

TOGETHER TO THRIVE



Evaluation, August 2025





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HEALTH**

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CONTENTS

- 2 **Executive summary**
- 6 **Introduction**
- 16 **The programme to date**
- 21 **Impact on families**
- 36 **Impact on professionals**
- 55 **Views on programme approach,
delivery and development**
- 76 **Conclusions and recommendations**



EXECUTIVE SUMMARY

Introduction

Together to Thrive (TtT) launched in April 2023 and is a multi-agency collaboration between the Mental Health Foundation, NHS Tayside Child and Adolescent Mental Health Services (CAMHS), Dundee City Council, third sector organisations, and schools. The programme provides support to families in Dundee with a child on the CAMHS waiting list for neurodevelopmental (ND) assessment or who has been identified as having emerging ND differences.

The programme is based on a task-sharing model, and community-based practitioners from partner organisations are trained by CAMHS staff and aligned experts in six areas: sleep, sensory, trauma, positive behaviour support, reflective parenting and communication. TtT practitioners then work with parents and carers on either a one-to-one or group basis to provide information and support on these areas.

Context

In the last four years, referrals to CAMHS ND pathway in Tayside have increased by 400%, and at the same time there has also been a decrease in the number of specialist staff. This has resulted in families waiting in excess of four years for assessment. In March 2025, the waiting list for the ND pathway closed to new referrals. The lengthy waiting times combined with a recognition that families should be supported based on need rather than diagnosis was the foundation of TtT. The aim of TtT is to provide more immediate support to families and therefore improve the mental health and wellbeing of children with ND differences and their families. A secondary aim of the programme was to reduce the number of children referred to the ND pathway where it was not required, however this has become less relevant with the closure of the waiting list.

The evaluation

The aim of this evaluation was to investigate the impact that the TtT programme is having on the families who receive support. It follows on from a process evaluation which was completed at the end of the pilot stage in October 2024¹.

A mixed methodology approach was used involving analysis of interviews and focus groups with TtT practitioners, parents and carers, and of data collected through TtT's referral and tracking system, FORT (Fast Online Referral & Tracking). A total of 24 TtT practitioners and 18 parents and carers were consulted for this evaluation.

Key findings

Families

- As a result of participating in the TtT programme, parents and carers feel better able to support their children's needs. This is as a result of increasing their understanding of their own emotions and behaviours and those of their children, and through the information and techniques provided.
- There has been some evidence of children also understanding themselves and being better able to recognise and regulate their emotions and behaviours, leading to happier children, less challenging behaviours and calmer homes.
- Parents and carers feel valued and listened to by TtT practitioners, often for the first time, which has helped them feel more confident and supported.
- The peer support present in TtT groups is highly beneficial. Parents and carers feel less alone, are able to pass on advice to one another, and support each other outside of the group.
- There was some evidence that families with more complex needs or nearer crisis were less positively impacted.

1. The pilot report can be accessed at: <https://www.mentalhealth.org.uk/our-work/programmes/programmes-families-children-and-young-people/together-thrive>

Practitioners

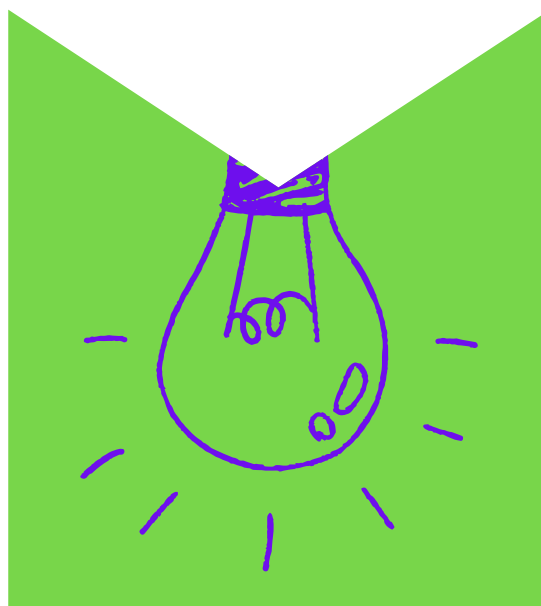
- Practitioners' understanding and skills relating to ND differences were significantly enhanced, with reflective parenting being valued highly.
- The increased knowledge, skills and tools provided by TtT helped practitioners to provide more flexible and tailored support to families and to do so confidently.
- TtT improved collaboration between organisations by increasing networking opportunities and providing shared language and frameworks.
- Many practitioners were applying the knowledge and skills they had gained through TtT in their wider practice, using them to support families beyond those referred through TtT or identified as having ND needs.
- Practitioners valued the quality of the training, finding the content engaging and the trainers knowledgeable. The follow up coaching support was highlighted as a particular benefit, allowing them to seek ongoing and case-specific advice.

Demand for specialist support / diagnosis

- The programme had a nuanced impact on families' views on the need for specialist support and diagnosis for ND differences. Most families highly valued assessment and diagnosis and felt it was essential for receiving support, but that TtT had made it easier to cope while they waited. There were some individual examples of families who felt they no longer required specialist support as a result of what they received through TtT. Practitioners emphasised that the current culture still focuses on assessment, diagnosis and specialist support, with changes needed at a systemic as well as individual level.

Recommendations

- Continue to develop a formalised network where TtT practitioners can access and share resources and tools to support practitioners to provide consistent support which meets families' needs and ensure that all practitioners are aware and can access this.
- Consider continuing to widen the range of practitioners trained in TtT – for example to include early years and secondary school settings and those with strategic input to both widen TtT's reach and support positive cultural changes. It is understood that following the evaluation period, some early years practitioners have already become involved in the programme.
- Actively explore funding options to both sustain and expand TtT, while also considering how third-sector organisations can continue to be supported and included in TtT in a financially viable way.
- For policymakers, consider how the task-sharing model of TtT could be applied elsewhere, how strategic priorities and funding could be aligned and best utilised to support the sustainability of TtT and explore where culture and systemic barriers still place an overemphasis on assessment and diagnosis.





01

INTRODUCTION

INTRODUCTION

Together to Thrive

Together to Thrive (TtT) provides support for the parents and carers of children aged five to 11 in Dundee who are currently on the waiting list for neurodevelopmental assessment or who have been identified by schools as having emerging neurodevelopmental differences. It is a multi-agency collaborative project involving the Mental Health Foundation, NHS Tayside Child and Adolescent Mental Health Services (CAMHS), the Alliance (Dundee City Council), third sector organisations and schools. It was established in April of 2023 in response to the growing number of referrals to CAMHS' neurodevelopmental assessment and diagnostic pathway.

TtT is based on a task-sharing model . Task-sharing is a collaborative approach where organisations work together to provide support rather than relying on one specialist provider . The aim is to make more efficient use of staff and resources by shifting some tasks to those with less-specialised training, making support more accessible to those requiring it and allowing specialist resources to focus on more complex cases. It also emphasises the value of community-based support and the benefits experienced when support is provided by those with closer relationships to the community.

2. Cameron, J. and Tosatti, E. (2025) Task sharing: transfer of knowledge from Thrive NYC to the Scottish context, Journal of Public Mental Health, ahead-of-print. <https://doi.org/10.1108/JPMH-03-2025-0037>

3. Orkin et al., 2021, Conceptual framework for task shifting and task sharing: an international Delphi study. Human Resources for Health, 19(61). <https://doi.org/10.1186/s12960-021-00605-z>

TtT provides training delivered by CAMHS staff and aligned experts to practitioners from community-based organisations (CBOs). At the time of the evaluation, partners included the following (this list is not exhaustive as new partners join TtT with each training cycle):

- Dundee City Council – Social Work – Fostering & Adoption, Kinship, and Children & Families Teams
- Community Health Team
- School Nursing
- Primary Schools: Craigiebarns, Fintry, Longhaugh and Sidlaw View
- Barnardos
- Dundee Carers Centre (DCC)
- Dundee Women's Aid (DWA)
- One Parent Families Scotland (OPFS)
- Relationships Scotland
- Speech and Language Communication Company (SLCo)

Training is delivered on six areas:

- **Sleep management**
Raising awareness and understanding of how poor sleep can impact children's wellbeing, healthy sleep practices, and strategies and tools which can help to

promote better sleep.

- **Sensory management**
Information around sensory processing difficulties in children and providing strategies to help children and adults to manage different sensory needs.
- **The impact of trauma on child development**
Information around how traumatic experiences in childhood can impact child development, and the importance of promoting recovery by building supportive relationships with children.
- **Positive behaviour support⁴**
Enhancing knowledge and skills in relation to understanding and addressing challenging behaviours in a person-centred way.
- **Reflective parenting**
Enhancing parents and carers' understanding of both their own and their children's thoughts, emotions and intentions, and how this impacts their behaviours.
- **Communication needs⁵**
Insights into children's communication development, along with strategies and adaptations to effectively support and enhance their communication skills.

4. The initial training in the pilot phase did not include positive behaviour support which has since been added.

5. Communication needs was added to the programme in March 2025 and was therefore not included in the evaluation.

TtT practitioners are also provided with training in navigating the Neurodevelopmental Portal so they can help parents and carers access this at home. The portal is an online resource for parents and carers co-designed by CAMHS to provide information and resources to families with children who have neurodevelopmental needs.

Following the completion of the training, monthly coaching and support sessions delivered by the CAMHS team are also provided to practitioners, where they can receive additional support and advice regarding specific cases they are working with or more generally.

The first referrals to the programme were received by June 2023. All referrals are

managed through the Fast Online Referral & Tracking system (FORT). This system holds both referral and case management information, designed to streamline the referral and case tracking processes. Referrals are allocated to the CBO which has capacity and would be most appropriate for the family, and practitioners provide support to parents and carers on either a one-to-one or group basis incorporating the six training areas. There is no uniform way in which TtT should be delivered to parents and carers, providing practitioners with the flexibility to provide the support in a way which is most appropriate for the needs of each family. There is also no defined length for how long a family can be supported by TtT, it is dependent on family need and organisational capacity.

The context for Together to Thrive

Rising demand and limited capacity

NHS Tayside's Child and Adolescent Mental Health Service (CAMHS) is separated into two streams: treatment for children and young people where there are significant or impairing mental health concerns; and a neurodevelopmental (ND) assessment pathway, which focuses on assessment and/or diagnosis of children and young people presenting with ND disorders (such

as Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder or Intellectual Disability), but where there is no other mental health concern.

The ND assessment pathway has seen a 400% increase in referrals over the past four years. Recent figures indicated that there were around 4,500 children and young people on the pathway, with roughly 2,500 of those waiting for a first appointment and around 100 young

people added to the list each month. Alongside this, the diagnostic capacity of the CAMHS service has been reduced due to budgetary pressures and unfilled posts.

This mismatch between demand and capacity has led to significant waiting times, particularly for ND assessments, a trend which is common in health boards across Scotland. As well as the delay for those who would eventually receive treatment (some have been on the waiting list in Tayside for up to four years), long waiting lists also create the potential for young people to 'age out' of the service before their first appointment.

Coupled with this rising demand for diagnosis, there is a growing recognition that many referrals to the ND pathway may not necessarily be appropriate or meet the immediate needs of families. Often, what families would benefit from more is not a formal diagnosis, but timely, needs-led support delivered in familiar, community-based settings. This thinking is aligned with the Scottish Government's 'Children and young people - national neurodevelopmental specification'⁶, which sets out the principles and standards for services supporting children and young people who have neurodevelopmental profiles and stipulates

that "families receive the supports and access to services that meet their needs at the earliest opportunity" and that "understanding of support needs can be enhanced by diagnosis but should not wait for diagnosis."

With a view to shifting focus towards a needs-based, rather than diagnosis-based support model, in March 2025, NHS Tayside made the decision to halt all new referrals for ADHD and autism to the CAMHS ND pathway.

TtT was developed in response to the landscape of this increased demand and long waiting lists, with the main aim being to improve the support for families and the mental health and wellbeing of children with ND differences. Similarly, the programme set out to reduce the number of families unnecessarily referred to the ND pathway (though, as mentioned, all new referrals to the ND pathway have now been halted) and provide more immediate support to those already on it. In line with a shifting focus towards supporting need and away from overemphasis on diagnosis, TtT also places a greater focus on understanding and accepting differences in children, rather than over-medicalising children with ND differences.

6. <https://www.gov.scot/publications/national-neurodevelopmental-specification-children-young-people-principles-standards-care/>

Wider policy context

The decision to undertake a redesign of the ND assessment pathway in Tayside should also be considered within broader policy on family support in Scotland. The 'National Principles of Holistic Whole Family Support'⁷ promotes consistent standards of practice which aims to deliver improved outcomes for children, young people and families, as well as supporting delivery of a range of relevant policies including Getting it Right for Every Child (GIRFEC), Transforming Outcomes for Children, Young People and Families, and The Promise. Principles set out in the framework include those that stipulate that support should be:

■ Whole family

Support should be rooted in GIRFEC and wrapped around the whole family. This requires relevant join up with adult services & whole systems.

■ Needs based

Support should be tailored to fit around each individual family, not be driven by rigid services or structures.

■ Timely and sustainable

Flexible, responsive and proportionate support should be available to families as soon as they need it, and for as long as it is required, adapting to changing needs.

■ Collaborative and seamless

Support should be multi-agency and joined-up across services, so families don't experience multiple referrals or inconsistent support.

■ Skilled and supported workforce

Support should be informed by an understanding of attachment, trauma, inequality and poverty. Staff should be supported to take on additional responsibilities, and trusted to be innovative in responding to the needs of families.



