



Strengthening the Circle- Developing resilience
through person-centred approaches
Evaluation Report

NDTi April 2018



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Executive Summary

The National Development Team for inclusion (NDTi) were commissioned by Health Education England (HEE) to provide training to the non-specialist workforce supporting the mental wellbeing of children and young people with additional vulnerabilities across several sites in the South West.

The training built on the Boing Boing resilience model and our own cross-organisational experiences in delivering person-centred approaches; we have called it 'Strengthening the Circle'. The programme was designed on a train the trainer model, with extensive practical materials included to help roll out the approach across the following local areas: Somerset, Gloucestershire, Bristol, Torbay and Plymouth.

The core content was shaped to site specific outcomes through (a) preliminary discussions with lead commissioners, to take account of the Local Transformation Plans and strategic context, and (b) a group of children and young people who represented the targeted cohort, for example care leavers in Somerset and inner city school children in Gloucestershire.

Staff training took place over three days, each with a gap of at least a fortnight between. This was to enable to participants test and feedback on the various materials and techniques, grouped under the headings of the Boing Boing domains: The Basics, Belonging, Coping, Learning and Core Self.

Overall the training was highly rated with four sites returning average figures of between 87% and 94%. For Bristol the figures were much lower, at around 54%, which reflected the existing knowledge of very experienced workers who are supporting children, young people and families with very complex needs. It is possible that these people were selected because of their knowledge, to help with the cascading, but it was not possible to follow up this line of enquiry. It is clear, however, that the course is especially valuable for those people who work with children and young people, some (rather than all) of whom may sometimes need support for their emotional wellbeing.

Our evaluation of the impact of the programme indicates that it was valued by staff from the majority of sites. They made a number of positive comments during the follow-up interviews, confirming that their skills around person-centred approaches, and confidence in dealing with mental health had improved. The results from our pre-training and post-training surveys also confirm that people saw an improvement in their knowledge about mental health issues, their confidence and skills in understanding them, and better understanding of how person-centred approaches can be used to support children and young people.

However, there are some key areas of learning that we have drawn from this work and will use to inform our future approach:

- The importance of the initial set up conversations - not only to identify suitable attendees and their level of current expertise, but also to allow time to organise and shape locally relevant content delivery.
- The importance of selection of the training participants – careful selection and assessment of the learning needs of the group is vital to ensure that personal and organisational expectations, as well as learning outcomes, are met.
- Adaptations to the cascade model to develop a modular set of resources that better support future local delivery.
- Condensing the delivery into two full days rather than three.
- Further development of the co-production approach. Future work within NDTi will look at the possibility of co-delivery with young people, as well as strengthened mechanisms by which attendees can be accountable to the young people for their learning and changed practice.

Overall, the programme was successfully delivered and has demonstrated positive impact for the course attendees. We have learnt valuable lessons, however, and plan to incorporate these into a reshaped approach and focus.

1. Introduction to the Programme

In April 2017, Health Education England (HEE) commissioned the National Development Team for Inclusion (NDTi) to deliver, by March 31st 2018, a training programme as part of its Children and Young People’s Mental Health Education and Training Fund. The aim of the programme was to support workforce development, in order to improve the mental health outcomes for children and young people with extra vulnerabilities, across six geographical areas in the South West of England.

The programme was designed to strengthen the skills, confidence and competence of the multi-agency non-specialist workforce, who provide the circle of support around individual vulnerable children and young people. The core content of the programme was augmented by site-specific tailoring, through co-production with children and young people, and discussion with local services. The needs of local systems, and the intentions set out in the CAMHS Local Transformation Plans (LTPs), were also incorporated. Delivery was planned to function as a “Train the Trainer” model, with cascade training enabling the learning to be embedded and sustained across organisations.

The training itself took place over three days for up to twelve attendees per site, with around one month between each session. Attendees were required to commit to attending all three days. The gap between sessions was to enable participants to practise new skills and tools, as well as allowing time for reflection on learning. Following the three days, a follow-up session to support the embedding of learning was offered to sites, two of whom took up the offer.

The Boing Boing Model of Resilience

The Strengthening the Circle (StC) training programme is underpinned by two parallel approaches to building resilience: person-centred practice and the Boing Boing model of resilience¹.

The Boing Boing Resilience Framework is based on a set of ideas and practices, incorporating the resilience research evidence base and practice experience with very disadvantaged children and families in an NHS Child and Adolescent Mental Health service. It is augmented by adoptive parenting knowledge and experiences gleaned from the Boing Boing Communities of Practice.

