeing a process and setting up the project; having the support staff in school; Project Manager position being MHF (not NHS); managing expectations; communicating confidential information; lack of information to schools about the project offer; differences in ideas.

3: Time; capacity for joint working; challenging IT systems; not knowing who is responsible; lack of face to face; difficulties building relationships.

Q5) What were the logistical challenges?

Time; no clinical lead at the start; ongoing IT issues; developing a good understanding to avoid duplication; lines of responsibly; availability of staff to attend consultations; not being in school, no face-to-face (due to COVID); the sheer variety of schools and services available; the NHS not set up for partnership working; lacking a base (pre-pandemic).

Q6) Were there any unforeseen circumstances that impacted the project?

COVID; complexity of cases; clinical to staff ratio unsafe; the move to supporting virtually; recruitment and staff changes in the team; unable to see students face-to-face; uncertainty of funding; staff wellbeing; lack of understanding of different roles.

Q7) Explain any benefits to the partners and beneficiaries of this model of working.

Staff are better informed through increased knowledge; capacity building through the joint working model; improved access to professionals and interventions; less 'red tape' and more innovation in the Third Sector to expediate delivery; the level of knowledge brought by the Resilience Project staff; 'joined up thinking' around the CYP; created a coherent approach and improved communication; more capacity to support common goals; a more inclusive, supportive, well-rounded and available service; help provide support to CYP not involved in other services.

Q8) What learning could we take from this project regarding partnership working?

Clear links made from the start to develop a common understanding of the different offers; clear leadership from the start and more planning around implementation; clear lines of responsibility and reports to management; thorough preparations with clarity on details including aims and objectives; pupil-centred approach works if all able to attend; IT in place before start; longer lead-in time and longer-term funding.

Additional comments:

'...despite a difficult beginning the project has been able to deliver a significant amount in terms of resources, training and education for staff and interventions for CYP and their families, who otherwise would not have had a service.'

'It has been a really fantastic learning experience that will never be repeated again.'

'...the team perseverance...now means we now have a great project and are doing what was actually hoped for when this project was dreamt of.'

'Hopefully this type of model can be expanded further as it undoubtedly is very effective.'

Summary

As the above content from the survey indicates, there were many challenges during the development of the Resilience Project. These challenges were indicative of partnership working and aside from the unanticipated pandemic that equally had an impact on the delivery of the project. However, the pandemic also provided opportunities that were also unexpected e.g. a lack of additional pressure on time created by the need to travel was negated by the virtual and digital space, which also created the space to reach a much wider audience (e.g. sharing of resources and training).

The many challenges and difficulties were worked through and overcome by the partners. This resulted in an appreciated service that added value to the schools and staff that it came into contact with. The results from this survey were used to form the discussion guide of the focus group that will be explored below.

Focus group

The focus group brought together eight Leads from all three sectors involved in this partnership: Education, Health and the Third Sector. The results of the group discussion provide a link between the communication event (i.e., the hopes of good partnership working) and the experience of setting up the Resilience Project (i.e., the reality of working in this way). As mentioned earlier the focus group discussion guide was formulated on the results of the survey to capture the challenges highlighted and use these to create a more solutions focused discussion based on mitigating, as far as possible, these challenges.

The discussion guide began by

acknowledging that there were indeed challenges for the partnership team during the project. However, the first question was about how to lessen the impact of these in future project working. From here the conversation was directed to exploration of the challenges and opportunities that different approaches working together afforded. At this point the group were also asked to consider these with the aim of limiting disruption. Finally, the members were asked in light of their experience, to highlight key considerations in partnership working. This was in order to formulate guidance for success in implementing partnership models. Although the conversation was focused on finding solutions, it remains worth noting the main frustrations felt by this group of strategic staff and therefore this is captured in the first theme.

The focus group required informed consent from each of the participants and was recorded for the purposes of transcription. Thematic Analysis was conducted on the transcript (including the information gathered in the 'chat' function of the virtual video call and some responses shared via email for those who could not attend). This resulted in three themes which will now be explored with supporting quotes from the focus group discussion.

Themes

Age old problems persist, even given hindsight.

The participants of the focus group showed a sense of frustration over several issues. These may not be a surprise but are worth mentioning to highlight the ongoing nature of these challenges. Bureaucracy surrounding the implementation of projects and delivery of services was noted as a key difference between different sectors and approaches. This was notable in light of the relative freedom afforded in the Third Sector to consider an issue and have the agency to run with it. It was felt this was in direct opposition to other sectors (i.e. Education and Health in this case) that are more restricted due to organisational procedures and processes.