7. <https://www.gov.scot/publications/routemap-national-principles-holistic-whole-family-support/>

As these national principles indicate, taking a whole family approach to supporting households with ND children requires a consideration of how to improve outcomes for parents and carers (and therefore, consideration of strategic priorities for adult health, social work and social care services locally). Dundee Integration Joint Board's (IJB) Strategic Commissioning Framework 2023-2033 sets out key priorities for supporting the health and wellbeing of adults in Dundee, these are:

■ **Inequalities**

Targeting resources to people and communities who need it most

■ **Self-care**

Helping everyone in Dundee look after their health and wellbeing, including through early intervention and prevention

■ **Open Door**

Making it easier for people to get the health and social care supports that they need

■ **Planning together**

Working with communities to design the health and social care supports that they need

■ **Workforce**

Supporting the health and social care workforce to keep well, learn and develop

■ **Working together**

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families

TtT's intended aims and approach demonstrates strong alignment with this wider policy agenda in a number of ways:

■ **Needs-based**

Support that can be delivered flexibly by practitioners and in a way that is tailored to the needs of families and communities. Aims to intervene early and prevent escalation of crises.

■ **Accessibility**

Specialised support that is embedded in the community, easy to access and simple to navigate for families.

■ **Workforce**

Building the skills and confidence of staff in CBOs. Reducing reliance on overstretched CAMHS teams.

■ **Partnership**

Adopting a task-sharing approach that encourages collaboration between CBOs. Creating a bridge between CBOs and specialist mental health service providers.

Financial context

Of course, there is also a need to understand the financial reality in which services and organisations are operating, and the pressures on public sector budgets in recent years is well understood.

In response to a projected funding shortfall of £19.7 million for 2025/26, in March 2025 Dundee IJB approved a budget featuring a package of cost-saving measures including operational efficiencies, use of reserves, and reductions in transformation funding. In doing so it acknowledged several potential impacts of this, including an inability to deliver strategic priorities (including prevention and early intervention), potential service reductions or closures, and a reduced ability to respond to changes in service demand.

Importantly, the IJB plays a significant role in commissioning health and social care services from third sector organisations which deliver a wide range of supports, including mental health and wellbeing services. The IJB has reduced funding for third sector organisations by up to 10% and cost savings in the 2025/26 budget, and proposed costs-savings as part of an ongoing review of commissioned services, will lead to a reduction of around £1 million (from a total contract value of £51 million) in funding for third sector providers.

This is indicative of the wider financial challenges confronting third sector organisations who face increasing competition for (less) funding, a lower success rate for winning contracts, and increasing costs (for example, in absorbing recent increases to employers' National Insurance contributions). The impact of this financial situation for many third sector organisations has been cuts to services and staff which, while not compromising quality, have reduced capacity and the availability of support for families.

Within this financial context, the TtT model has the potential to make a valuable contribution. For one, there is evidence that task-sharing is a cost-effective approach for delivering support which could possibly be scaled up to be delivered more widely. In addition, positioning TtT support to be delivered for families as early as possible is likely to contribute towards preventative cost savings (though calculating these is outside the scope of this evaluation).

In addition, at a time when the capacity of all services is being diminished by budget constraints, TtT aims to strengthen organisations' ability to deliver effective support for families within the resources they already have (although, stakeholders commented on the long-term sustainability of this approach – see Section 5).

About the Evaluation

Research objectives

This evaluation is a phase two evaluation of the Together to Thrive programme following on from a process evaluation which was completed in October 2024 at the conclusion of the programme's pilot phase. While the pilot evaluation focused more on the initial development and implementation of the programme, this present evaluation is focused on the impact the programme is having on the families who are referred and organisations involved.

The overall aim of the evaluation was to capture the impact of the programme on the lives of the children referred to the programme and their families.

This included exploring:

- Whether parents and carers feel more supported following a referral to TtT and whether this support meets their needs,
- Parents and carers' empowerment and whether they feel more confident and better equipped to support their children,
- The impact of supporting the mental health and wellbeing of children and their families,
- Views on families' need for specialist support (from CAMHS), neurodevelopmental assessment and diagnosis,
- Parents and carers' experience of engaging with the programme and any challenges or suggestions for improvement.

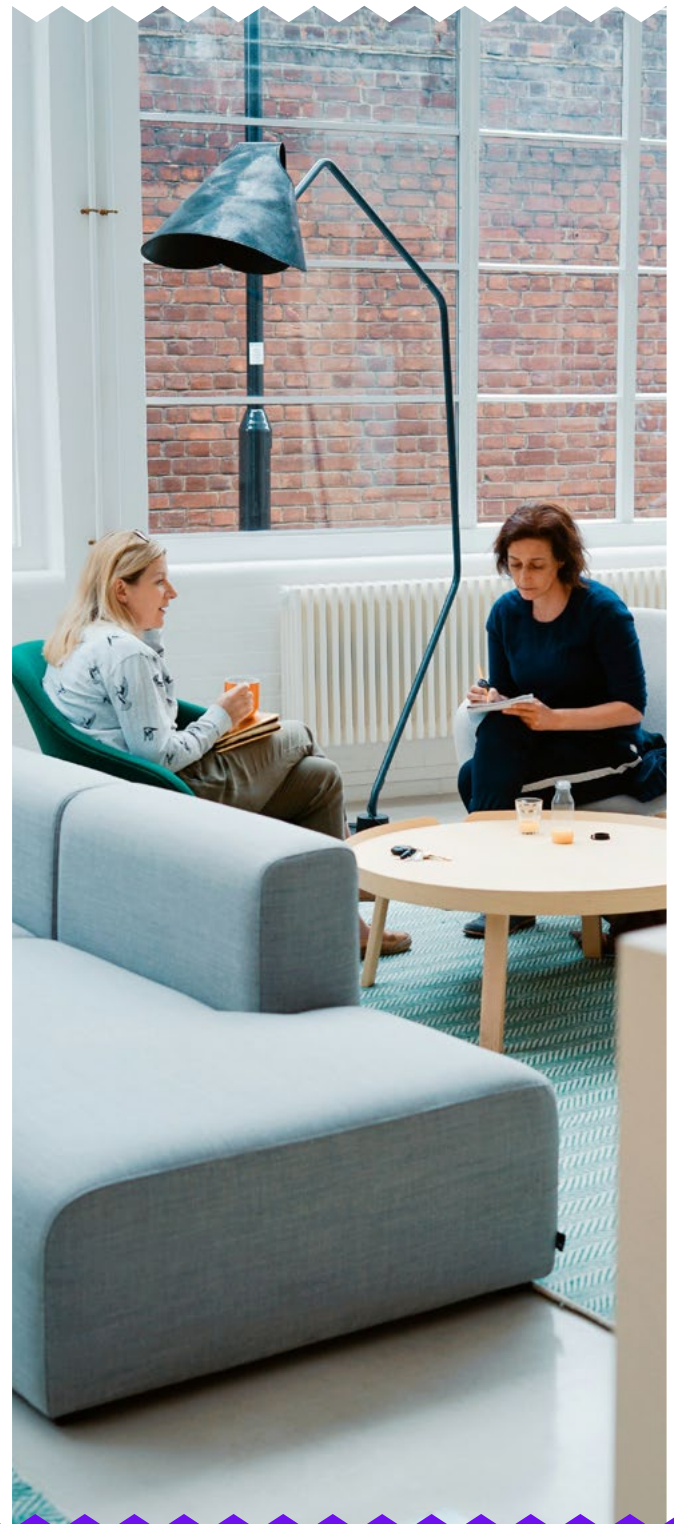


Research methodology

A mixed methods approach was used for this evaluation comprising of the following elements:

- Semi-structured, one-to-one interviews with 19 TtT practitioners with representation from most CBOs involved in the programme at the time of the evaluation and from all four training cohorts which had been completed at the time. These were conducted remotely using videoconferencing software or by telephone.
- An online focus group with three TtT practitioners from one CBO.
- Semi-structured, one-to-one interviews with two strategic partners to provide some insight into the wider context and strategic landscape.
- Semi-structured, one-to-one interviews with seven parents and carers conducted by telephone.
- Three in-person focus groups with parents and carers with a total of 11 parents and carers and two practitioners.
- Desk research and review of data held on the FORT system.

Fieldwork was conducted between March and May 2025 and in total 24 TtT practitioners and 18 parents and carers were consulted. Interviews and focus groups were conducted using pre-defined topic guides which had been agreed with the Mental Health Foundation.





02

THE PROGRAMME TO DATE

THE PROGRAMME TO DATE

Since its inception in April of 2023, 70 practitioners have been trained across five training cohorts. The fifth cohort of 13 practitioners commenced in March 2025 after the start of this evaluation, therefore only the 57 practitioners who completed their training within the first four cohorts were invited to participate in the evaluation.

When a child is referred to Together to Thrive, a number of details about their demographics and family circumstances are gathered (although not all details are collected for each referral). This includes:

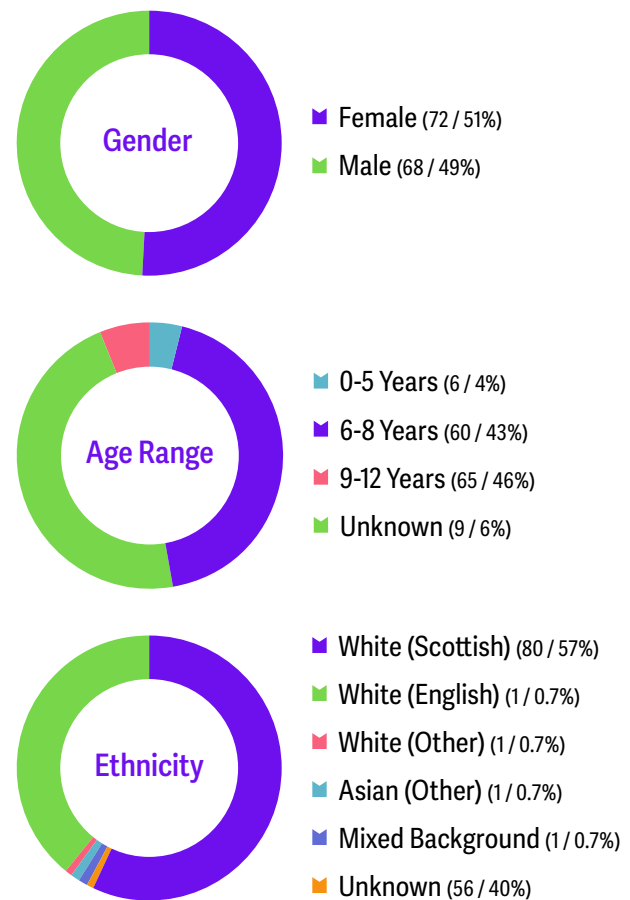
- Child's age and gender
- What are the primary areas of concern for the family?
- Is the child on the CAMHS ND waiting list?
- Is the child care-experienced?
- Has the child been impacted by domestic abuse?
- Are the family at risk of breakdown?
- Is there current social work involvement with the family?
- Is there a Team Around the Child in place?



The FORT system also records the electoral ward and the Social Index of Multiple Deprivation (SIMD) data zone in which the child resides .

As of the 2nd of June 2025, there have been 140 referrals to TtT. The graphs opposite summarise the gender, age ranges and ethnicities of the children referred, showing that a small number of referrals have been received for children outside the programme age bracket (five to 11 years old).

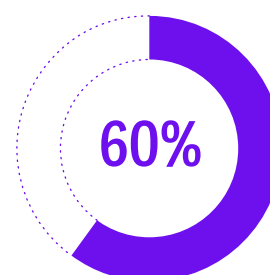
Referrals to TtT by gender, age and ethnicity



*Percentages have been rounded so totals may not equal 100%

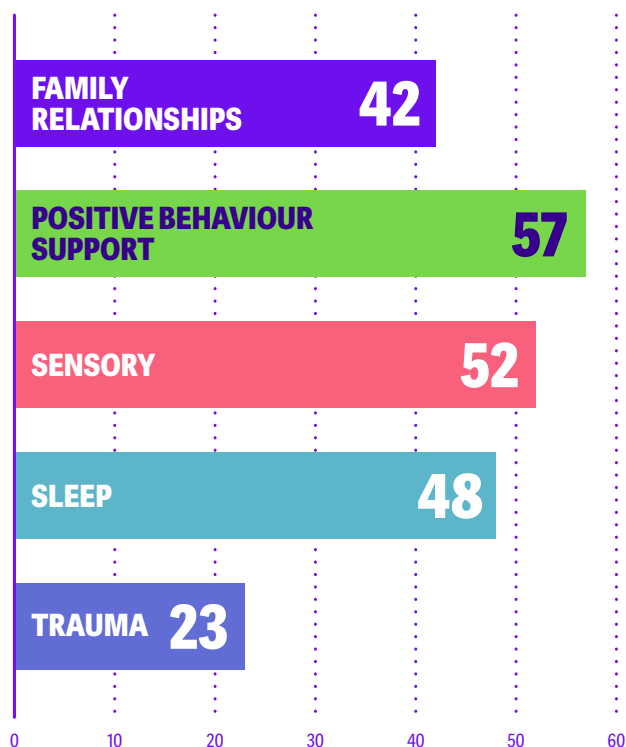
Information was available for 129 of these referrals about whether they were on the CAMHS ND waiting list, the majority of whom (60%) were.