The framework is open source and sets out specific approaches that can build resilience within the five domains of The Basics, Belonging, Learning, Coping and Core Self and is designed as a non-clinical approach that can be used by non-specialist workers.

¹ For more information see www.boingboing.org.uk/

2. Programme Set-Up

The Delivery Sites

Initially, six sites across the South West were identified:

Somerset	Torbay	Gloucestershire
Plymouth	Bristol	Bournemouth

and were divided into two delivery cohorts, with Cohort One planned from September to November 2017 and Cohort Two from December 2017 to February 2018. Each site was offered upto 12 training places. The original plan had been to deliver the training in three delivery cohorts of two sites each; however the government announcement restrictions that arose because of the 2017 snap election led to delays in negotiating with sites, and the consequent time pressures led NDTi to re-group the delivery into two cohorts.

A local link person was established as the point of contact for each site, and detailed conversations took place to discuss the learning outcomes, the potential participants, and the logistics of delivery.

Due to internal operational pressures, Bournemouth withdrew from the Programme and, although two other south west sites were offered the opportunity to take part, neither was able to do so within the timeframe. It was therefore agreed with HEE that the allocated resource could be re-distributed, providing the remaining five sites with additional implementation support, as well as developing a Quality Assurance Framework to support the cascade training.

Co-Production Sessions

Prior to the training days in each of the five sites, in line with NDTi's principal value of inclusion, co-production workshops were held with groups of young people to help individually tailor the content of the training for each area. These young people were selected by the sites, based on the additional vulnerabilities and needs that each LTP had identified.

All five workshops took a similar, informal structure designed to delve deeper into understanding what the children and young people want from those who closely support them, or come into contact with them on a daily basis. Questions asked included:

"What do you need from the people who work with you?"

"What's important to you?"

"What works well?"

"What doesn't work so well?"

Considerable material was generated, which was synthesised, fed back to the sites, included in the participants' resource packs, and used to round out the delivery in each area. A summary of the key themes form Table 1 below.

Table 1: Summary of Themes Identified at Co-Production Workshops

Site	Who Attended	Key Themes Identified
Somerset	6 Care Leavers	<ul style="list-style-type: none"> • The attitudes and behaviours that help build relationships • How important it is for workers to know their young people • The skills needed to offer effective support • How young people want to be communicated with
Gloucestershire	12 school students	<ul style="list-style-type: none"> • People just need to listen, they don't need to fix me or find a solution • I want to be seen as a whole person not just my grades or academic achievements • We need safe spaces to talk • Don't panic if I say I'm not feeling ok, I just want to talk
Torbay	5 members of "Have Your Say" Group	<ul style="list-style-type: none"> • The need for trust and respect • Workers to be knowledgeable and feel confident • Workers who do what they say they are going to do • Quick response when needed
Plymouth	14 young people	<ul style="list-style-type: none"> • How we want our workers to be with is • What we want our workers to do • How we want to feel after meeting our worker
Bristol	10 members of the Off the Record "Mentality" Group	<ul style="list-style-type: none"> • How young people want workers to be with them • What young people want workers to do • The environment in which support takes place

Pre-Programme Survey

All attendees were asked to complete a self-evaluation survey prior to Day 1 of the training, in order to ascertain prior knowledge and to ensure that the training was delivered at the right level for each group. Late confirmation by sites of attendees, however, shortened the timescales for completion and analysis which meant that, in practice, there was little time to tailor the content ahead of Day 1.

3. The Training Days

Somerset

The local link in Somerset was from Public Health and there was a strategic wish to focus delivery on the Leaving Care Team. Of the attendees who undertook the training, five were indeed from that team, two were school nurses, two were health visitors and the rest were from children's services.

The training days took place on 22nd September, 16th October and 16th November 2017. As this was the first site to receive the training, the sessions were co-facilitated by two trainers, who then delivered on their own to subsequent sites. Nine people attended session one, six people attended session two, and ten people attended session three. The evaluation scores for the training were as follows:

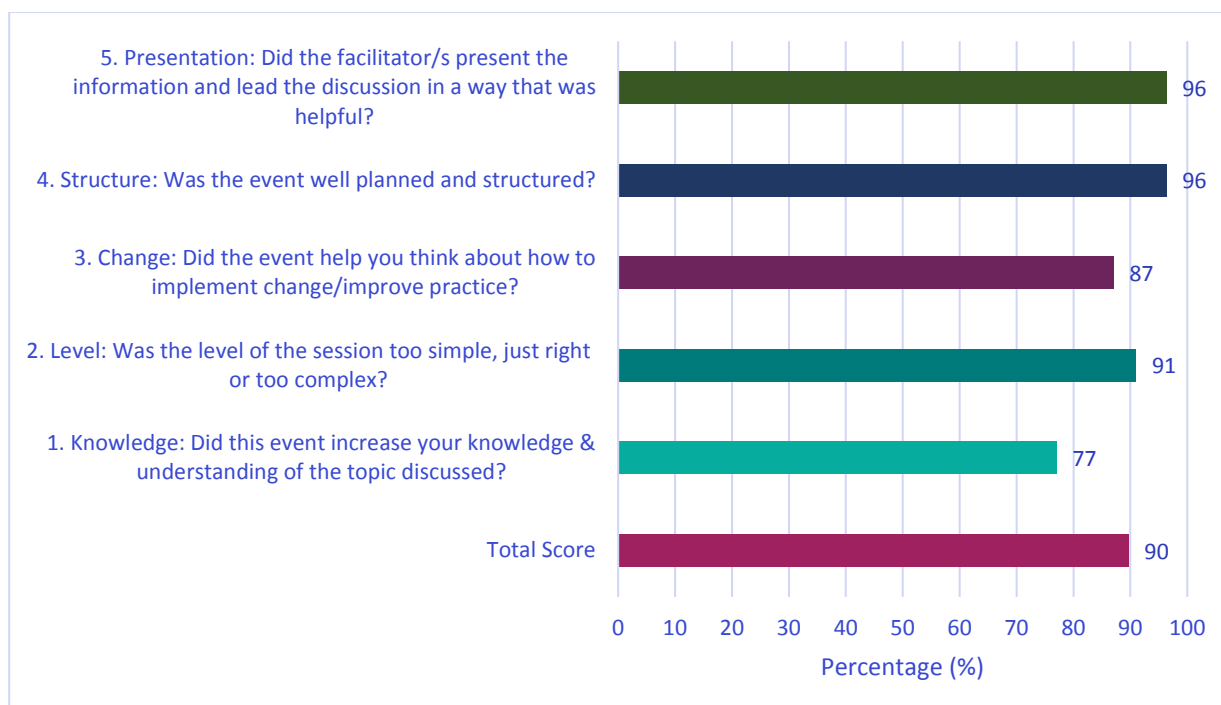


Figure 1: Somerset Average Evaluation Scores

As demonstrated by the high scores for the training (90% overall), the programme was extremely well received in Somerset. The different styles of the two presenters along with the experiences of those in the room encouraged people to share learning and ideas:

"The trainers with their different styles were good- we benefitted from each other, the trainers enabled this." Somerset Attendee Evaluation Feedback.

Also, as in other areas, the time pressures of staff to attend all three sessions was apparent:

"Perhaps it could be condensed into 2 day event? 3 days is quite a commitment in busy schedules." Somerset Attendee Evaluation Feedback.

Somerset opted to receive a programme review session. This was attended by eight people, including members of the Schools Health and Resilience Education Project team. It was apparent that not only had the programme resources been used in creative ways and integrated into operational practice, but that also there was a strong drive from Public Health to embed the approach and resources throughout services that support vulnerable children and young people.

Gloucestershire

In Gloucestershire, discussions took place with the commissioning manager for Gloucestershire CCG, and it was decided that the focus in this area would be schools workers, namely those from the inner city schools from the county: the G15.

The three training days in Gloucestershire took place on 28th September, 18th October and 17th November 2017. Ten people attended session one, ten people attended session two and eight people attended session three. The attendees were a mixture of primary and secondary school staff in a variety of roles including pastoral manager, SENCOs, learning mentors and a receptionist.

The average scores for the training were as follows:

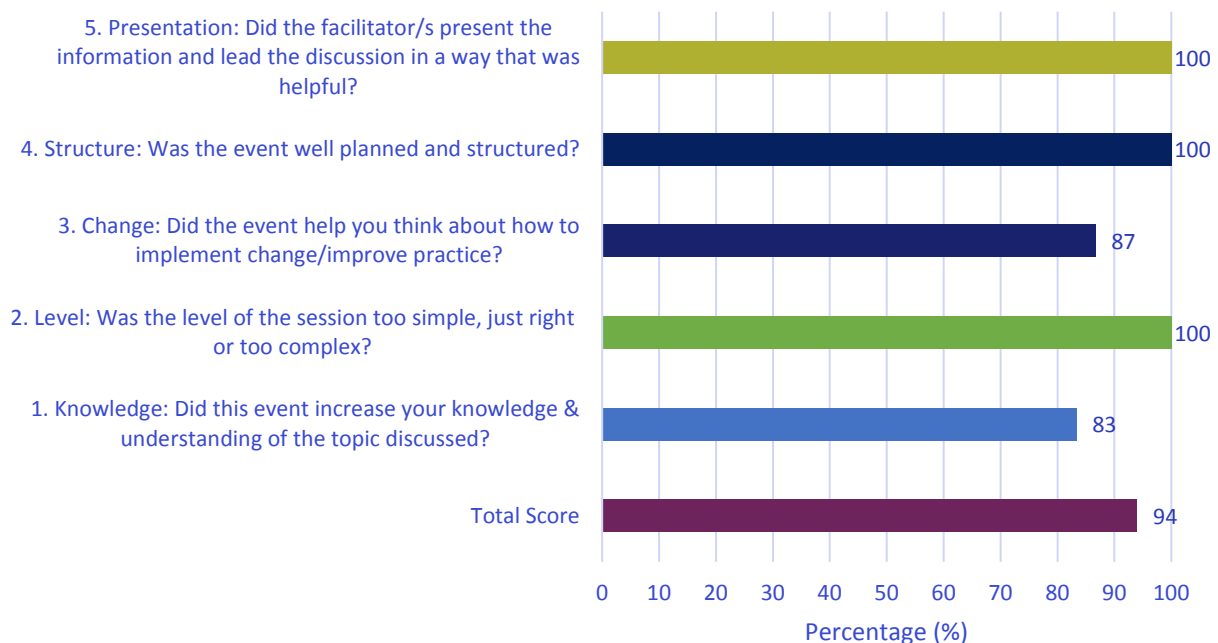


Figure 2: Gloucestershire Average Evaluation Scores

Again, as in Somerset, the training was extremely well received, scoring 94% overall from the evaluation forms. The person-centred approach of this training, linked to the Boing Boing Model was met with extremely positive feedback:

“it’s a different aspect to what I’ve done before. Taking a different angle.” Gloucestershire Attendee Evaluation Feedback

Torbay

From the start of discussions with Torbay Council and the CCG, it was clear that there was strong strategic commitment to incorporating the training into delivery of the LTP priorities. The Boing Boing model was one that the commissioners had been intending to utilise and the training therefore offered a particularly good strategic fit. This strong leadership significantly contributed to the delivery of StC in Torbay and led to the NDTi team supporting the customising of the programme logic model to be more specific to local requirements.

The cohort included school staff and a wide range of workers from voluntary sector organisations. The training sessions took place on 27th September, 18th October and 29th November 2017. Ten people attended session one, nine people attended session two and nine people attended session three. The attendees were a mixture of teachers, SENCOs, a play worker, and a number of individuals from voluntary sector organisations.

The average scores for the training sessions in this area were as follows:

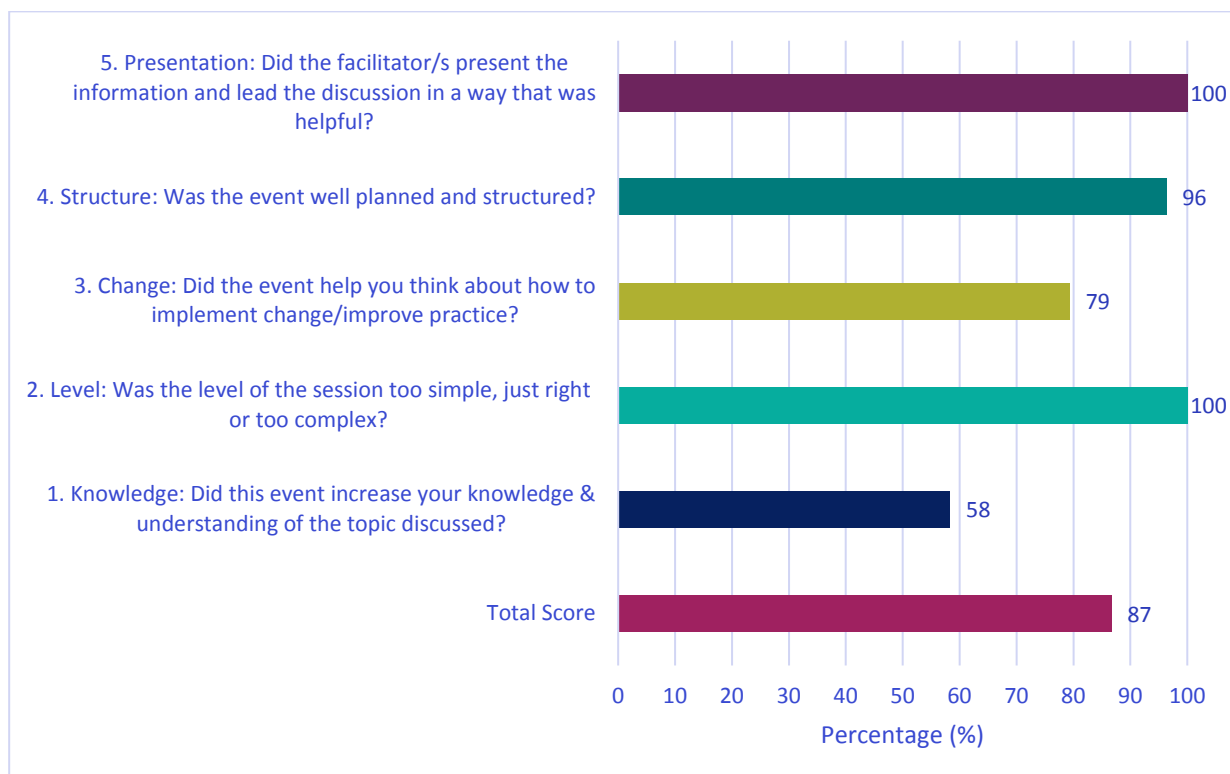


Figure 3: Torbay Average Evaluation Scores

The training scored an overall total of 87%, and as in Somerset, the mixed group of attendees worked well, with the group willingly sharing their different experiences.

As in other sites, attendees were concerned about the time commitments – both to attend the training, and also to carry out the cascade training. This group in particular also commented that they wanted more explicit links with the training content and the Boing Boing Model:

“Elaborate and make clearer the Boing Boing Model and how it underpins the resources we use” Torbay Attendee Evaluation Feedback.

Plymouth

Initial conversations in Plymouth took place with the Family Support Team Manager and the attendees selected for the training were a mixture of professional youth workers and family support workers, all of whom have a focus on intensive support for very vulnerable families.

The three training days in Plymouth took place on 15th December 2017, 24th January 2018 and 14th February 2018. Eight people attended session one, eleven people attended session two and twelve people attended session three. The average scores for the training sessions were as follows:

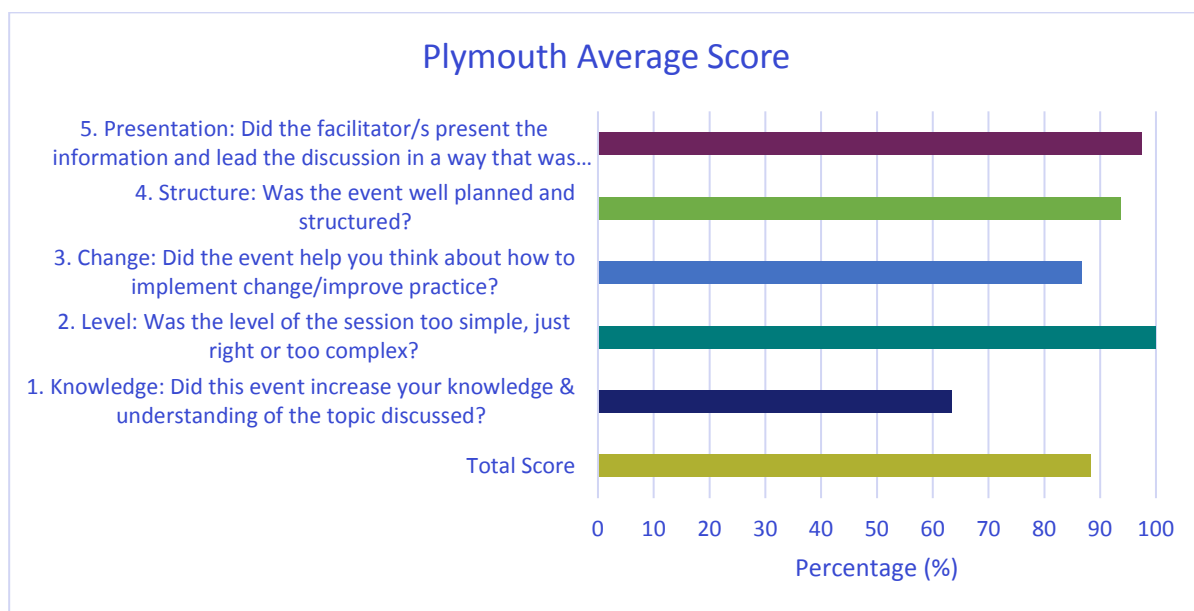


Figure 4: Plymouth Average Evaluation Scores

As not all attendees could attend all sessions, care was taken to ensure that all participants were up to speed with all the course content. However, with an average score of 88%, it appears that the Programme was well received in Plymouth. The group was engaged and enthusiastic about cascading the training to others:

“Many thanks. Very informative and I enjoyed the way the day was structured and how relevant conversations flowed.” Plymouth Attendee Evaluation Feedback

Plymouth also opted to receive a programme review session. This was attended by ten people and the Targeted Services Practice Manager. There was discussion about how the resources had been used in practice, and arrangements for cascade training were confirmed. Organisational commitment to embedding the approaches of Strengthening the Circle was very evident.