> *'...so charities, going "why can't we just do it!" and the NHS going "yeah but we got to get over this hoop, this hoop, this hoop, this hoop" so there's frustration in partnerships with those'*
> *(Associate Director, Third Sector)*

The rigidity was felt not only by the Third Sector staff, but also those working in Education and Health. An example of this was the arrangements to put in place the IT systems to support the project. Although there was an understanding that confidentiality and governance were essential to keeping people safe, there was also a sense that this has been an age-old problem that seems to be unresolvable.

> *'The IT systems is beyond me, how we are ever going to resolve that, that's another issue isn't it? But that is a no brainer as well but has been for the past 30 years and we haven't been able to do anything about it.'*
> *(Head of Additional Learning Needs, Education)*

This lack of control underpinned the frustration felt and was apparent throughout the narrative. One example of this was in recruitment and the lengthy systems in place that slow down the start of delivery of a project. Not only this, but how and where staff are placed and who is responsible for them, within a project with many partners, was something that, in hindsight, should have been given additional consideration. This coupled with the inflexibility of the systems within which the partners worked was a cause for frustration, however, this sat alongside a solution focused approach learning from experience.

> *'But maybe more flexibility in terms of where staff can be placed, we are very rigid around education staff or health staff and maybe we could work more flexibly around that.'*
> *(Head of Additional Learning Needs, Education)*

> *'...and saying 'hey we hadn't thought of it like that guys but that sounds like a really good way to go forward', you know, that wasn't in our mindset to start with but it's a really creative opportunity to sort of take this in a direction that we just hadn't thought about before'*
> *(Principle Educational Psychologist, Education)*

An example of the flexibility of approach and taking advantage of opportunities as they arise, was given by a member of the focus group. Within the school a multi-agency panel of professionals meet regularly to discuss approaches to working with and supporting CYP. The Resilience Project were invited to join this panel and take a 'snapshot' of what the most relevant issues arising, and by all accounts, this simple adjustment added huge value.

> *'... it was collective gain, everybody benefited from that, I don't think there will be anybody that said the resilience project being part of a multi-agency panel, didn't enhance the work and what we were trying to do. So, I see that as a real strength'*
> *(Lead Officer for Inclusion and Wellbeing, Education)*

On from the difficulties in recruitment and management, other influences resulted in a sense of lack of agency. The decisions of funding bodies and the agendas of others influenced by trends that guide the focus of attention, were all noted as frustrations when working in any sector. However, with the Resilience Project specifically in mind, the lack of control in the short-sighted nature of funding and limited opportunities for longer-term investment, bore more frustration.

> *'You know, you've got some money, do something now, do some really meaningful partnership working, right okay, off we go, we try and do it, we are not magicians, we can't make it work within three months'*
> *(Head of Additional Learning Needs, Education)*

> *'...is really just about the different lead in times for different organisations because that is inevitable to*

depending on the type of person that you are trying to recruit. There will be lead in times and I think that was a major issue for us.'
(Manager of CYP services, Health)

'But that year will come and end quickly and then you've got very skilled, highly qualified people who are in demand who will leave because they will know that the funding is coming to an end and then the project becomes difficult again because of all the people who were in place left.'
(Head of Additional Learning Needs, Education)

Planning, Preparation and Progress

Learning from the Resilience Project partnership working led to a consensus that a clear aim and direction from the start are key. This highlights the need for clear communication and essentially a commonality between different approaches and agendas. This is not easy given the restrictions, resources, values and agendas of different sectors, however, one suggestion to combat this was to find cohesion at a higher level. Focusing at this level allowed all partners to be in agreement with the overall aim of the project: to make a positive difference to the lives of CYP. This is an aim that can be embraced at any level of the project, from strategic and operational to applied delivery.