Child on the CAMHS ND waiting list



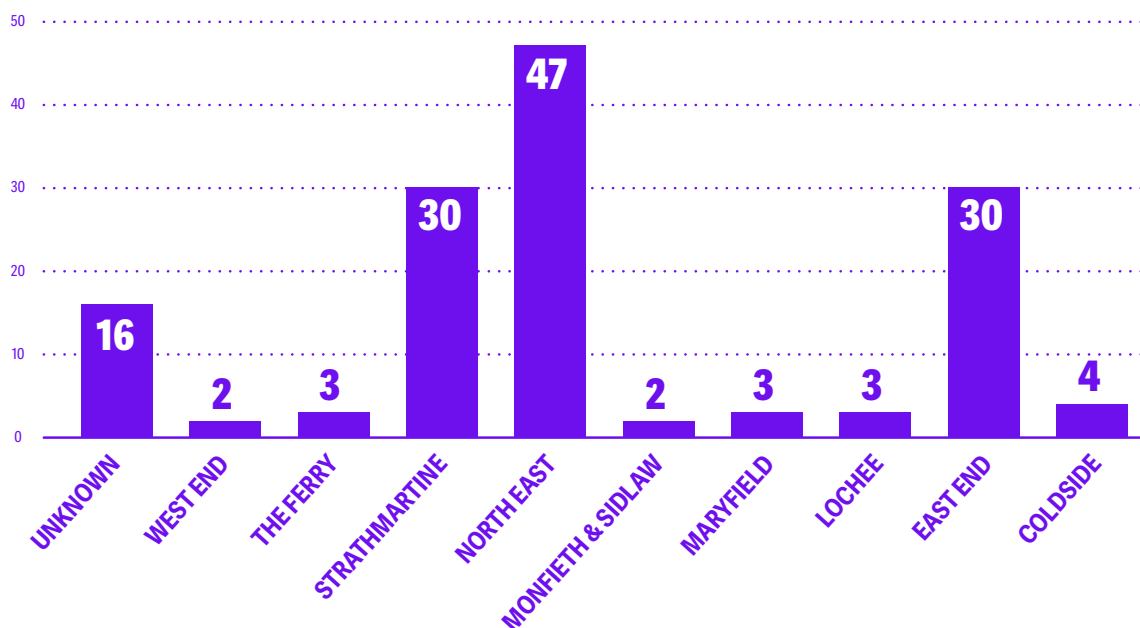
For most families, the primary areas of concern were around managing their child's behaviour (57 referrals), followed by sensory (52), sleep (48) and family relationship (42) concerns, with concerns about trauma (23) also reported to a lesser extent.

Primary areas of concern



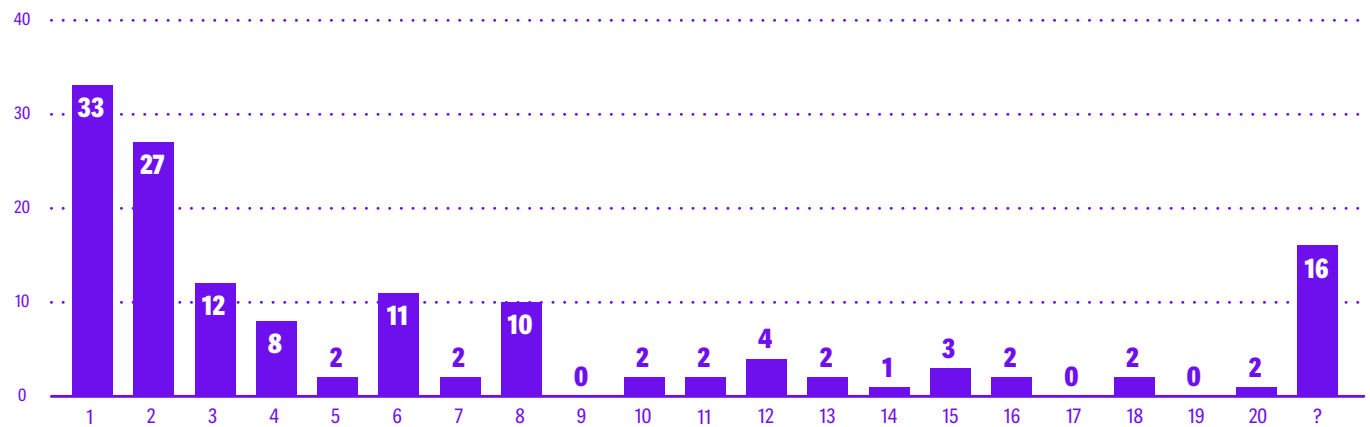
A significant proportion of the referrals were received from the North East ward of the city (34%) in-keeping with the primary geographical area of focus of the programme.

Number of referrals by multi-member ward



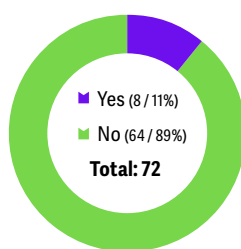
Families residing in the top 20% most deprived data zones, as classified by the SIMD, made up 43% of the referrals.

Number of referrals by SIMD Data Zone

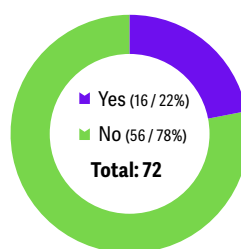


A summary of further information about referred children and their families is provided in the charts below. The data has been collated from the information available; please note that for each question, data was not available for every referral and the total number of referrals where this information was available varied.

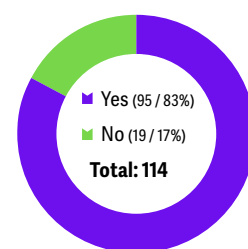
Is the child care-experienced?



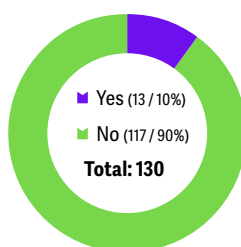
Has the child been impacted by domestic abuse?



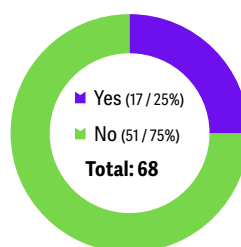
Is there a team around the child in place?



Is there current social work involvement?



Is the family at risk of breakdown?



■ Yes
■ No



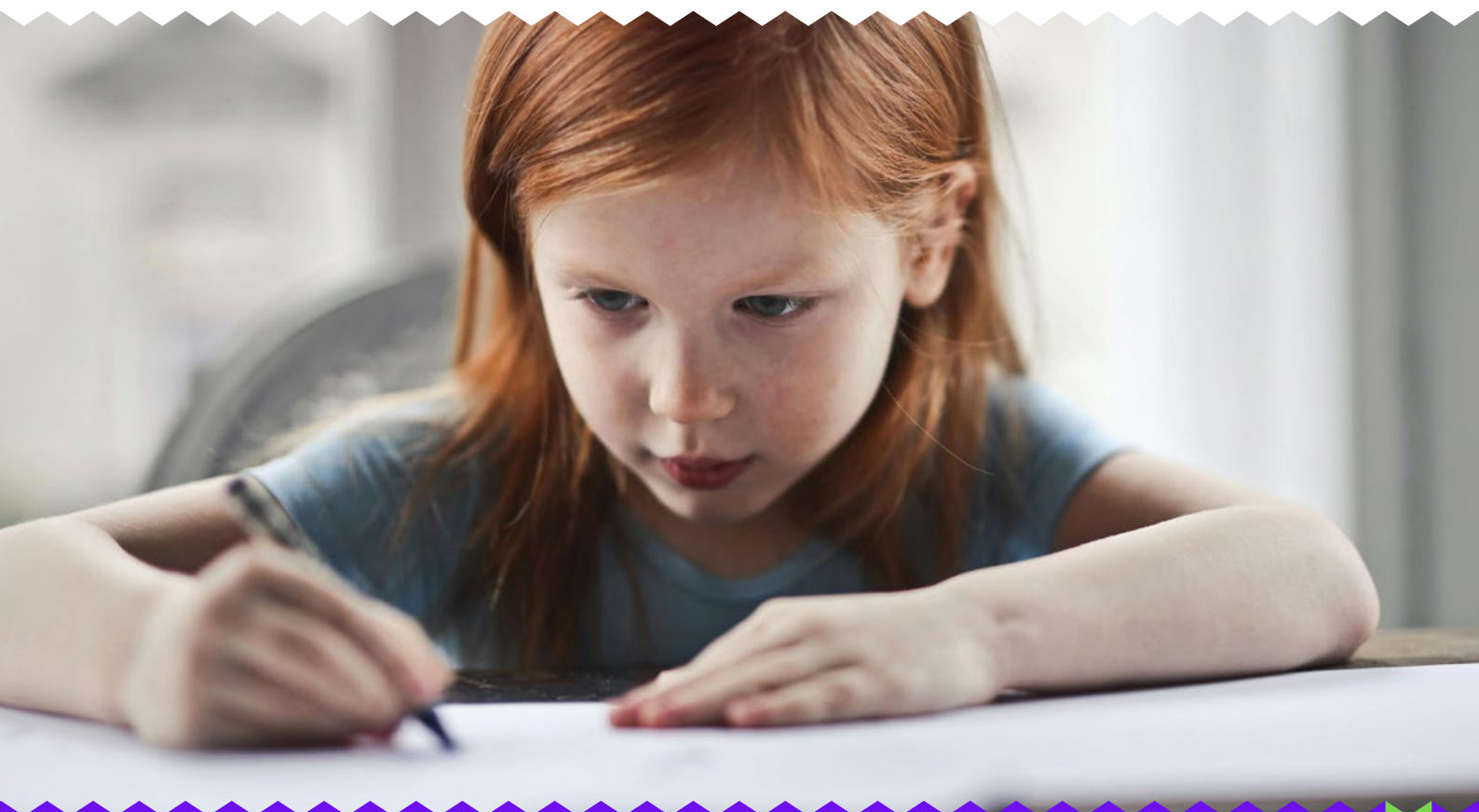
03

IMPACT ON FAMILIES

IMPACT ON FAMILIES

Following consultation with parents, carers and TtT practitioners, several positive outcomes were identified for families supported through the TtT programme, namely:

- Parents and carers feel more able to support their children's needs
- Parents and carers are better equipped to support their children's needs
- Parents and carers are more confident in managing their children's behaviour and emotions
- Improved support networks, social opportunities and reduced isolation
- Improved mental and emotional wellbeing for children
- Improvements to children's behaviour
- Improved family atmosphere and day-to-day life



Parents and carers feel more able to support their children's needs

For most parents and carers interviewed, the Together to Thrive programme had helped them to feel better able to support their children's needs. They spoke about different ways in which being part of the programme had positively impacted this. A predominant element was how the programme has helped them to better recognise their own emotions and the impact they have on their children. This in turn helped them to better manage situations with their children.

"[TtT Practitioner] taught me not to argue with them (my children). To say my point and walk away, just to say less, which made a massive difference for both of my children, actually" Parent / Carer

"I've never really thought about it like that, you have to be happy for it to project on your kids." Parent / Carer

"Mum has worked to make things more settled and to make sure that her child feels safe and secure to feel listened to."

TtT Practitioner (Third Sector Family Support)

Another key thing that parents and carers said they had gained through the programme was an increased understanding of their children. This often went hand in hand with an increase in communication, where parents and carers began to talk more to their children about their feelings and needs. For some families, they gained better understanding around specific issues, for example how trauma may be impacting their children. This increased understanding helped parents and carers to feel like they better understood why their children were behaving in a certain way which helped them to feel better able to manage that behaviour. This was also discussed by practitioners, who stated that when parents had a better understanding of their child and their development, it helped them to feel less stressed.

"I've learned to accept my daughter's needs. I'm more understanding of why she is the way she is" Parent / Carer

"Understanding that [son] is allowed to feel how he feels, that the way he feels is not wrong...but this is how you need to deal with these feelings"

Parent / Carer

"I'm seeing some real epiphanies in families thinking 'ah that's why my child does that' and then further to that 'that's why I do that'"

TtT Practitioner (Third Sector Family Support)

However, this was not the case for all parents and carers with some feeling no difference in their ability to support their children's needs. Practitioners spoke about how for some families, particularly those more at crisis point and whose children had more extensive needs, parents and carers felt overwhelmed and benefited less from the programme. Several practitioners highlighted that TtT requires engagement and an openness to change from parents and carers, so they need to be in the right place and frame of mind for it to be beneficial.

"They wanted a quick fix because they were just so overwhelmed, they just couldn't cope with having to do something else as well...it felt like another burden to then to have to try something different"

TtT Practitioner (Third Sector Family Support)



EXAMPLE

One parent spoke about how she is now able to better recognise when she is too stressed to deal with a situation, and either asks for another family member to step in or explains how she is feeling to her children and steps away to de-escalate the situation.



EXAMPLE

One parent was able to identify that her anxiety around getting her son to school was making her son more anxious and therefore making the situation more challenging. By managing her anxiety, it calmed her son and the situation down and made getting to school much easier.



Parents and carers are better equipped to support their children's needs

A number of parents and carers highlighted the positive impact of the information and knowledge which they gained through the TtT programme. Some parents and carers spoke about how information about reflective and mindful parenting helped them to actively think about how they were parenting and strategies to use. Parents and carers also valued the information provided on specific areas, for example several parents and carers found the information and resources surrounding sleep beneficial in helping their children to sleep better. Several parents, carers and practitioners also spoke about the usefulness of the online portal as they could access information which they knew was good quality and not have to rely on trying to search for information by themselves. One practitioner also highlighted that they had found that parents and carers were very receptive to information and advice around positive behaviour support.

"I do have more of an understanding of sensory things, it has made things calmer at home" Parent / Carer

Parents and carers valued the numerous techniques, strategies and resources they

were provided as part of TtT. During interviews and focus groups, parents and carers spoke about having used several including ABC journals, 'fix it' folders, flash cards for emotions, "I" statements, visual timetables and routine charts, fidget toys, liquid floor tiles, worksheets and sensory processing frameworks.

"So when things were kicking off between them (siblings)... rather than everybody getting all heightened and getting angry or shouting at each other, it was 'somebody grab the fix it folder, let's sit down and see what's going on'"

Parent / Carer

It was clear there is an element of trial and error, with some things working and some things not, but knowing that they could go back to the practitioner or group and discuss why something had or had not worked made parents and carers feel supported and like it was a collaborative effort. This was reinforced particularly for families' whose involvement with TtT was linked with their child's school, as in some cases the strategies being used at home could be reinforced in the

school environment. In some cases, parents and carers also found that, through the information and support provided through TtT, they felt better able to advocate for their child's needs at school, which often led to a better relationship with the school.