Bristol

In Bristol initial discussions about the training programme took place with a manager from the Early Help Team, who subsequently delegated the link role.

The attendees to the training days in Bristol represented the multi-disciplinary Early Intervention Team and included a mixture of voluntary sector, statutory services and schools. The training days took place on 11th December 2017, 19th January 2018 and 6th February 2018. Thirteen people attended session one, eight people attended session two and ten people attended session three. The average training scores over the three days for Bristol can be seen as follows:

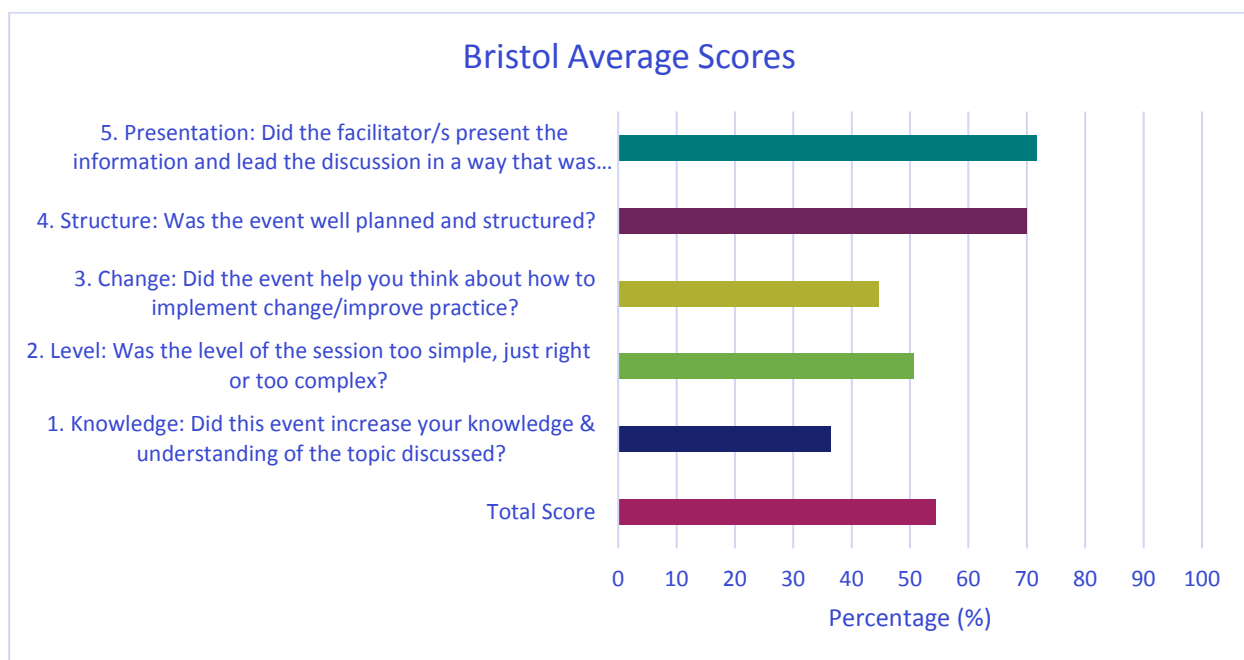


Figure 5: Bristol Average Evaluation Scores

The Bristol cohort selected to attend the training comprised very experienced workers who are supporting children, young people and families with very complex needs. Consequently, the feedback indicates that the training was not pitched at the right level:

“I felt that there needed to be much clearer communication about what the training entailed.”

Bristol Attendee Evaluation Feedback.

This can be seen in the evaluation scores as question 1, around increasing knowledge, scored extremely low (36%). Although this group was technically ‘non-specialist’, in fact their levels

of knowledge, experience and the issues they were managing were equivalent in many cases to Tier 3 CAMHS workers. In discussion with the group during the training days, it appears that not all pre-programme information was received by all those who attended, leading to mismatched expectations of learning outcomes.

However, not all attendees had a negative experience. The tools and resources shared as part of the training were met with positive feedback:

“I learned loads and appreciated all the new resources and info that has been provided.”
Bristol Attendee Evaluation Feedback.