'...trying to align things as much as possible around some common themes and we do look at things differently, but you know, what are we trying to achieve overall with our populations? And thinking about outcomes at that real kind of high-level population thing...I think it's really trying to develop that cross working, so that professionals in different agencies are able to work with one another more and reflect on the wider issues'
(Principal Educational Psychologist, Education)

'Every opportunity we take to work across sectors enables us to better understand the reasons why we work in different ways, the unique priorities, strengths and limitations that we each have in addition to our shared aims'
(Engagement Service Lead, Education)

'...it felt like education is over there and social services is over there but actually it has, it feels like it has brought us much more closer together and understanding how we work and what the issues are and what the difficulties are'
(Head of Child Psychology and Professional Lead in Children's and Psychological Therapies, Health)

This theme incorporated recruiting the right person to lead the project at the start, something that was recognised in the Resilience Project after the Resilience Workers were in employment. These staff were perhaps seen as easier to recruit than a Clinical Lead with much experience due to the wider pool of qualified staff applying for such a position. It was felt

that a Lead was essential to guide the project, but not only this, they needed to be in the best position to assert control and authority.

> *'At that stage there was no clear offer to education, the RWs required extensive training/learning and it was difficult to know how to utilise them' (Engagement Service Lead, Education)*

> *'...it wasn't only just the leadership, that leadership came with authority and an ability to cast a vision and to have the time to keep casting the vision. And then the other thing was governance on data as well' (Associate Director, Third Sector)*

Going some way to alleviate some of the challenges that occurred at the start of the project may have been mitigated by a mapping exercise. This would not only help avoid duplication but allow the project to adapt in real time to an ever-changing context. Adapting in real time was also linked with the above point regarding leadership that needs to be accompanied by authority i.e., collecting the evidence that suggests a need to adapt, as well as the ability to respond to this need. An example of this links with the above point regarding the Resilience Project joining the regular multi-agency panel meetings.

The process is the answer

The difficulties and challenges that arose at the start of the project, can be seen in light of typical problems that may arise with any given project. A framework with which to interpret this is that of the process of group creation and unity. 'Forming, storming, norming and performing' are recognised developmental stages of group cohesion and in the case of the Resilience Project these first stages took up much time and energy. Those involved in the project recognised the need to first establish what it was to offer in relation to existing, dynamic and widely varying, structures and knowledge. It was suggested that putting in place early, strong guidance and external support (in terms of governance) was a vital in tackling all stages (forming, storming, norming and performing).

> *'...[the] process starts with understanding the health processes around diagnostic assessment: health input into schools starts with understanding the environment, schedules, expectations of schools' (Engagement Service Lead, Education)*

> *'...you need a strong steering group and a steering group that can hold together and adapt, and flex and you know take things back to the partner organisations in terms of we thought about this, but we need that' (Principle Educational Psychologist, Education)*

> *'...we didn't have that leadership board set up quick enough and I think had we had done perhaps we could of bashed out some of the 'where are we going'...we had that missing strategic*

gap I think because that was probably quite a while into the project before we got that set up'
(Manager of CYP services, Health)

Although, these points were also noted in previous two themes with regard to appropriate planning and getting leadership in place early on, it is an important point to reiterate given its recurrent theme throughout the discussion.

Development of understanding of the provision of service, happened in conjunction with development of an understanding of the different approach and provision of the partners. This again was an inevitable and necessary piece of work that occurred as the project developed and contributed greatly to the outcome of the project overall. A key comment made by one participant was in highlighting the need to work things through to find solutions. This resonates with the approach of 'Action Research' where people work together to create change within their communities or on larger scales .(Reason & Bradbury, 2008) Action Research focuses on the process as well as, and in some cases in spite of, the outcome of the piece of work: it is the working through of difficulties that provides the most value and indicates success, rather than the outcome. This resonates with partnership working in this instance, due to the large amount of work that was done to see the Resilience Project come into fruition.

'...you have to try something like this to know where you are going. I mean, I think there is so much learning from this that this is part of the major success of it' (Head of Additional Learning Needs, Education)

The guidance developed from the above information on partnership working, is presented in the Partnership on page 46.

Recommendations

Service Delivery Recommendations

Feedback from partners and staff held that the Resilience Project required clear aims and direction from the start. A foci point, at partner level, established a shared vision across sectors that the project is 'to make a positive difference to the lives of CYP'. This common aim can become the collective reference point for the project progress and help address the need for a clear direction. Considering evaluation and feedback, the following recommendations can be made regarding optimising the definition of the Resilience Project.

1. Clear leadership role with authority, from the start.

Following evaluation it became apparent that clear leadership, from project onset, needs to drive the direction of the project in a consistent and practical way. This has many implications including resonating consistent aims and the ethos throughout project staff and partners, as well as having practical implications on the ground, e.g. supervision of staff and accessing IT for the delivery of the project.