“Not everything works, but everything's been tried”

Parent / Carer

Practitioners spoke about how particularly the sensory information and strategies could be easier for parents and carers to engage with and could lead to 'lightbulb' moments where small changes in the family home made a big difference. They also emphasised that, for some parents and carers who had traumatic backgrounds themselves, TtT is providing them with skills they were never taught, enabling them to better support their children.



EXAMPLE

One parent spoke about how the introduction of a 'fix it' folder had made a big difference in their family and helping to de-escalate conflicts by talking through the issue.



EXAMPLE

One child was struggling to brush their teeth because of sensory issues. The parent and practitioner, who worked at the child's school, identified strategies to try and help and could put these in place both at home and at school, reinforcing them for the child.



Parents and carers are more confident in managing their children's behaviour and emotions

For most parents and carers spoken with, the benefits described above led to them feeling more confident and better able to cope with their children. They spoke about how being able to recognise and understand both their own emotions and triggers and their children's, led to them feeling more able to cope with their children and how to manage challenging behaviours and situations.

"I can tell the difference between a moment he can't control and a moment when he's being a cheeky nine-year-old" Parent / Carer

Some parents and carers also spoke about how being able to work and check-in with the TtT practitioner gave them confidence and reassurance that they were doing the right thing. This was echoed by practitioners who spoke about parents coming into the programme being unsure if what they were doing was right and feeling like bad parents.

"Just a bit of reassurance as well that it's OK to say no to him and that it's OK to put boundaries in place and that even though he's not happy with what I'm doing, he's not going to suffer from it" Parent / Carer

"What I hear from parents often is 'I don't know if I'm making it worse or I don't know if what I'm doing is helping or I don't know if it's behaviour or if it's health needs' like they just really don't know. So I think [Together to Thrive] is addressing that really well"

TtT Practitioner (Third Sector Family Support)

In addition to increased confidence in dealing with individual situations, parents and carers also spoke about how the programme had contributed to them having a more confident and positive mindset in general, where they feel they will be able to find solutions and get through.

"I wanted to keep coming because I felt like the more I kept repeating myself, the more I was learning"

Parent / Carer

**"It's given me a lot of confidence
that we can better things for [son]"**

Parent / Carer

**"It comes from the community and
comes from us. They feel empowered
to be able to do it themselves"**

TtT Practitioner (Education)



EXAMPLE

One parent initially lacked confidence in their parenting and had been criticised on it by their extended family, but TtT gave them the confidence to parent in the way that they wanted without being influenced by extended family or other pressures.



Improved support networks, social opportunities and reduced isolation

In addition to the knowledge and resources, parents, carers and practitioners all emphasised that feeling listened to and validated was one of the most important things that parents and carers got out of TtT. Parents and carers, especially those who had been on the waiting list for neurodevelopment assessment for a long time, felt hopeless and like they had been left alone. For several, TtT was the only support they had received and it provided an opportunity to speak to someone who would understand and wouldn't judge but also had experience and was able to give trustworthy advice. Parents and carers felt genuinely supported by TtT practitioners and felt as if they had made a connection with them.

“(It) lets you know that parents do matter” Parent / Carer

“Just to get something off your chest, like if [daughter] has been really bad for so many days and [TtT Practitioner] comes out, it's just like you could breathe again” Parent / Carer

“People have felt listened to, and often it's for the first time”

TtT Practitioner (Third Sector Family Support)

For parents and carers who were part of a TtT group, peer support was also highlighted as being highly impactful. Parents and carers often felt isolated as a parent of a child with additional needs and with lengthy waits for assessment and access to specialist support, and they found being able to speak to other parents and carers in a similar situation incredibly valuable. This gave them a chance to offload and vent to other people who would understand, but they were also able to gain some advice, share skills, and discuss different techniques and strategies which had worked for other families. This was clearly apparent even during the focus groups carried out for this evaluation. Parents and carers were clearly comfortable and were freely sharing their experiences and worries, and other group members were providing advice and talking through the issue, problem-solving together. Though parents and carers were not directly asked whether they felt able to contribute to the groups, from observing how the groups interacted, there were several examples of

inclusivity. Different people contributed to conversations and both practitioners and other group members frequently encouraged quieter members of the group to have their say, particularly when they felt they had something valuable to contribute.

There was a minority of parents who felt less comfortable opening up and sharing their experiences in a group setting so felt they did not benefit as much, but for others it was a key element of what made the programme beneficial for them.

“You think you’re the only person that’s struggling with a certain thing, but actually when you go to the group and hear everybody else’s stories, they’re struggling just as much as you”

Parent / Carer

“Being here (at the group) is helping me feel a lot more supported – lets me know I’m not failing as a parent”

Parent / Carer

“It gave me hope that you can get past this stage you can’t see past... ‘she has got through it, so I can too”

Parent / Carer

The TtT groups have also led to genuine friendships being formed and improved social experiences, with some groups continuing to meet up without the practitioner after the end of a TtT programme. Parents and carers spoke about how they were often apprehensive going out in public with their children for worry of how their children would behave or how others would react. However, they could now go out together with other members of the group where they could help one another with their children and this helped them feel less alone.

“Groups like this, we all understand and we’re not judged”

Parent / Carer

“It’s good to hear you’re not going through it alone”

Parent / Carer



EXAMPLE

One parent spoke about how she looks forward to coming to the TtT group and it helps get her out of the house and meet up with others rather than isolating herself.



Improved mental and emotional wellbeing for children

The outcomes for children described in this evaluation have been identified through reports from parents and carers, as children were not consulted directly. Consulting children directly may have provided some additional insights into how they experience the programme and the benefits they have gained. However, there are also practical and ethical concerns involved in research with children. For example, ensuring that children understand the research, their rights and are able to provide informed consent is more challenging than for adults, and may be even more so for children with neurodevelopmental differences. Additionally, children might find participating in the research stressful or distressing, particularly as it may bring up negative feelings or be about a time in their lives that may have been challenging. On a practical level, children may also require more adaptive research methods to better suit their needs and abilities and ensure they can participate meaningfully. Therefore, due to the relatively short timescale of this present evaluation and the focus on the programme's impact

on families as a whole rather than children specifically, children were not consulted directly to mitigate the risks described above.

In addition to the impacts for parents and carers described above, there was also some evidence of positive impacts on children's wellbeing. Some parents and carers spoke about how their children seemed happier, more confident and had started to make some friends at school. For a couple of families who had specific concerns around sleep, as a result of TtT their children were sleeping better and had improved sleeping habits, such as more appropriate bedtimes and sleeping in their own bed, and had improved mental wellbeing as a result.

“He is a much happier child and he is a much more confident child”

Parent / Carer

“We talk more and I encourage him. He's talking to me and opening up to me and he's doing that more now”

Parent / Carer

Some parents and carers spoke about how, as a result of what they had learned from the programme, they had helped their children to increase their understanding of themselves. Children were now better able to recognise, verbalise and control their emotions; learning and managing their triggers and being able to tell their parents when they were feeling overwhelmed. Practitioners also spoke about children being calmer and less heightened.

“[Son] recognises it a lot himself, and he’s capable of telling us now ‘mum, I need a minute to calm down’ and he does it” Parent / Carer

“[Son] knows when he’s having a bad day and that it’s OK for him to have a bad day, and he can go and tell the teacher that he’s having a bad day, and they support him with that”

Parent / Carer

“[Daughter’s] more able to tell me what’s wrong” Parent / Carer

“Every time I’ve gone in, things have been a little bit better”

TtT Practitioner (Health)

There were, however, some families who stated that they either hadn’t noticed a difference with their children or that it was too early to say. As with parents and carers, practitioners mentioned that for families where there was greater need or where they were at or near crisis, there were less impacts apparent for children. Practitioners highlighted that TtT requires parents and carers to engage with the programme and be ready and willing to make and commit to changes. Some thought that parents and carers near crisis were already dealing with so much that they did not have the mental or emotional capacity to fully engage with TtT so were therefore unable to experience positive changes. Additionally, some practitioners also felt that the TtT training was less focused on those with more complex needs (explored further in ‘Challenges’ in section 5).



EXAMPLE

One parent spoke about how school was still quite challenging for her son, but where previously he would come home from school and just want to be left alone, he now comes home and talks to her about his day and opens up to her more.



Improvements to children's behaviour

There was also some evidence that the TtT programme is having an effect on children's behaviour. Parents and carers spoke about how as their children have more of an understanding of their own behaviour, they are finding it easier to manage and recognise when their behaviour is being challenging.

"During the start of the week, he's normally quite bad at school. Not bad, but he just doesn't do as he's told or anything. But for the past two weeks he's been really good."

Parent / Carer

"I've had fewer meltdowns from my daughter"

Parent / Carer

Several parents, carers and practitioners also spoke about improvements at school. There were a couple of examples where children's behaviour had improved to the extent that they were able to return to mainstream classes, and others where there had been significant reduction in children running away or causing damage to classrooms.

"[Son's] had the same teacher for three years and he says he's not having to deal with as many situations with [son] as he did in Primary 3"

Parent / Carer

"School was always our biggest issue. We've gone from [son] clinging around my legs in the morning and having to be peeled off by a teacher, to now I can drop him off, stay in the car and he goes in by himself."

Parent / Carer



EXAMPLE

One parent discussed how it depends on the situation, but they have noticed that there are times where their child is able to calm down and de-escalate a situation when before it would not have been possible.



EXAMPLE

For one family, exploring the root of their son's behaviour helped to identify the influence that trauma had, which allowed the mum to change her approach. This has made a significant difference to her son and led to his behaviour becoming much less physically aggressive.



Improved family atmosphere and day-to-day life

In addition to the impacts described above, several parents and carers described that being part of the programme has helped to foster a calmer atmosphere at home. Parents and carers spoke about how learning when to walk away and come back to a situation when they were in a better frame of mind helped to calm both them and their children. Practitioners highlighted how the programme had helped to increase communication and strengthen relationships between family members.

Not all parents and carers felt there had been a noticeable change to their day-to-day lives, however, and particularly families with more than one child spoke about the difficulties of managing their differing wants and needs and how siblings could set one another off which led to situations escalating. There was also a recognition that it was a day-to-day experience, with some days being better than others.

Finally, there was also some albeit limited evidence of TtT having a wider impact on families' lives and in the community.

"It's actually helped [son's] relationship with his dad...his dad's doing the same things as what I was doing, the tips and tricks from [TtT Practitioner]. Their relationship has improved greatly" Parent / Carer



EXAMPLE

One parent spoke about how an increase in structure and boundaries had helped to improve the relationships and atmosphere in their family.





EXAMPLE

One parent's increase in understanding of the situation and their child had helped them know what to say and the right words to use with their child, improving communication between them.



EXAMPLE

One parent felt they had benefited so much from the support provided through TtT, they have since begun volunteering with the organisation who provided their TtT support, saying that they wanted to give something back.





04

IMPACT ON PROFESSIONALS

IMPACT ON PROFESSIONALS

Though the primary focus of the evaluation was to explore the impact of the TtT programme on families, positive impacts for TtT practitioners and organisations were also identified:

- Enhanced understanding of neurodevelopmental issues
- Development and refinement of skills and resources to better support families with neurodevelopmental needs
- Improved reflective practice and more holistic and proactive approach to working with families
- Increased confidence in providing support to families with neurodevelopmental needs
- More aligned and collaborative approaches between organisations
- More diverse approaches to supporting families with neurodevelopmental needs at the organisational level
- Enhancements to wider practice beyond TtT



Impact on practitioners' knowledge, skills and confidence

Practitioners commonly reported that TtT training had significantly enhanced their understanding of neurodevelopmental issues. Many commented that they had never received training in these topics before, so gaining insights into, for example, how trauma affects behaviour, how sensory processing challenges manifest or how sleep routines influence family dynamics was eye-opening and revelatory. Though practitioners generally valued all elements of the training, the reflective parenting component was frequently cited as being transformative in terms of influencing how practitioners thought about supporting families.



"I didn't realise how absolutely fascinated I'd be by the whole concept of reflective parenting and mentalising... I've bought books about it since."

TtT Practitioner (Third Sector Family Support)

"The sensory one, for me, was really beneficial... we see a lot more children now with referrals for sensory issues."

TtT Practitioner (Third Sector Family Support)

"I think the reflective parenting side of things really helped...I think it's a personal thing as well - in the reflective parenting training, two or three people had light bulb moments about their own parenting...It was nice to see it in practice."

TtT Practitioner (Education)

Even where practitioners may have had a background in child development or previously received training which overlapped with TtT content, there was strong evidence that the TtT training had been beneficial in deepening existing knowledge or introducing new perspectives/updated approaches. In some cases, it has helped practitioners to better articulate what they were already doing.



"I would say, I'd like to say that I think we were already not bad at [supporting families with neurodevelopmental needs], but it definitely has just got us thinking more about how to approach these things, and the reflective parenting side of things."

TtT Practitioner (Education)

"The programme and the training gave me a really nice framework to work from... it sort of underpins a lot of my values as a practitioner and a worker with families."

TtT Practitioner (Third Sector Family Support)

"I suppose for me, it was increasing my knowledge, especially the sleep. And that was phenomenal."

TtT Practitioner (Third Sector Family Support)

"it's given me a little bit more in my repertoire to use when required, but I wouldn't say it's changed the way the service operates."

TtT Practitioner (Health)

As well as giving a solid grounding in each subject area covered by the training, practitioners reported that they had gained a better understanding of the complexity of neurodevelopmental needs in families and the interplay between different issues. Overall, practitioners also found that the knowledge they had gained was a good balance between theory and real-world application (the latter further enhanced through coaching sessions – covered later). This helped them to feel better equipped in their own roles and also contributed to their ability to share this knowledge with families.