4. Cascading the Training

There was a clear expectation for all those who attended StC training, that the learning would subsequently be cascaded to colleagues. Time was spent on Day 3 to plan each local cascade in some detail.

In support of cascade delivery, a comprehensive pack of materials, including outline session plans, a full set of resources and a Quality Assurance Framework, was created and made available to all attendees. The Quality Assurance Framework was designed to support consistency of knowledge transfer and incorporates the StC learning objectives, as well as detailed checklists for preparation, delivery and evaluation of learning.

A programme basecamp was set up as an online platform for conversations, sharing and updating resources, as well as a means of offering additional support. An offer was also made for telephone support to all participants.

Although participants do not appear to have engaged with this online tool as much as was anticipated, it is nevertheless apparent that many are accessing it without playing an active role in discussions and are using it more as a database of resources.

5. The Evaluation

Prior to the commencement of the Strengthening the Circle Training Programme, a Logic Model was devised by the NDTi delivery and evaluation team that would be used to measure the impact of the training (Appendix 1). Along with the key issue that this project is looking to address, seven agreed Programme outcomes were identified, which can be seen in figure 6 below.

People receiving the training:

1. Increased skills to support young people, deliver training and share knowledge
2. Improved knowledge of Mental Health needs and person- centered approaches
3. Improved confidence, resilience and wellbeing

For Children and Young People (C&YP) who attend the workshop:

4. C&YP involved in the coproduction workshop recognise that they have had an influence

For C&YP who receive support from staff:

5. C&YP are more able to manage their mental health and how they ask for help
6. C&YP have improved / positive experiences of the staff and others they engage with

For Organisations:

7. Organisations and teams of those on the training have improved access to training and person-centred practice

Figure 6: StC Programme Outcomes

Method

The evaluation for the programme was based on a mixed method approach, using a variety of quantitative and qualitative data sources including:

- Pre and post programme surveys completed by course attendees – to include questions about knowledge, skills and confidence levels, as well as establishing key areas of learning and development (N=64)
- Evaluation Forms completed at the end of each training day by every participant (N = 143)

- Semi-structured telephone interviews with randomly selected participants following the final training session, up to 2 per site (N=7)
- Evaluation forms completed by Children and Young people who attended the coproduction workshops (N=47)
- Change stories written by course attendees (N=15)
- 4+1 templates completed on the final day of the Programme to look at what has been tried, what has been learnt, what are we pleased with and what have been the challenges (N= 5)
- Learning Logs completed by attendees to establish what has worked well and what have been the challenges (N=6)
- An internal risk register held centrally by the NDTi team to capture internal learning – which has been shared with the evaluation team

It was a requirement for the participants to complete many of the data sources listed, and so the evaluation looked to analyse what had already been captured, along with conducting additional semi structured telephone interviews to complement the existing information.

6. Progress towards Outcomes

This section analyses the data collected and identifies progress towards achieving the seven outcomes set out in the Programme Logic Model. It is worth noting that this is a relatively small intervention of three full training days, with a total cohort of 55 attendees. It is also not possible to definitively establish longer term outcomes, due to the contractual requirement for the project to be completed by March 2018.

However, it is clear that progress is being made towards achieving the desired outcomes, and the programme has achieved what it set out to do. It is also clear that many notable achievements that have been made in a very short space of time.