2. Mapping needs.

Following feedback at partner level and from those accessing the service, it was suggested that parts of the Resilience Project training or resources were refreshers for staff on the ground i.e. they had attended similar training in the past. This was supported in qualitative and quantitave data, for example fewer users agreed that the Resilience Project would change their working practice or everyday life, yet agreed that they felt confident using what they had learned. It could be inferred that although users are benefiting from 'refresher' elements of training or resources, they may not be adding further knowledge for that attendee. Therefore a mapping exercise, at the start of the project, incorporating the views and thoughts of partners and stakeholders is recommended. This relates to the above point for clear flexible leadership to guide and respond in real time and impact on direction of the project related to the needs of the user. This also includes mapping the need of users at each level of the service model, which will ultimatley influence and optimise service delivery.

3. Marketing and advertisement of the Resilience Project.

Feedback from evaluation indicated that parents and carers as well as the education sector were not aware of the project, or found it challenging to gain information from an internet search. It is therefore

recommended that the Resilience Project explores its marketing and advertisement avenues for optimisation. This could include liasing with communication partners, that have been already been established within the project and taking time to explore all options to gain as wide an audience as possible.

4. Appreciation of applying the Resilience Project training, resources and intervention across a diverse range of CYP, taking into consideration age and Welsh speaking users.

The data collected in the service evaluation noted that users would like resources which, apply and use the appropriate terminology, for Welsh Speakers. This may seem surprising, as the project already had a number of Welsh translated resources, but the nuanced terminology is worth exploring to ensure an applied element to the learning done in the training. It is, therefore, recommended that a mapping exercise for Welsh speaking schools is completed, which can gauge the demand for provision in Welsh speaking schools, as well as any targeted or tailored resources that need to be developed. This would also apply to assessing demand for Welsh speaking Resilience Workers and delivery of training in Welsh.

Education staff also raised recommendations in feedback, regarding age appropriate platforms for engagement and ongoing support, including the use of social media. For example a CYP social media page was recommeded following a training course, and questions were raised about applying some techniques to younger children or children with behavioural issues. The Resilience Project aims set out to create tailored resources for different sectors, parents/carers and CYP. However further detailed mapping of need would be recommended within the CYP resources and training tiers of the model, so that the Resilience Project can create a range of diverse and age appropriate packages for CYP and those that support CYP.

5. Exploration of face-to-face provision.

The pandemic has created a range of challenges for the Resilience Project, especially surrounding an inability to deliver services face-to-face. Qualitative feedback at training and intervention tiers, indicated a need and extra benefit of face-to-face sessions from those accessing the service. This was mainly aimed at Resilience Workers being able to gain first hand experience of the education environment, or a CYP within their education environment or at home. Exploration of face-to-face provision is recommended and establishing whether this kind of provision is feasible, taking into consideration the risks and mitigating factors.

6. Scaling up

Across the evaluation, the need for further capacity was highlighted. Whether that includes more Resilience Workers, more allocated session time or face-to-face contact, or additional clinical resource to support delivery. Allowing exploration and opportunity for further capacity is

recommended and what this would mean for the Resilience Project. For example when scaling up, the foci of the Resilience Project needs to be clear and consistent (as mentioned in recommendation 1 above). It is critical to maintain the aims of the project as well as its ethos. Across feedback platforms Resilience Project staff were praised for their time, content of interaction, supportiveness and non-judgemental approach. At a partner level the collaboration of staff, across tiers and grades was praised as a benefit. It would be hoped that these unique attributes are not diluted in scaling up of the project and therefore it is essential that capacity is built into the increase of scaling up and not as a reactive response.

Following feedback from partners that the project learned from doing, when scaling up it would be recommended to start small, with pilots that then expand locally, nationally or within other organisations. In starting with a pilot, there is room for learning, flexibility and adaptibility of the project implementation. The needs of the specific users can be fully explored as well as implementing an evaluation process which is tailored and ensures the project meets the specific needs of those accessing the service.

Evaluation Recommendations

The following suggests recommendations for evaluating the Resilience Project as it continues delivery.

1. User and staff engagement in the evaluation process

When evaluating the data, it became clear that there were gaps in data collection. This included missing information, but also diversity in experience. For example, limited information is available for users who did not engage in the service, and why this may be the case.