“It’s helped me understand the links between trauma and behaviour... and how to explain that to families.”

TtT Practitioner (Education)

“It enhanced my skills to be able to talk about areas that are linked as well. Because, you know, your environment, it’s got an impact on your sleep; your sleep has an impact on your eating. All those sorts of things, it’s all connected.”

TtT Practitioner (Third Sector Family Support)

“I feel like the training was really informative. It really refreshed my brain, gave me added knowledge, added to my toolkit. I mean, the strategies and the frameworks from some of the topics were really helpful.”

TtT Practitioner (Third Sector Family Support)



The previous point links to another frequently reported outcome for practitioners – the development of communication skills to better support families with neurodevelopmental needs. TtT training helped provide practitioners with a shared language to talk about these issues with families in a way that was clear and accessible. This has enabled practitioners to become more skilled at explaining complex issues to parents and has been coupled with improved listening and validation techniques for many.

Practitioners also mentioned having gained new skills in supporting parents in key areas such as managing behaviour, emotional regulation and engaging parenting in reflective conversations.

“It’s just helped me to think differently about how I share that information with families.”

TtT Practitioner (Education)

“It kind of brought that information into a framework that I could now more easily understand, and when I can more easily understand something that then helps me transfer that knowledge and pass on that knowledge to the parents and the carers, which is all important.”

TtT Practitioner (Third Sector Family Support)

“Some of the concepts and the theories, the way that they were described were quite clear and concrete...sometimes it’s easy to get caught up in Social Work words that actually don’t mean anything, whereas that everyday kind of language helps me to feel a bit more confident using that with the families I work with to try and explain these complicated concepts.” TtT Practitioner (Social Work)

“They need to be listened to, and they need to be understood from what their perspective is first.”

TtT Practitioner (Third Sector Family Support)

“[It was great] having that knowledge and having real examples of what could be useful for families in practice, because some of the things that you’ll hear on other trainings, for example, they sound fantastic, but they’re just not realistic.” TtT Practitioner (Health)

More broadly, many practitioners spoke about the training's emphasis on emotional support and relational approaches. Practitioners commonly reported having improved their use of reflective practice, critically examining their existing approaches, or thinking more about how they can be more thoughtful or intentional in their support offer to parents (including whether or not it was the right time to introduce certain topics). Interviewees spoke about how they were now more adaptable and proactive in working with parents or working in a more holistic way which took a wider lens around parent's needs or experience, ensuring support was non-judgemental and better attuned to the emotional needs of parents.

"It's more of an emotional support for the family, rather than, here's your how-to guidance."

TtT Practitioner (Third Sector Family Support)

"Together to Thrive helped me just broaden that focus... Yes, we want to go in and address [a particular behaviour] but first of all, let's take a step back and let's see any of these key areas which have been identified by Together to thrive, might build up to help support you and your family."

TtT Practitioner (Third Sector Family Support)

"I think there is that bit of confidence that we have had a bit of training that has really been helpful in terms of working with families. Because we're at the sharp end, we get parents coming in heightened - there's a bit of the Together to Thrive stuff that [means] we're always kind of calm, consistent, and we've got solutions in our pockets to be able to provide a bit of extra support."

TtT Practitioner (Education)

As well as developing or refining skills, practitioners commented that the practical tools and resources they had accessed as a result of the training had enabled them to better support parents. These included behaviour planning templates, sensory checklists, sleep management guides, and resources provided through the CAMHS neurodevelopmental portal. These tools helped to provide a structure to support when required and provided families with tangible resources and actionable strategies. Practitioners appreciated having a toolkit that could be adapted to different situations and used to reinforce learning with parents.

“Although some of that underlying theory and knowledge is perhaps there, what we’re often hearing from practitioners is they want to know interventions, actions, strategies that they can use to help these families, to support these children. And that’s what this training, in my opinion, has offered”

TtT Practitioner (Health)

“The portal, yes, that’s been helpful as well, because it’s something that they can, you know, if something’s happened and they’re not maybe seeing me for a few days, they can actually log on.”

TtT Practitioner (Third Sector Family Support)

“Some of the parents were talking about sensory difficulties, so we printed up the sensory checklist.”

TtT Practitioner (Third Sector Family Support)

“We used little feely boxes, just to really help parents see what it’s like for a child that maybe has difficult difficulties with sensory issues and stuff.”

TtT Practitioner (Third Sector Family Support)

"Particularly helpful is having the ability to pass them on to the CAMHS portal. Because previous to that, doing counselling work, there wasn't an awful lot other than books and some online stuff. That limited your ability to share with parents."

TtT Practitioner (Third Sector Family Support)

"For me, personally, I feel I'm now much more knowledgeable, and I can direct parents who get in contact with me within my own class saying "my child's not sleeping, my child's behaving like this" and can direct them to the CAMHS Padlet. Or I can say "I've got information on sensory processing, leave that with me and I'll get back to you" and I can send them information. Or we have chats about it, and I'll say "this is what I'm doing in school, this is what you could do at home" and we work together." TtT Practitioner (Education)

Greater knowledge, improved skills, more widespread use of reflective practice, and practical tools to draw on all likely contributed to many practitioners reporting having developed more flexible and creative approaches to supporting families. Practitioners frequently noted that the programme improved their ability to tailor support to individual families. The training's flexible structure allowed them to pick and choose elements that were most relevant. This personalised approach was particularly effective for families with complex needs or those who had disengaged from more rigid service models. Practitioners described adapting materials, pacing sessions differently, and using creative strategies to build trust and foster engagement.

"What I found is that I've had to weave it into family sessions where there's still games, you know, creative activities, and the conversations are weaved through that - rather than it being like "we're going to talk about sleep today." TtT Practitioner (Education)

"That's the beauty of Together to Thrive — you can personalise it in a really good way."

TtT Practitioner (Third Sector Family Support)

"I've adapted the behavioural booklet...I've just done it through conversation because I feel like that parent would get overwhelmed and stressed."

TtT Practitioner (Education)

"In this community, they [parents] need to feel like they are not forced, because actually we've had much more engagement when we've started really listening to what they're looking for. And they don't think they're coming to sleep or sensory training, they think they're coming to spend time with their children, which they are. It's our job to make sure the conversations and activities weave into those sections or topics." TtT Practitioner (Education)

An increased confidence in providing support to parents was also repeatedly highlighted by practitioners. There were different dimensions to this. Some practitioners spoke about the confidence they had gained from being more assured in their own knowledge and approach, or the fact that they were now better equipped to support families (both in a general sense and in times of crisis). The learning from the training also gave practitioners confidence

in knowing that what they were doing is aligned with the evidence base and with what colleagues are doing (both within their own service and across services). Similarly, it was also mentioned that a shared language and consistent approach around neurodevelopment support across services had increased confidence in communicating with colleagues and coordinating support.

"I think it gave me the confidence to talk about a lot of the areas that I wasn't sure if I had enough knowledge in. So things like the sensory area, the sleep area, for example, that was particularly helpful, because some of that was new information to me."

TtT Practitioner (Third Sector Family Support)

"I think probably what I hoped for, and what I have got, is just an increased confidence in my skills with working with families - recognising that none of it was overly new, but it's good to kind of refresh your mind."

TtT Practitioner (Social Work)

"There's that consistency across the services that we're all giving the same types of advice... it feels like we're doing the right thing."

TtT Practitioner (Education)

"The training served to reinforce and reassure that what we were doing as a service was correct, and we're using the same resources, strategies, terminology, all of that sort of stuff."

TtT Practitioner (Third Sector Family Support)

"It gave me confidence to know that a lot of people were singing from the same hymn sheet and that, you know, if we were saying something, chances are another organisation's working towards similar goals and outcomes for the family. So that was really good to have people on the same wavelength."

TtT Practitioner (Third Sector Family Support)

"There was a mix of professionals... that helps you to understand that everybody was kind of singing from the same sheet, wanting to support families."

TtT Practitioner (Education)

"It's a shared, agreed approach... so one person gets support one day from a different service... and they're hearing the same thing."

TtT Practitioner (Third Sector Family Support)



Impact on how organisations support families with neurodevelopmental needs

Improvements to practice at an individual level have been accompanied by a positive impact at an organisational level as well. Some of this impact could be described as an extension of the individual benefits experienced by practitioners.

For example, TtT has introduced practitioners to language and a conceptual framework with which to understand key issues around neurodevelopment, which is shared across services and job roles. So, as well as enabling practitioners to better communicate with families, this has also helped to align approaches across (internal and external) teams and services and contributed to more effective communication.

Relatedly, practitioners frequently commented that TtT had played a positive role in increasing collaboration between organisations. This was aided by a new shared understanding across different services, but also by the networking opportunities afforded by the TtT training itself. Practitioners highlighted several examples of where they had worked more collaboratively with other professionals in supporting families with neurodevelopmental needs through, for example, sharing knowledge, aligning approaches or coordinating support.

“It’s really created this nice community, which is lovely, and it’s very good, because it’s not just one sector. It’s very much a partnership between loads of different people.”

TtT Practitioner (Education)

“Being able to make meaningful connections with other practitioners, professionals, people working in schools and other third sector organisations, I was able to build a network...I was able to then work alongside, in collaboration with other services... that really changed the way that I worked”

TtT Practitioner (Third Sector Family Support)

“There’s a good sense of networking for the professionals, useful shared language and terminology as well when we’re supporting these families.”

TtT Practitioner (Third Sector Family Support)

"It's not just a school team, but actually we're reaching out into the partnerships, into the community."

TtT Practitioner (Third Sector Family Support)

"I've become much more aware of organisations in Dundee that exist because we were all in the training together."

TtT Practitioner (Third Sector Family Support)

There was also evidence of improved knowledge and greater use of reflective practice at an individual level translating to a shift in how wider staff teams support families with neurodevelopment needs. In some organisations, multiple practitioners had participated in TtT training which had helped to embed reflective practice around neurodevelopment within staff teams, with interviewees reporting that reflective conversations were now more of a feature of team meetings or case conferences. In addition, several practitioners described how they had been able to share learning from TtT with those who hadn't undertaken the training or how colleagues had approached them for advice on supporting particular families.

"I've had discussions with my manager around previous training that I've done that I now feel isn't actually good for families. So I've stopped doing things like Strengthening Families programme, because I think there's bits there that doesn't fall in with what I learned through TtT"

TtT Practitioner (Third Sector Family Support)

"We see a lot of similar referrals coming in, and we're able to offer that expert knowledge that we've gained through the Together to Thrive programme." TtT Practitioner (Health)

"That's a good thing, that we're talking about it. Like we're not just going "we need to try this" - actually it's about someone saying "Yeah, but actually things are not great at home for that family right now. So is this the right time to try this?"...just recognising that although we have the knowledge, it's not always the right time to share it or making sure it's the right person [who is sharing it]."

TtT Practitioner (Education)

"I think it's really benefited me as a practitioner, working with parents on a one to one, but also as a school, I feel we're moving forward with it."

TtT Practitioner (Education)

"The team have all been interested to hear about what we've been learning." TtT Practitioner (Social Work)

"Four of us did the last cohort, and there's another three in the school [that have been trained]. So, I feel like that is all just weaving an ethos throughout the school, and that's been really good."

TtT Practitioner (Education)

"People will come to me now and go "What do you think?...I just had my manager on the phone writing a report saying "you know, I'm not sure about the language that I'm using"... So I think people are a bit more curious about the [TtT] approach."

TtT Practitioner (Third Sector Family Support)



In a broader sense, TtT training has been a catalyst for organisations altering or diversifying their overall approach to supporting families with neurodevelopmental needs. Whilst some have integrated TtT learning or principles into existing practice without significantly altering what they already did, many spoke about how (to varying degrees) TtT had led to a shift in how they support families. Examples of how TtT had influenced organisations' approach or model of support included:

■ **Offering new supports or services**

TtT training has led to the establishment of new supports and parental engagement strategies which previously did not exist. These have included newly available one-to-one support sessions for parents, alongside more creative/flexible formats like parent and child activity sessions and informal drop-ins. Most notably TtT has contributed to the expansion of group-based interventions which have not only improved parent participation but also fostered a stronger sense of community and mutual support among families and allowed support to be peer-led. Group formats were seen as more scalable and sustainable, allowing organisations to reach more families with fewer resources. Organisations reported

that more families were more aware of available resources and more likely to engage with support.

■ **A more holistic support offer**

TtT has encouraged some organisations to adopt more of a whole-family approach than they previously had. Practitioners mentioned that now their organisations were, for example, more focused on: the broader context of neurodevelopment (rather than isolated behaviours); supporting parents' understanding and skills, not just children's; understanding family dynamics; providing support that is more comprehensive, personalised and not 'one-size-fits-all'.

■ **From deficit-based to strengths-based**

practitioners commented on the shift in mindset within some organisations towards empowering parents and building on the strengths within families. This was reflected in greater recognition of parents as active partners in finding solutions and as experts in their own lives. Practitioners also mentioned adopting approaches that were non-judgemental, more relational, or were more mindful of the stigma that can be attached to seeking support.

More proactive, less reactive

Practitioners noted how, in line with the wider TtT approach, organisations were more frequently intervening at an early stage to support families with neurodevelopmental needs. Rather than waiting for crises to emerge or delaying until a diagnosis has been received, TtT has enabled organisations to identify needs earlier and seek to address these before difficulties escalate. Views on how TtT has influenced the need/urgency for more specialised services is covered in more detail in the next section, however more organisations are now offering immediate support to families who may already be on CAMHS waiting list, have previously relied on referrals to other services, or who would otherwise have no other support available.

“The family’s needs are being picked up at a stage where they otherwise wouldn’t have had any support, they would have been stuck on a list.”