This could be for several reasons, including the accessibility of the research methods and usability of the data collection spreadsheet. Moving forward, it is recommended to establish an efficient and user-friendly platform for capturing a full set of diverse data. As part of this, it would be recommended to review the data collection methods and tools chosen, as well as map the experience of staff using the data collection platforms. This will enable the recognition of strengths and weaknesses in the application of evaluation process on the ground. This information would then be used to improve the data collection design and therefore yield greater and more rigorous information. This would then allow for a more valid and relevant set of recommendations based on success, or otherwise, of the project.

Furthermore, as a way of ensuring that evaluation is based on a full data set and the full breadth of experience, it would be recommended to integrate the evaluation process into the service model, so that it becomes an expected and mandatory part of service delivery (with appropriate consent). Asking every person who accessed the service about their experience, encourages a diverse mapping of experience, which is not only focused on those who perhaps have extreme experiences or more likely to come forward in evaluation.

2. Long term impact of the Resilience Project

Following the first evaluation of the Resilience Project, subsequent evaluations could include these recommendations including the long-term impact of the Resilience Project on CYP. This could include establishing how quick changes in wellbeing are experienced and how enduring they are over time. Moving forward this could be captured in a longitudinal evaluation at pre-defined time points, following discharge from the Resilience Project. It is worth noting that although some psychometric tests were integrated as part of the service evaluation, there were too few respondents to warrant analysis at this stage.

3. Group Work evaluation

The group work aspect of this project could comission an independent evaluaton to ensure that the evaluation is not biased in capturing experience. This could form part of the next phase of the project and MHF could engage as a learning partner.

Partnership Recommendations

Bringing together the data collected from the partnership survey, focus group and using the communication event findings, a set of guidance for partnership working has been developed. These are areas to consider when considering and developing projects that require partnership working. Although not an exhaustive list, they are based on both the theory and the experience from the Resilience Project.

Leadership: important to have someone in place who has the appropriate authority to effect change and respond in real time

Governance: external members that create space for reflection, recognising what is working and what needs to change. This group needs to be able to respond in real time.

Flexibility: to provide space to seize opportunities as they arise for the improvement of the project as it progresses.

Clarity: from the start; a shared vision developed and held by all partners. It is worth considering the higher level aims of the partners to reach common ground.

Time: commitment to protected space to focus on the project not allowing other daily work to absorb this time.

Openness: to learn from mistakes and to respect differences of opinion using regular reflective reviews at key points as a way of making learning and adapting in real time.

Pilot: if possible, trial on a smaller scale before setting up fully and implement the learning from the feasibility when scaling up.

Process: learning as the project develops is a way of finding cohesion for the project: prepare to be challenged and accept this process may not be as smooth as hoped.

Conclusion

This daring and pioneering project has successfuly established partnerships across the health, social care, education and third sector to support families earlier and more quickly across Cardiff and the Vale.

Partnership working is a way of working that comes with challenges. The Resilience Project however, has overcome these and has achieved tangible successes. It has supported 181 CYP in an educational setting through consultation and a further 177 families through direct intervention sessions. Over 930 educational staff have attended tailored and evidence based training so that they can help support CYP with their mental health at school. CYP, parents/care givers and educational staff have accessed 45 resources over 2400 times online. Furthermore, parents and care givers, as well as educational staff, are feeling well supported by the Resilience Project and confident at using what they have learned in working practice and everyday settings. This evaluation supports the project's positive impact on the lives of CYP, through suporting their families and educational staff.

> *'Happy that we were able to learn new skills and apply them to everyday life. All the different things we have learned has really helped the way we support (CYP). It has all been really, really helpful. The things that we have learnt are things that we can keep using continually. Not just help us now but will help us in the long term. The Resilience Project has given us the most help since all the difficulties have arisen. From all the help that we had from other services this has been the most helpful in our family and being able to support (CYP). Really hope that the project continues and is able to help others the way it has helped us.' -Parent*

The following recommendations are suggested: scaling up this model, establishing immediate leadership roles, mapping needs, improving marketing of service, increasing provision for a diverse range of CYP, increasing provision for Welsh speakers, increasing face to face provision and engaging educational staff, CYP and families in the evaluation process. There are also specific recommendations for partnership working including clear leadership, governance, flexibility, clarity, time and openness.

The Resilience Project has enabled families to access prompt and much needed, life changing support for their children, who are displaying symptoms

of mental health distress, but have not been able to previously access children's mental health services. Bringing together educational expertise, clinical knowledge and skills from health, as seen in the Resilience Project, has shown how capacity can be built within the system to support good mental health for CYP.

'Children and Young People who need support for their Emotional and Mental Health and Wellbeing can sometimes fall between gaps in services and find it difficult to access early support in a joined-up way. This project has allowed us to work with partners in Education and directly with schools themselves to provide support to young people who may otherwise not have been able to access it. It has provided an excellent opportunity to learn what works and will ultimately allow us to design a system for Cardiff and Vale that meets the needs of our population'- Rose Whittle (Children, Young People and Family Health Services)

'This provided health, education, social services and third sector with an important opportunity to work together for children, young people and families, to bridge gaps and improve access to psychological support.' -Dr Jenny Hunt (Head of Child Psychology Services, Cardiff and Vale University Health Board)

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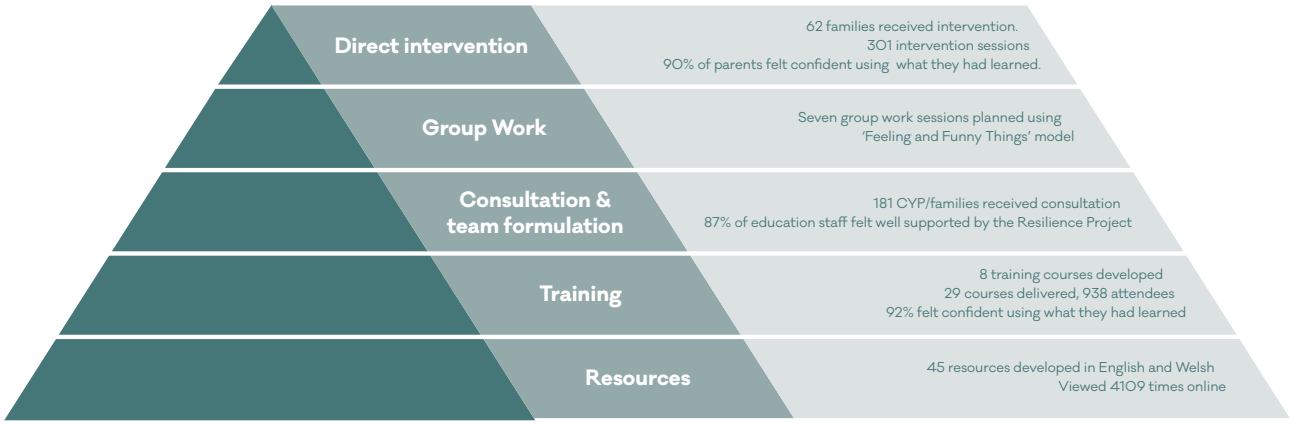
Appendices

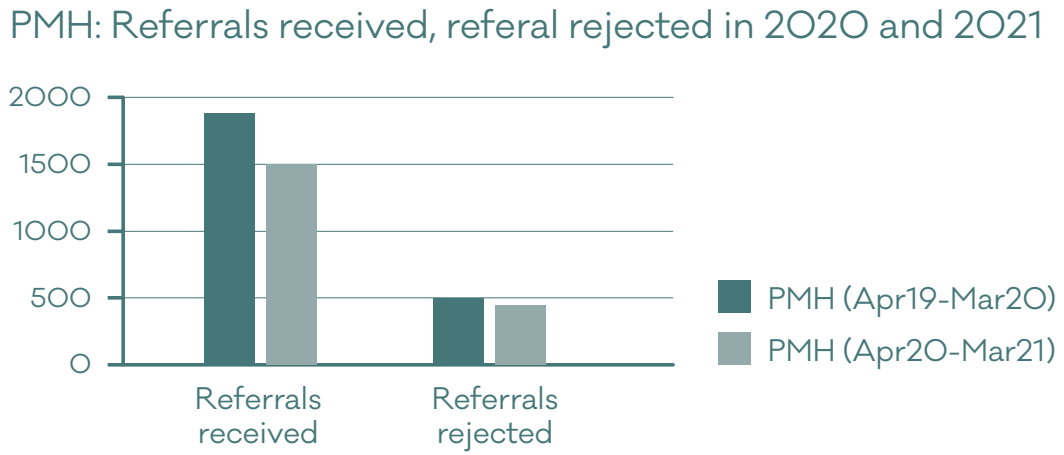
Other findings and Headlines

In this section the main headlines from the Resilience Project evaluation have been mapped on to the aims of the project, see Table 2 and Figure 13 as well as the infographic. When referring to the PARIS data with regard to referrals and referrals rejected, it is important to consider that changes in referrals may be as a result of the pandemic or other contributing factors, which impacts any causal inferences that can be made. It is also noted that PARIS data for the period 2020-21 contains 11 months of data, as opposed to 12 months in the period of 2019-20 (this is due to the report deadline).