TtT Practitioner (Third Sector Family Support)

“Previously, before together came along, we would refer out depending on the family’s profile. So potentially, if it was a single mum, we would refer to One Parent Families, if it was poverty we would refer to Aberlour, so you would refer out based on whatever service was available at the time...Whereas with Together to Thrive you’re actually able to say “we’re listening to the difficulties that you’re describing, and we’re going to provide support directly for that.”

TtT Practitioner (Education)



"I feel, that Together to Thrive works really well in a group setting, rather than a one-to-one setting. There's a really good group that still meet now that I was part of establishing with a school Family Development Worker... They were going to that school to drop off their children anyway. And its parents that came together and have really supported one another that would never have spoken to each other in the playground, but now, because they've got these similarities, and they've had that safe space to discuss, and there's been facilitation of different topics, that's worked really well. And they've decided what the group looks like for themselves."

TtT Practitioner (Third Sector Family Support)

"We've had a few more come on since CAMHS closed the waiting list and parents saying, 'What am I going to do?' And we've been able to offer that support."

TtT Practitioner (Education)

"It's not about blaming, it's about how can we support you...I'm not in your home and I am not parenting your child, but what I am doing is giving you resources and strategies"

TtT Practitioner (Third Sector Family Support)

"Our school were able to relieve teachers [to attend the training], which gives them a different style of training than they would have had as teachers. You know, they're not just teachers now, unfortunately, with everything [they have to deal with]. So I think that gave the staff here that understanding to say, you know, we have to change our approach to parents. We need to give them these tools help them feel confident to manage their situations better."

Practitioner (Education)



Impact on organisations' wider practice

Many professionals reported that the training has influenced their general approach to working with families, not just those referred through Together to Thrive or identified as having neurodevelopmental needs.

There was evidence that TtT principles are being applied to wider caseloads, including families who do not meet the programme's criteria - many practitioners reported that the knowledge gained through TtT has been integrated into their broader work. This included adapting training content for use in other parenting programmes, incorporating elements of TtT into general family support, or drawing on TtT in daily interactions with parents. Key aspects of TtT —such as reflective parenting, sensory awareness, and emotional regulation—were seen by many as broadly relevant and adaptable. This flexibility has allowed organisations to extend the programme's impact beyond its original scope and reach families who might not otherwise have access to such support.

"I've referred a lot of parents that are not in Together to Thrive onto the [behaviour] workshops just so that they get a little bit more understanding of their child's behaviour in terms of their stage that they're at." TtT Practitioner (Health)

"I probably am using some of it in all cases, is what I would say. I'm not necessarily going through all of it with all of my families, but the PACE part, probably would be the one that comes through for all families."

TtT Practitioner (Third Sector Family Support)

"I have appointments with parents pretty much back-to-back throughout the week. And whether or not there's neurodiversity there, the advice and guidance that I'm providing with them aligns very well to the Together to Thrive training."

TtT Practitioner (Education)

Relatedly, practitioners also gave several examples – notably in schools and group-based settings - of how TtT had contributed to organisations devising universal approaches that benefitted all parents. This was partly attributable to organisations' recognition that many families (not just those eligible for TtT) could benefit from the support, but in some cases this was also a means of reducing stigma, promoting inclusivity, or introducing topics in a more subtle way (and thereby engaging TtT parents who might not otherwise have engaged). Organisations have also been able to share resources with a wider group of parents where they believe the content may be relevant beyond TtT (for example, making information on available on school information sharing platforms).

"We use a lot of the training in just daily practice... but not with families who are Together to Thrive. You're just using some of the kind of info that you've picked up along the way."

TtT Practitioner (Third Sector Family Support)

"I've used the sleep training a couple of times since, with cases that are not Together to Thrive."

TtT Practitioner (Health)

"I put something from Together to Thrive up [on SeeSaw]. I just put up and said this might be interesting if you want to have a read of it and two [non-TtT] parents have come to me and we're now in the process of trying to support these children as best we can."

TtT Practitioner (Education)





05

VIEWS ON PROGRAMME APPROACH DELIVERY AND DEVELOPMENT

VIEWS ON PROGRAMME APPROACH, DELIVERY AND DEVELOPMENT

What practitioners valued about TtT training

Practitioners valued a number of things about TtT training including:

- Relevant, flexible and engaging training
- Expert, credible, evidence-based and up-to-date training
- Useful follow up support providing peer learning opportunities and opportunities for case-specific and practical support

Training content and format

On the whole practitioners were very positive about the content of the TtT training. Interviewees frequently commented on the engaging nature of training sessions and agreed that each subject was covered comprehensively and in a way that took a holistic view of family wellbeing. In addition, practitioners consistently

highlighted the relevance of the training content to their day-to-day work, with the choice of topics aligning closely with the challenges they encountered in supporting families.

“So although I do have a comfort as such in that type of work, the actual training I felt was really beneficial, and the subject matters were really well chosen. The five different subject matters were really in line with what it is that parents are looking for.”

TtT Practitioner (Third Sector Family Support)

Practitioners also valued the expertise of those delivering the training, with broad recognition that they were highly specialist and knowledgeable in their fields. As well as contributing to a more enjoyable training

experience, this also lent more credibility to the training content and reassured that the information covered was high quality and reflective of the latest thinking on neurodevelopmental issues. Several practitioners commented that this gave them more confidence in taking this learning back to the parents they work with.

“Sessions within Together to Thrive are delivered by experts, specialist experts in that particular field. So for us, having that reinforcement from psychologist who’s obviously very knowledgeable and experienced within the realms of trauma was really important”

TtT Practitioner (Health)

“I just think it’s a valuable, valuable experience for me. I’ve gained so much from it and the experts were experts. These people were incredible...I’ve had training myself from the council for trauma and things. This is different. This is people who know what they’re talking about, they’re so knowledgeable. And I just think knowledge is power when it comes to these things.” TtT Practitioner (Education)

The flexible format of the training was highlighted as a positive, with practitioners repeatedly emphasising that one of the most valuable aspects of the Together to Thrive training was its adaptability. Many expressed an appreciation that rather than being a rigid, prescriptive parenting programme, the training could be moulded to fit the specific needs of practitioners, families, or organisational contexts. As noted in the previous section, this flexibility in implementing learning from the training led to practitioners being better able to tailor support to parents than might have been possible in a more fixed delivery model.

“I’ve done other training before where it is very like, “this is what it is, and you must deliver it like this.” Whereas, I think this is much, much more flexible and open, and you can kind of adjust and use it the way that is right for the particular situation that you’re in. Because every parent is different, every family is different, and I think that’s really helpful.”

TtT Practitioner (Education)

Follow-up support

The inclusion of coaching sessions, where practitioners from the same training cohort meet up to provide peer group mentoring, was viewed as a valuable addition. These sessions allowed practitioners to bring real cases for discussion, receive expert guidance, and learn from peers. The practical, problem-solving focus of coaching helped reinforce learning and build confidence in applying it. Practitioners valued the opportunity to share and receive ideas, hear how others were applying the training in different contexts, and collaborate with practitioners from different backgrounds. For many, the coaching sessions were a useful bridge between theory and practice. Likewise, the ability to contact trainers after sessions to ask specific questions or seek guidance has been beneficial for improving practitioners' understanding.



"I think the added extra which is really beneficial for practice is the coaching sessions, because people are coming with real time cases. So they've got some of the knowledge from the training, they've went out, they've maybe been met with some barriers or challenges in practice, and then they bring it to that forum where, again, you've got a specialist expert there who's able to talk you through, and help guide you, and support you to help those families best." TtT Practitioner (Health)

"We regularly have the catch-ups, the kind of reflective element, where we can jump on with our group and bring a case if we're struggling or saying 'Look, I don't know what to do now, I'm kind of stuck with this. Anyone got any ideas?' And usually there's a lot of great advice that comes out these reflective chats that we have on each topic, which I find really beneficial" TtT Practitioner (Education)

"That [coaching sessions] for me as a practitioner, is where you're able to get to a lot of the nitty gritty. And I was able to actually ask questions that really helped with how that interacted with my work, you know, the live cases that I was working on."

TtT Practitioner (Third Sector Family Support)

"That was quite good to be able to have that case discussion with the people who've done the sensory training from the NHS, and also with other colleagues who then came up with "Oh, how about this? We tried this. Have you tried that?" And so that's quite useful."

TtT Practitioner (Third Sector Family Support)

"There's been a couple of times I've been able to just message some of the trainers, and she's been really helpful"

TtT Practitioner (Third Sector Family Support)

A few practitioners mentioned that at the time that coaching sessions were first available to them soon after they had completed their training, they had yet to begin working with families through Together to Thrive. Whilst they tended to find the experience useful despite this (in terms of hearing from other practitioners and being party to discussions of others' cases), the lack of examples to bring from their own work at that point meant they felt they had missed out on the full benefits of the sessions.

"I think that at that time, maybe that the coaching wasn't so useful. It's always interesting to go along and hear people talking, but we had to sort of make up a scenario, I suppose, rather than take an actual case"

TtT Practitioner (Third Sector Family Support)

"The coaching arrived a few weeks after we received the training, and that wasn't enough time to actually deliver it. That wasn't enough time for us to try it out with our families and get some meaningful feedback, or even come with some things to be coached on."

TtT Practitioner (Third Sector Family Support)

Impact of TtT on the need / urgency for more specialised services and diagnosis

In addition to the outcomes for families and professionals outlined above, as part of this evaluation any potential impacts that the TtT programme has on the need and urgency for more specialised services (e.g., CAMHS) and diagnosis was also explored. When TtT was conceived, it was in response to a landscape of increasing need and referrals leading to lengthy waiting lists for neurodevelopmental assessment with CAMHS. One of the overall aims of the programme was to prevent escalation of children onto the CAMHS waiting list where it was not required by providing early intervention and support to families. Since then, the landscape has evolved further, most significantly with the recent closure of CAMHS' neurodevelopmental pathway to new referrals unless with a co-occurring mental health need. This evaluation found that:

- Families still value and seek assessment and diagnosis, with many seeing it as an important gateway to accessing support
- There were some individual examples where TtT had changed a family's outlook, no longer pursuing diagnosis or specialist support through CAMHS

- Practitioners felt that there is still a wider culture which emphasises assessment, diagnosis and specialist support
- TtT helps families to cope while waiting for assessment
- TtT is beginning to shift's families' perspectives, helping them to realise there is something they can do now to help make positive changes

Families

Families spoken with in interviews and focus groups for this evaluation were a mix of those with children currently on the waiting list for assessment as well as those who were not, but had been identified by school as having potential neurodevelopmental needs. Some families also had children who had already been diagnosed, most commonly with ADHD or autism.

Parents and carers' feelings about the need for more specialised support and diagnosis were nuanced, though overall most valued diagnosis and were still keen to receive specialist support from, primarily, CAMHS. Some parents still strongly desired this support as they felt

their children's behaviour was continuing to escalate even with support from TtT and described that they felt unsupported and let down as a result of the long waiting times.

For a couple of parents who had older children who had already been diagnosed with a neurodevelopmental disorder, they had found the assessment process an important one to go through, with one labelling it as "transformative", while also acknowledging that it had not provided solutions for everything.

"I strongly value diagnosis, but it gave you everything and nothing at the same time" Parent / Carer

For several parents and carers, the primary desire for neurodevelopmental assessment and diagnosis was to ensure support was put in place at school, with particular concerns for the transition into high school. As a result of TtT, some of these parents and carers had since had conversations with their children's school and with their TtT practitioner who had reassured them that support would be available even without a diagnosis, which made neurodevelopmental assessment less of a priority for them. Other parents and carers, however, still believed in the importance of assessment and diagnosis as a gateway to receiving support.

"I wanted a diagnosis purely to get some support from school. And just having [TtT Practitioner] there, I got that support from the school. And I know that we need to do things ever so slightly differently, but [son] is coping with daily life. So, I don't feel like we need an actual diagnosis." Parent / Carer

"If there's nothing in place, if she's not diagnosed with anything by the time she gets to high school, there's no support because there's nothing to support on paper." Parent / Carer

Even if most parents and carers still desired support from services like CAMHS, most also agreed that TtT had made the situation easier, reducing the urgency for such support. This was not the case for all families, with some still feeling like they were not getting enough support and were struggling to cope. However, for others, the combination of information, techniques to try and having someone to reach out to when they were struggling, made them feel like they could cope better. The consensus was that TtT had provided them with some form of support, when before there had been none.

"You know how to deal with it better. Rather than just being, well, you're just left on your own, aren't you? And all you've got is Google, and that just makes you feel worse about yourself." Parent / Carer

Professionals

In general, most professionals were more sceptical that TtT had had a measurable impact in changing parents and carers attitudes towards specialist support, assessment and diagnosis. Several hadn't seen much evidence of change and described that parents and carers were still set on getting a diagnosis for a number of reasons. Professionals discussed how some parents and carers felt that a diagnosis would lead to a significant change; a "quick fix" or a "magic wand" that would make things better. Others spoke about how some parents and carers had been on the waiting list for so long that they didn't want to come off it, regardless of any changes they had made through TtT. Professionals also discussed how there was still a culture which strongly focused on assessment, diagnosis and specialist support accompanied by systemic factors such as support which is only accessible with a diagnosis. Until this changes, they felt, it would be challenging to shift the mindset of parents and carers.

"I think for some families, though, there's still that culture of, well 'I really need to get a diagnosis' and I don't know how to break that culture."

TtT Practitioner (Third Sector Family Support)

"Despite any changes that they have made, positive or otherwise, they are still looking for a diagnosis. They're still looking for a specialist input outside of Together to Thrive."

TtT Practitioner (Third Sector Family Support)

Some professionals, however, did believe that TtT was beginning to change the perspectives of some families, but that it depended on the specific needs of parents, carers and their children. For example, if there was a predominant issue for a family such as sleep or getting support at school, if this was resolved or improved through TtT, they may no longer feel the need to be on the CAMHS waiting list.