Aim	How does this part of the model contribute to the aims?
To enhance the joint working between education and health, to improve mental well-being of Children and Young People (CYP)	• **Resources:** 45 resources have been developed and distributed to over 340 recipients (including education staff) by the Resilience Project following consultation, training, or direct intervention. • **Formulation/Consultation:** Consultation sessions have been offered to 181 CYP referred by education staff. • **Direct Intervention:** Resilience Project staff have provided an additional 623 intervention session, to 115 CYP through other health teams. • **Two press releases** have been developed following the Resilience Project success, and Welsh Government requested a spotlight piece on the project for Transformation funding. See appendices.
To increase mental well-being support and interventions for CYP through supporting education staff	• **Resources:** Resources have a potential reach of over 4100 views, of which were CYP, parents and education staff. • **Training:** 938 Education & LA staff & NHS Staff (i.e. School Nurses) have accessed training from the Resilience Project. • **Group work:** Seven group interventions are planned to be offered to education staff in 2021. • **Direct Intervention:** 62 CYP/families have received an intervention from the Resilience Project, totalling 301 intervention sessions.
To increase the confidence of all those working with CYP in relation to mental health	• **Training:** 90% of education staff felt confident using what they had learned during training in their working practice. • **Formulation/Consultation:** 82% of education staff felt confident in using what they had learned from a formulation/consultation session. • **Direct Intervention:** 90% of parents felt confident using what they had learned during an intervention session in their everyday life.
To decrease inappropriate referrals to Child and Adolescent Mental Health Services by providing support to the 'missing middle'	33% of children and young people receiving a consultation or formulation for the Resilience Project indicated a key theme of the request related to a developmental trauma. • 83 CYP receiving a consultation or formulation had been previously referred to either a mental health, neurodevelopmental or both of these services at least once, and 55 had received 2 or more referrals to either or both of these services. • Between Apr 19-March 20 CAMHS had received 1687 referrals (of which 634 were rejected) PMH had received 1839 referrals (of which 490 were rejected). Between Apr 20- Feb 21 CAMHS had received 1080 referrals (of which 411 were rejected) PMH had received 1506 referrals (of which 446 were rejected) see Figure 12.

Table 2. Main Headlines and mapping on to the Resilience Project aims.





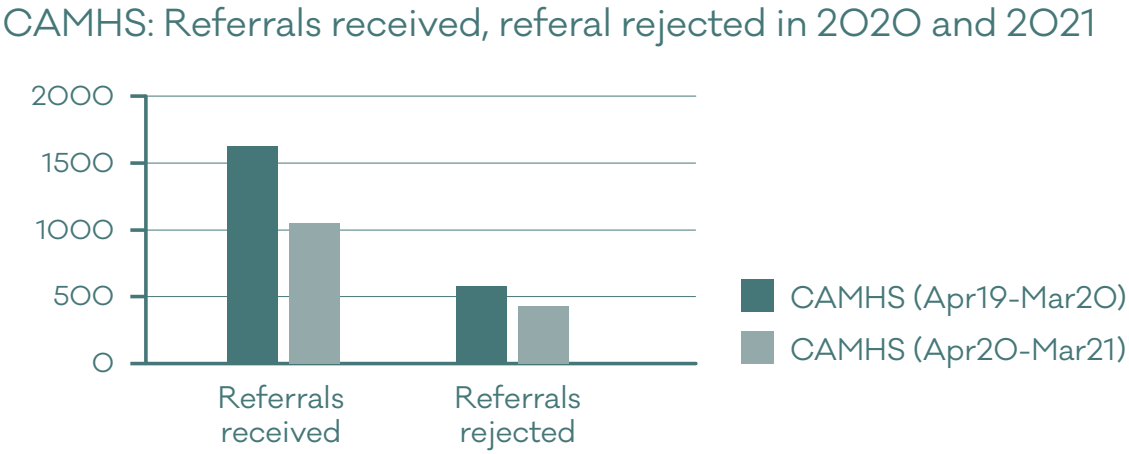


*Figure 13. CAMHS and PMH Referral information for 2020 and 2021. **2021- 11 months of data. Changes in referrals would have been impacted by the COVID pandemic.*

Press releases

1. Resilience project pioneers mental health support in welsh schools

A pioneering project to support the mental health of children and young people, who may have suffered adverse childhood experiences, is being piloted in Cardiff and The Vale of Glamorgan.

The Resilience Project is an 18-month initiative that is being rolled out in primary and secondary schools led by Cardiff and Vale University Health Board as part of the Welsh Government's A Healthier Wales vision for a seamless health and social care sector.

The new psychology-led project sits alongside the health boards existing child and adolescent mental health services and works jointly with local authority education departments. It has already directly helped 147 families and trained more than 500 professionals.

The project is supported by the Mental Health Foundation and is aimed at building the mental health resilience of children and young people through educational settings, as opposed to the more typical clinic-based alternatives.

It is being achieved by providing new resources and bespoke training for education staff, as well as clinician-led consultations for education staff. The project also provides group work promoting children's mental health, as well as direct interventions with children and their families.

The Resilience Project's clinical lead is Dr Gwen O'Connor who is heading a team of dedicated professionals including seven 'Resilience Workers', who are all graduates with relevant training in mental health, three clinical psychologists, an occupational therapist, an arts therapist and project manager.

Dr Gwen O'Connor said: "The Resilience Project has been set up to provide early help to those children and young people beginning to display distress, but who do not meet criteria for other services. It is breaking new ground because we are bringing together education and clinical knowledge and skills from health to improve the mental well-being of children and young people.

> *"What we are seeing is that the increased confidence of those working with children and young people in terms of their mental health is resulting in children getting help sooner in their school community, which should reduce the number of children needing referrals to clinic-based child and adolescent mental health services."*

Dr O'Connor added:

> *"There has long been an appetite for joint working between health and education professionals and now through this dedicated resource we are developing a more joined up approach reaching those who may have otherwise slipped through the net."*

As a result of The Resilience Project in Cardiff and The Vale of Glamorgan to date:

- 147 families have received direct interventions
- 136 consultations were delivered by Resilience Project psychologists to education staff
- 555 professionals have accessed Resilience Project training
- 237 professionals have viewed Resilience Project recorded training online
- 44 bespoke resources have been developed for education staff, children and families

The Resilience Project falls within A Healthier Wales which is the Welsh Government's long-term plan for the future of health and social care. It encourages health and social care organisations, on a national, regional and local level, to develop new ways of working seamlessly together to improve the response to local needs.

Across Wales there are a series of projects in which health, care and third sector teams are developing new partnerships and exploring new ways of working as part of the Healthier Wales initiative. The projects are funded through the Welsh Government's Transformation Fund because they have the potential to transform the way services are delivered and have a long-lasting impact on the quality of care services.

The majority of projects are being led by regional partnership boards, developed in collaboration with patients and are being delivered by healthcare professionals who work on the front line.

Note to editors

A Healthier Wales is Welsh Government's vision for a health and social care system which is fit for purpose and is built around the following principles:

- People are healthier and happier
- Health and care services are better and easier to access
- Health and care services are innovative and use the latest technology
- Staff in health and care are looked after and motivated

The initiative is being delivered through the development of four 'new models of care' which integrate health, local authority and voluntary sector services for the good of local communities. They are:

- Hospital to home services – enabling patients to leave hospital for ongoing assessment and recovery with the aim of limiting unnecessary time in hospital.
- Place based care – a multi-disciplinary approach where NHS, local authorities, third sector and other partners work together for the good of the patient

- Technology enabled care – empowering individuals to manage health and care needs through technology like self-care apps, telecare and remote tools to monitor health.
- Emotional and mental health – supporting people with mental health and wellbeing issues through the development of initiatives that improve awareness of mental health amongst non-mental health professionals.

Ends

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2.Please see website https://www.gvs.wales/news/2021/03/resilience-project-pioneers-mental-health-support

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Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Resilience Project Prosiect Gwydnwch

Llywodraeth Cymru
Welsh Government

Cardiff & Vale of Glamorgan
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