One practitioner spoke about a family who had taken their child's name off the CAMHS waiting list since being part of TtT. For this family, TtT provided early intervention and one of the primary outcomes was it allowed mum to recognise how much her emotions and anxiety were impacting her children. Mum then took steps to address this which improved the family environment significantly

and she then felt able to cope. On the other hand, for children with significant and complex needs where parents and carers were struggling to cope, this would be less likely to have a significant impact. Professionals stressed that there is still a need and a place for diagnosis and specialist support for some families.

"It really kind of depends on what the issue is, I suppose, but some issues if it's quite a concrete one, it might help to kind of divert them away."

TtT Practitioner (Social Work)

As with parents and carers, professionals did highlight the value of TtT in providing some support for families while they were waiting for CAMHS or other more specialised support. They described how parents and carers can feel powerless while on the waiting list, but TtT gives them someone they can reach out to when they are struggling. It also gives them some support rather than being left with the awareness that they will be waiting a long time for assessment. Professionals also felt that TtT had provided some families with greater insight into the wider context and increased their understanding of the CAMHS process and why things are the way they are. This also included beginning to shift families' perspectives, helping them to realise that

they can try and do something to improve their situation now, and that diagnosis and specialist support might not be a solution. Professionals also stressed, though, that like with TtT overall, this required parents and carers to be engaged and buy into the process. Since the closure of the waiting list for neurodevelopmental assessment with CAMHS, professionals mentioned that some parents and carers had become more receptive to TtT, recognising that it may be their only opportunity for support.

"Regardless if you get a diagnosis, you still have to parent the child in front of you."

TtT Practitioner (Third Sector Family Support)

"We keep saying...even if somebody was to get a diagnosis tomorrow, what do they do then?"

TtT Practitioner (Education)

"Actually having the waiting list closed has meant that parents are much more accepting of Together to Thrive, because actually, you know what? It's that 'what else can we have?' So yeah, we've had a few more come on since CAMHS closed the waiting list...and we've been able to offer that out which has been good."

TtT Practitioner (Education)

Challenges

Whilst generally speaking there were no significant or fundamental challenges identified – either in participating in the training itself or in delivering Together to Thrive support – practitioners did highlight some difficulties they had experienced. Likewise, the vast majority of parents and carers were very happy with the support, with any challenges raised being more reflective of individual circumstances rather than major issues with the programme itself. These challenges included:

- Managing parents' expectations
- Challenges in getting the most out of TtT Training
- Difficulties in applying TtT knowledge in practice
- Time and expected commitment

Managing parents' expectations

The first of these challenges is linked to the prior discussion of TtT's place in the wider support landscape and how parents understand this. Perhaps shaped by their experience of other services, their desire for concrete answers, or exasperation at the waiting times for other forms of support,

practitioners reported that parents have at times had unrealistic or unclear expectations about what TtT is and what it can do.

Practitioners gave examples of parents who had come to TtT with an expectation that it would lead to formal diagnosis, was a clinical intervention, or would fast-track access to CAMHS. Whilst clear and honest communication at the point of referral has helped to mitigate this in many cases, the mismatch between what families hoped for and what TtT could offer has on occasion led to confusion, disappointment, or disengagement.

It should be noted that those practitioners who raised this issue frequently made it clear that they did not believe this confusion was entirely the fault of parents and that in some cases referring organisations may have unintentionally framed TtT as a pathway to more specialist support.

"I have had a couple of practitioners querying a parent or caregivers understanding of Together to Thrive...they weren't actually hugely clear on Together to Thrive, and what it was all about, and what it was going to mean for the family. So I suppose that probably would be another challenge...How was that message, how was that information about Together to Thrive being shared with the parent? And is there a clear expectation that a lot of the onus effectively is going to be on the parent or caregiver to be doing the bulk of the work?" TtT Practitioner (Health)

"There's even some families that I came across that thought that it was a potential for a diagnosis, and it was never advertised in that way. I don't think their expectations were realistic."

TtT Practitioner (Third Sector Family Support)

"Schools made it very clear that they wouldn't be getting a diagnosis, but the family still were hopeful that that would happen. So, I don't know where that breakdown is, if schools are not being clear, or if families just still have that expectation despite being told that it's not going to happen"

TtT Practitioner (Third Sector Family Support)

While most parents and carers interviewed stated that they had gone into TtT without expectations and with an open-mind, willing to try anything, there was some evidence of a lack of clarity at the beginning. A few described not really knowing what the programme would involve, with one parent initially thinking the practitioner would be working with their child rather than the parents, and one who mentioned that they thought it would be a path to diagnosis.

Some parents and carers who participated in group support mentioned that group numbers were often low and fluctuated, with one parent describing how they were supposed to receive group support but ended up being the only one who attended. This low attendance might also be a symptom of the programme not meeting the expectations of parents and carers and causing them to disengage as a result.

Challenges in getting the most out of TtT Training

A small minority of practitioners raised concerns about the accessibility of the training content, finding it too theoretical, clinical or assuming of attendees' prior knowledge (especially if they did not come from an academic background). Some commented on feeling overwhelmed at the sheer volume of information shared during sessions. This was coupled with a belief from some that there should have been more consideration of how the training could be made more applicable to everyday practice (though, as mentioned, the coaching sessions did help to alleviate this challenge).



"Some of the training that that's been delivered by some of the clinical staff...it just went way over my head, and I actually didn't have a clue what he was talking about. So that was a shame. However, on the whole, I do have found the training really helpful, really useful."

TtT Practitioner (Third Sector Family Support)

"I'm not too sure on practical use, or how they would fit for those that were actually working at the coalface...because obviously all the cohort was a mixed bag of practitioners that would have different experiences and different interactions with children and families...how would these approaches actually be factored in on a practical level, as opposed to being insightful in terms of knowledge and awareness"

TtT Practitioner (Third Sector Family Support)

Difficulties in applying TtT knowledge

Despite the widely reported benefits to practitioners' knowledge, skills and confidence, a handful expressed difficulties in applying what they had learned. There were several reasons given for this.

Some highlighted challenges that arose from lacking a previous grounding in these issues or having a relatively short training period for issues that are complex and important, undermining confidence in their ability to support families.

"Although the training was good, it was very brief, and I felt like I wasn't qualified enough to be able to do that and pretend that I was a Together to Thrive practitioner, just with doing half a day training in a certain subject, you know?...It didn't give me the confidence to take on further referrals [I was thinking] "oh gosh, I don't want to mess this up or I don't want to embarrass myself."

TtT Practitioner (Third Sector Family Support)

"And I think the fact that it's quite intense as well in those five days, which is really good, really informative - but maybe a bit tougher on the kind of reinforcing it, side of it, and keeping it going, and keeping it in your head...you're the professional, and you have to be able to give that information coherently to families and parents and ask them to then take that forwards. And if you've only had that one day training on it, and you're trying to keep yourself up to date with it and remember everything, that that can be quite tough." TtT Practitioner (Health)

Whilst overall practitioners valued the flexibility afforded by TtT training, it did at times pose a challenge for certain practitioners in terms of deciding or settling on the most appropriate or effective way to translate what they had learned into useful support for parents. A few practitioners spoke about the balance to be struck between conveying the information they had gained from TtT training and not overwhelming parents or making support inaccessible or irrelevant – a balance that they did not always get right immediately which had occasional implications for parental engagement. Without a prescribed model for delivering support, it can take

time for practitioners to figure out what will work best for their parents.

“So it was more us figuring out what Together to Thrive was, what was best way to give together to Thrive to our parents, to get the best out of it...the first time we tried to recreate the course, the training from the trauma team and the sensory team, we tried to recreate that. It was too much for them [the parents]. They just need bits at a time. So that was a challenge more for us than it was for the parents.” TtT Practitioner (Education)

“It’s been successful with that family, but it’s taken a lot of work. It’s not been as simple as [just giving parents the resources] - don’t get me wrong, there’s families I could just hand the book over to - but then getting them to do it, it depends how much they feel like they are in crisis at that moment” TtT Practitioner (Education)

A few practitioners reflected that TtT either didn’t (or couldn’t within the scope of the training) adequately address the complexity of needs in the families they were working with. Interviewees made reference to the high-tariff cases they have, the severity of challenging behaviours their parents are

dealing with and the limited time they often have to work with families – all of which can make it more difficult to implement TtT in practice. This could be linked with referral practices and ensuring that the right families are referred to TtT and distinguished from those who may benefit from more specialist or intensive support.

“When families have been referred, it could be very complex, and the training that we’ve been given doesn’t, it doesn’t make us specialists. So, you know, you are very limited in terms of what we could provide, support wise. But at the same time, the family then have also this expectation that things are going to be sorted for them.”

TtT Practitioner (Third Sector Family Support)

“The scenarios that were getting used to explain behaviour and what you would do in these circumstances, I felt like were quite basic for us. I just felt like social workers and us were looking for maybe a bit more of how we help the families deal with children with really challenging circumstances or behaviour that we were experiencing in the school, that the parents were experiencing back home as well.” TtT Practitioner (Social Work)

“In respect of the behaviours that we’re being asked support compared to the behaviours that were been using as examples in the training, I think it was quite a big disparity, which made it difficult to utilise that type of behaviour support for what we’re seeing in actual referrals.”

TtT Practitioner (Health)

“I don’t know if people are aware of just quite how high tariff behaviour in schools can be. So some of the examples that were given, like “if your child is always putting their washing on the floor, move the washing basket to where they’re putting their clothes”, it makes complete sense, it’s a brilliant idea. But some of the children that we support, and they’re hitting, they’re punching they’re throwing chairs...So it’s being aware of the level of behaviour we’re actually trying to manage in schools”

TtT Practitioner (Third Sector Family Support)

The previous challenge also links with an issue raised by a few practitioners – the need to be realistic about what is achievable for certain families. Without necessarily being a criticism of the programme itself – and as discussed in an earlier section, there is ample evidence of positive outcomes

for parents and families – structural issues like intersectional needs (e.g., poverty, housing instability), the lack of institutional power individual practitioners have or the available resources organisations have to deliver support can warrant a tempering of expectations about how much impact TtT can have for some families.

“We might go with the best of intentions to be talking about sleep, for instance, but if they’ve had, you know, a domestic abuse incident, if they’ve got no food in the fridge, we have to deal with those things. So, yes, we’ll talk about sleep, because sleep is probably one of the most important ones, but we need to talk to about the day to day as well.”

TtT Practitioner (Third Sector Family Support)

“We don’t have that influence. With schools we don’t have that influence. We don’t have it with CAMHS workers, we don’t have it with GPs, we don’t have it with housing. So you’re going in to these families and supporting them, but when the issues are with other things that’s outwith their home. There’s nothing we could do about that, which kind of makes you feel it defeats the purpose.”

TtT Practitioner (Third Sector Family Support)

"It's a happy challenge that we do have so much material, and I wouldn't, I wouldn't want the course to change because of that...we have the resources and that's the challenge, is making sure that it's as reflective to the parents needs as possible...the timescale that we have with a parent, either because it's within our funding ability, or within their capacity in terms of how long they want to engage, we will have a defined amount of time with the parent – how best we use the materials and the training for that parent, that's the challenge."

TtT Practitioner (Third Sector Family Support)

Time and expected commitment

A few practitioners highlighted challenges relating to the additional time required to participate in TtT on top of their day-to-day roles. Whilst there was no indication that this was a significant issue (comments came from a small minority), individual practitioners reported difficulties in finding the time to take part in training sessions, manage additional TtT caseloads and keep the FORT reporting system up to date.

"It was really hard to fit in all that training. It was a big commitment. It was hard to fit that around work and everything. I was working full time, and my employer and the school I worked in were both really supportive of me taking part in it...but there's no question, it was a big commitment to do all of that." TtT Practitioner (Education)

"I suppose time is the biggest thing... because of heavy caseloads, we've seen a lot of agencies falling by the wayside...ideally there would just be a Together to Thrive team, who that's just what they went out and did. I think it would be phenomenal, because it's the reliance on other agencies and schools - they just don't have time."

TtT Practitioner (Third Sector Family Support)

"The time management's been quite difficult, and writing things up on FORT has been difficult...I'm a part time worker, and it's really difficult to juggle everything anyway without then having to add the FORT stuff on. However, I understand that the information needs to be collected, so it's just one of these things we need to do."

TtT Practitioner (Third Sector Family Support)

Opportunities for developing TtT

When asked if there were any opportunities to develop TtT in the future, practitioners were overall satisfied that the programme was working well, with no significant gaps identified. This was similarly the case for parents and carers, who described that the programme aligned well with their needs in general.

The most commonly expressed area for potential development was to formalise a community of practice around Together to Thrive. While informal networks have developed around particular cohorts, with coaching sessions providing a useful focus for these, many practitioners would welcome something more structured. This would, practitioners suggested, create more opportunities for sharing learning across cohorts, organisations and services. This might also provide a mechanism for the sharing of resources and materials, such as the Neurodevelopmental Portal, and make practitioners more aware of TtT activities happening locally that they might be able to direct their parents to. It is, however, understood that TtT are already exploring and implementing developments regarding this, including a formal bi-monthly community of practice meeting to which all trained practitioners across all cohorts are invited. All trained practitioners also now have access to a Padlet where all TtT related resources are

stored. Sessions have been used to provide further training, network with CAMHS staff, network with other TtT practitioners, and consider parent groups and plan sessions.

As mentioned above, a small number of practitioners indicated that they would have benefitted from having more practical tools or resources to take away from the training, and this was also highlighted as a potential area of development. It may be possible to refine the training content to include more of a practical focus (though as the majority were happy with the training experience overall this would need to be considered carefully). However, as more practitioners are trained through TtT and adopt their own approaches to supporting parents, there may be opportunities to share tools or resources developed by TtT practitioners that have wider applicability (this too may also be suited to a formalised TtT community of practice).

“In terms of the training itself, [one suggestion would be] to come away with maybe a bit more of a bank of tools and strategies that we could use.” TtT Practitioner (Education)

"I know every family is different, but you can almost have a range of activities, experiences, inputs that you could just almost pick off the shelf and kind of do it that way."

TtT Practitioner (Education)

Further examples of opportunities to develop TtT in future suggested by practitioners included:

- Broadening the scope of eligibility to include early years settings and secondary schools. This was also highlighted by parents and carers.

"I think it needs to be in from early nursery, if not prebirth. We need to be looking at mums, because actually we're seeing younger parents, and we need to be going in"

TtT Practitioner (Third Sector Family Support)

"I know that a lot of secondary school pupils are going through similar issues, so I think just not covering the primary schools would be good."

TtT Practitioner (Third Sector Family Support)

- Training a wider range of practitioners and targeting more individuals in strategic or management roles. Parents and carers also felt that greater integration of TtT within schools in particular would be beneficial.

"That's maybe what I would be suggesting for Together to Thrive to look at - it's not just the support workers but actually getting head teachers out for these five sessions would be huge...To just really reflect on their organisation, how they manage this and support families."

TtT Practitioner (Education)

- Breaking up training into smaller sessions (e.g., two half days) or spacing out training content over a longer period of time (e.g., the same content delivered over two days instead of one), some suggested, would allow more time to digest the information that was being shared and provide more opportunities for reflection.

"It was so good but it was so much. And then you didn't speak to anybody for a few weeks. Whereas, if you'd gone in for a day, got half of that, and then you went back the next day to get the next half, you've got time to process it and then talk about it and come up with questions."

TtT Practitioner (Education)

- More guidance on using the FORT system, particularly in terms of what information to provide in case notes to ensure that there is consistency with what others are doing.

"I and other people in our in my team, felt will be helpful is to public examples of how things were written up on that system. Although we've been given guidance as to how to use the system, I don't think there's the option for anonymised examples of how to write up the session, I certainly would find that helpful."

TtT Practitioner (Social Work)

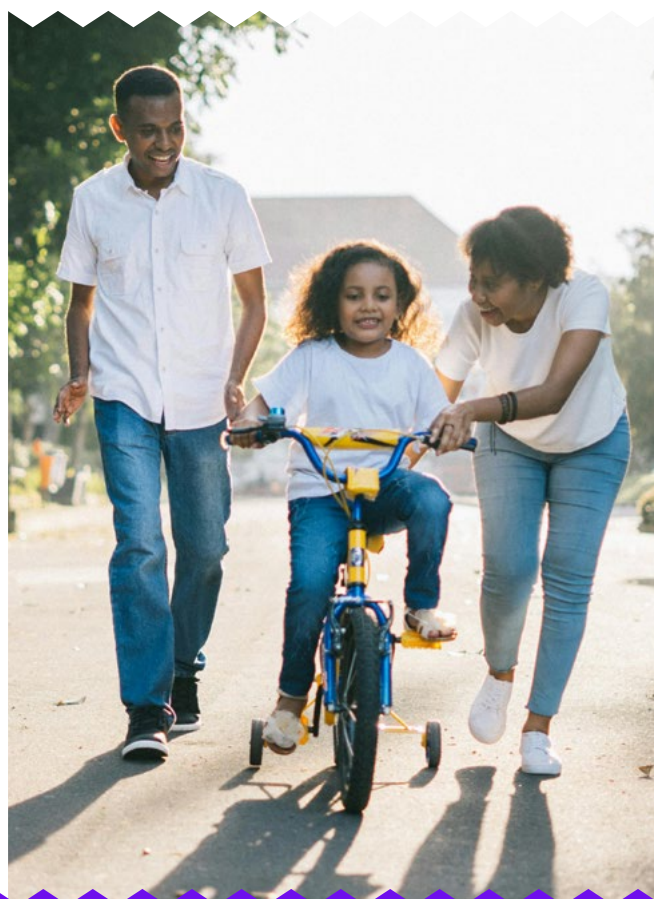
The future of TtT

Several practitioners also shared views on the longer-term development of TtT. Whilst there is strong evidence that TtT has improved the skills and confidence of practitioners to support ND families, the task-sharing model is contingent upon organisations incorporating that learning into their core work. Beyond the in-kind savings on training and coaching costs, no CBO is specifically funded to deliver TtT support. This, as was highlighted by a couple of practitioners, has (or could in future) pose challenges for organisations, particularly in the third sector, where there are competing priorities or the need to demonstrate other

outputs/outcomes on the basis of where their core funding comes from – which ultimately can limit the resources they can devote to TtT or their ability to accept referrals.

"We take that holistic approach, because if you get it right for one, hopefully you'll have that ripple effect, and that's really the ethos of the Together to Thrive. But we need to focus on our core work, because our funders are looking for our [core work] not our work in getting outcomes for Together to Thrive...although with the model and value base we're all with Together to Thrive, ultimately we need to actually cap our capacity."

TtT Practitioner (Third Sector Family Support)



Relatedly, one practitioner questioned how momentum for TtT could be maintained in the longer-term, not only in the face of competing priorities but due to uncertainty about sustained funding for the programme:

“This is only a part of their [practitioner’s] job and they’ll be there’ll be an element that’s valuable. But we’re going to get fatigued, we’re going to go “well, do I prioritise this now?”...When the big whack of money goes away, unless they can do something get more money, what happens then? So I that’s what I’m interested in. What is your exit strategy? What happens to the gains? How do you keep it going?”

TtT Practitioner (Third Sector Family Support)

More broadly, a number of practitioners recognised that the sustainability or likelihood of TtT reaching its full potential was dependent on a buy-in at all levels for the kind of longer-term changes TtT is aiming to achieve. On the one hand, making progress and lasting change with families takes time:

“The danger is that, due to time constraints, that things are done haphazardly or not clear enough... it’s a huge thing to change your behaviour, and patterns of behaviour take a long time to really change, rather than just trying out something for a couple of weeks. And you have to be by their side while they’re doing that. I’m just hopeful that it will continue, and that there will be enough resources available for people to do it properly”

TtT Practitioner (Third Sector Family Support)



On the other hand, culture change also takes time and commitment. The culture shift required around families' views on diagnosis or CAMHS support has been discussed above. However, practitioners also highlighted how a change in culture is needed at a strategic level to ensure that the long-term value of the approach (and its value across a range of policy areas) is recognised, that a broader range of services and agencies are involved, and that the focus is maintained.



"It has to be the policy driven. It has to be about that deep cultural change within the services, and that will enable the same language to say, right, that collaborative approach, that initiative holds for the next 10 years, for next 15 years. We need to hear that...I think that's going to be crucial for Together to Thrive within the NHS, within health and social care, within third sector and local authority, because they all have a part to play. But we also need to make that link and say "See your positive destinations, we can make a difference there, because you're not going to be able to see the outcomes or the outputs after six sessions. This is going to be when that child is 11, when he's 15, when he's in employment." It's having that track. We're only a couple of years into it but that's going to be legacy for Together to Thrive."

TtT Practitioner (Third Sector Family Support)



06

CONCLUSIONS AND RECOMMENDATIONS

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Conclusions

Impact on families

■ Improved ability to support their children's needs

Parents gained a better understanding of both their own emotions and behaviours and those of their children which, in conjunction with the information and tools they also learned, helped them to better manage challenging situations.

■ Feeling valued and listened to

Emotional support provided by TtT practitioners and peers helped parents and carers to feel validated and supported, often for the first time as they had received little support elsewhere.

■ Peer support

For those who participated in group work through TtT, peer support was highly valued, reducing isolation, enabling them to learn from one another's experiences and often facilitating social connections.

■ Improved wellbeing and behaviour for children

Some children demonstrated increased understanding of themselves, talking to their parents about their feelings and starting to recognise and regulate their own behaviours. This was also reflected in some changes in behaviour, particularly at school, with some children being able to return to mainstream school where previously this had not been possible.

Impact on practitioners

■ Enhanced knowledge and skills

Practitioners have gained valuable insights into neurodevelopmental issues, especially around trauma, sensory processing, and reflective parenting. For most, the training deepened their understanding and improved their ability to support families effectively.

■ Improved communication and confidence

TtT has provided practitioners with a shared language and practical tools, boosting their confidence in engaging with families and explaining complex concepts in accessible ways.

■ Organisational change and collaboration

The programme has facilitated stronger inter-agency collaboration and reflective practice within organisations. It has also encouraged more holistic, strengths-based, and proactive approaches to family support.

■ Wider practice influence

TtT principles are being applied beyond the programme's scope, influencing wider caseloads and leading to more inclusive, universal support strategies in schools and community settings.

Impact on demand for specialist services

■ Nuanced impact

There were some individual examples where TtT caused parents and carers to rethink their need for specialist support, for example where TtT enabled better connection with and support at school.

■ Remaining desire for assessment, diagnosis and specialist support

For most families, there remained a desire for ND assessment, diagnosis and specialist support. Some parents felt that this process was important, while others felt that it was the only way to ensure sustained support, particularly as their children transitioned into high school.

■ Culture

Practitioners predominantly felt that, as yet, TtT had a limited impact on parent and carers' demand for specialist services, partially because there is still a wider culture which emphasises diagnosis and specialist support.

■ Families are better able to cope

TtT does provide families with support and someone to reach out to while they are waiting for assessment, helping them to cope better. Some practitioners also felt it was helping families to realise that there were things that they can do now, rather than waiting for a diagnosis to put things in place.

Programme approach, delivery and development

■ Benefits of TtT training

Practitioners praised the relevance, flexibility, and expert-led nature of the training. Coaching sessions were especially valued for bridging theory and practice, building confidence and enabling peer learning and collaboration.

■ Challenges

Challenges were limited, with no significant issues raised. Some practitioners found the training content too dense or theoretical. Some struggled with applying learning in practice due to inexperience, a lack of a prescribed model to follow, or the complexity of families' needs. At times, there were difficulties in managing families' expectations.

■ Opportunities for development

Practical suggestions for developing TtT included expanding eligibility to early years and secondary schools, training more senior staff, refining training delivery, and formalising a community of practice to share resources and learning.

■ Lessons for service design

The reported impact of TtT provides evidence supportive of a shift towards preventative, integrated, and holistic service design. In areas of significant health and social inequalities, timely, needs-led, and accessible support has improved short-term outcomes for families, with a strong belief that this will also prevent escalation of crises and lead to improved outcomes down the line. That said, consideration needs to be given to how the programme can be sustained and scaled up over the longer-term, both financially and in the face of competing priorities within organisations and at a strategic level.

Recommendations

For future delivery of TtT

1. Explore the options for a more formalised network or mechanism for practitioners to share resources, strategies, and learning across cohorts and organisations.

This could include a centralised bank of tools, templates, and case studies to support practitioners in delivering consistent, high-quality support tailored to family needs. As well as being identified by practitioners as an opportunity to develop TtT, this may also help to address some of the (albeit limited) challenges practitioners had in applying TtT knowledge in practice. It is understood that TtT has begun to implement this through a formal bi-monthly community of practice meeting and through a Padlet to share up to date resources, so this should continue to be developed, and it should be ensured that all practitioners are aware of this.

2. Consider expanding the scope of the programme by widening the range of practitioners trained through TtT.

This could involve extending eligibility to practitioners in early years and secondary school settings, which may allow for earlier intervention and continued support through key developmental transitions. Expansion could also potentially target training more staff at a strategic or management level to support organisation-wide culture change. It is understood that since the evaluation period this has already begun, with some early years practitioners now taking part in the training.

3. With funders and policymakers, explore the options for continued funding of TtT beyond the current funding period.

This should include consideration of how delivery can be sustained in the communities it is working in, but also funding options for expansion of the scope of practitioners involved (see previous recommendation) and potential scaling up to other areas of Tayside. Given the financial situation they face, regard should also be given to available options to ensure that involvement in TtT remains financially viable for third sector organisations.

For policymakers

4. Consider the usefulness of TtT as a model for achieving the kind of support landscape for children, young people and their families envisioned in the national ND specification.

In line with the specification, TtT has contributed to the establishment of new community-based supports, which are accessible to families and more frequently intervening at an early stage – and is a model with the potential to be implemented elsewhere. More broadly, task-sharing in general, or the enabling factors of TtT, may offer lessons for policymakers. For example, could empowering practitioners to deliver needs-based support, favouring flexibility over rigid service models, cross-sector delivery with significant participation from schools, or developing shared language across services offer solutions for meeting key priorities or addressing service gaps in other areas?

5. With TtT partners and stakeholders, policymakers should explore opportunities to align strategic priorities and funding mechanisms across services to ensure the continued delivery (and potential expansion) of TtT.

This requires a recognition not only of the immediate outcomes for families and practitioners achieved by the programme, but TtT's potential as a preventative intervention which cuts across a range of policy areas. Consideration should be given to how supportive current commissioning mechanisms are in practice towards achieving strategic priorities aligned with TtT – such as, early intervention, whole family approaches, and cross-sector collaboration – and adequately supporting the third sector to be partners in providing community-based support.

6. The findings in this report support the view that there remains an overemphasis and overreliance on assessment and/or diagnosis and that culture change is required to ensure families access support earlier.

In a needs-led system of support, as envisioned in the national ND Specification, a diagnosis pathway and community-based support should be complementary and the right support for families not contingent on the former. This overemphasis on assessment/diagnosis is partly cultural – and policymakers should push for culture change at all levels of the system and within/across services. However, it would also be worthwhile to explore what systemic barriers exist to prevent families getting the support they need, and how the lessons and successes of Together to Thrive can inform actions to address these barriers.



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