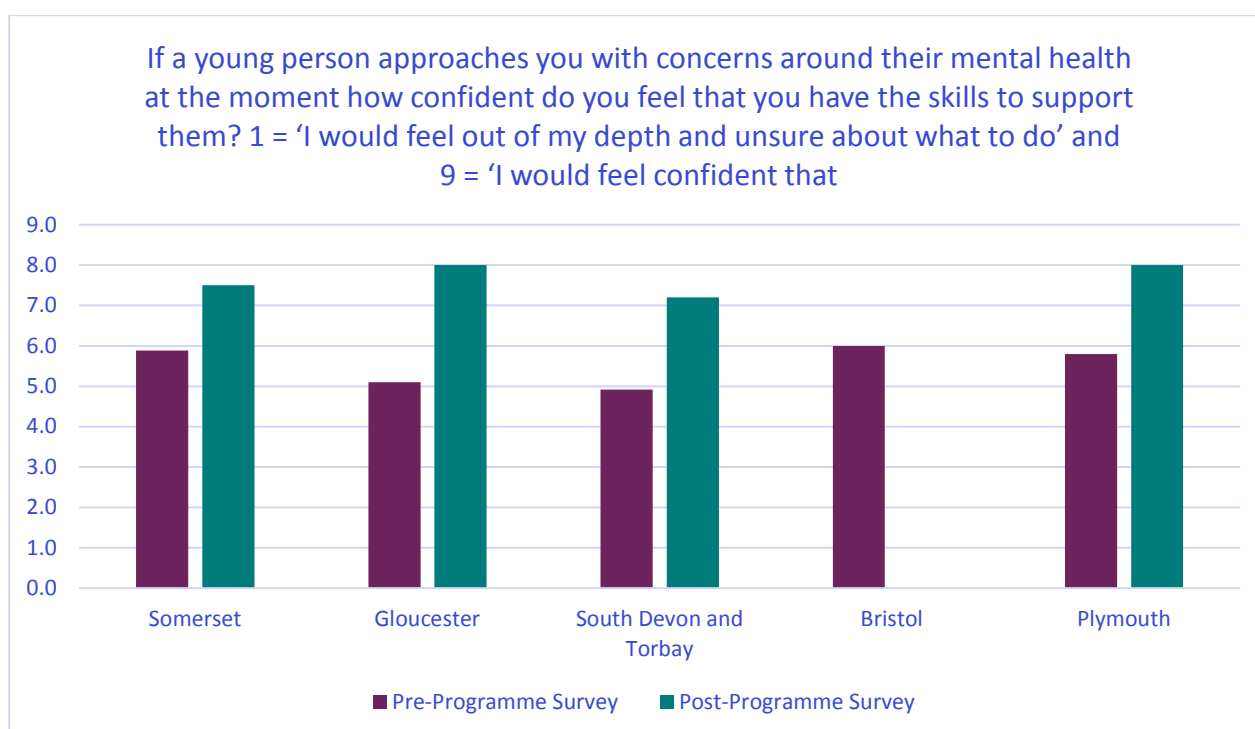
Outcome One: Increased skills to support young people, deliver training and share knowledge

This outcome focuses on three elements for those who have received the training:

- to support the young people they work with
- to deliver training to others
- to share the knowledge that they have gained from the Programme

As described in section 3, 55 people have taken part in the StC programme, with an average evaluation score for the five sites of 83%. Prior to attending the training programme, all attendees were asked to complete a brief survey to establish their current skills and knowledge base. This was repeated following the training, enabling progress from the baseline to be captured, as shown in Figure 7. No post-programme surveys were received from Bristol.

Figure 7 Pre and Post Programme Survey Results (Question 4)



Somerset N= 9, 2; Gloucestershire N= 10, 5; Torbay N=12, 5; Bristol N=10, 0; Plymouth N=9, 2

Throughout the telephone interviews, it was evident that the staff who attended felt they had improved their skills to support the young people they work with:

“yes definitely it has increased my skills – particularly the resource, the Boing Boing Model.” Somerset participant STC001

It is also clear that the tools and resources shared throughout the training have contributed significantly to achieving Outcome 1. The value to participants of acquiring a toolkit was mentioned in nearly all the session by session evaluation forms and frequently in the telephone interviews:

“It has given me more confidence and more tools.” Gloucestershire participant STC004

Practitioners from Somerset have taken some very practical steps to embed the approach, including revising the Life Skills handbook, and using Boing Boing to more strongly underpin antenatal education programmes.

Case studies provided further evidence of how useful attendees found the tools.

G is a year 11 student who receives extra support for her English. She is very isolated and has no social contact with other students. She receives 1:1 tuition.

G attended a session with a member of staff and was not ready that day to engage in learning. So instead of following the lesson that was planned, the staff took a different approach, using the Inclusion Web.

As a result, *“The student realised that she is not as isolated at school as she thought and using the Inclusion Web enabled her to plan to make further changes.”*

“It was using the Inclusion Web that brought about the change – I could have just carried on with my planned lesson, but I responded to the need that I saw that morning. Having seen how the tool worked during the course gave me the confidence to use it.”

Torbay

The two other facets to this outcome are the ability to share the knowledge gained, and to train others. There was a wider spread of responses here, relating both to confidence to deliver training, and also capacity to do so within working hours. Some participants were already confident and experienced trainers, others were less confident:

“I think I may need a bit of support when it comes to delivering the training” Torbay Post-Programme Survey response

Sharing of knowledge is not confined to formal cascade mechanisms, and within the sessions:

“we learnt an enormous amount from each other.” Interview participant STC001

“Learning from others was really beneficial. Made lots of contacts too.” Interview participant STC006

The 4+1 templates used at the end of Day 3 reinforced this aspect, with all sites saying that knowledge sharing was a crucial element of the learning that took place.

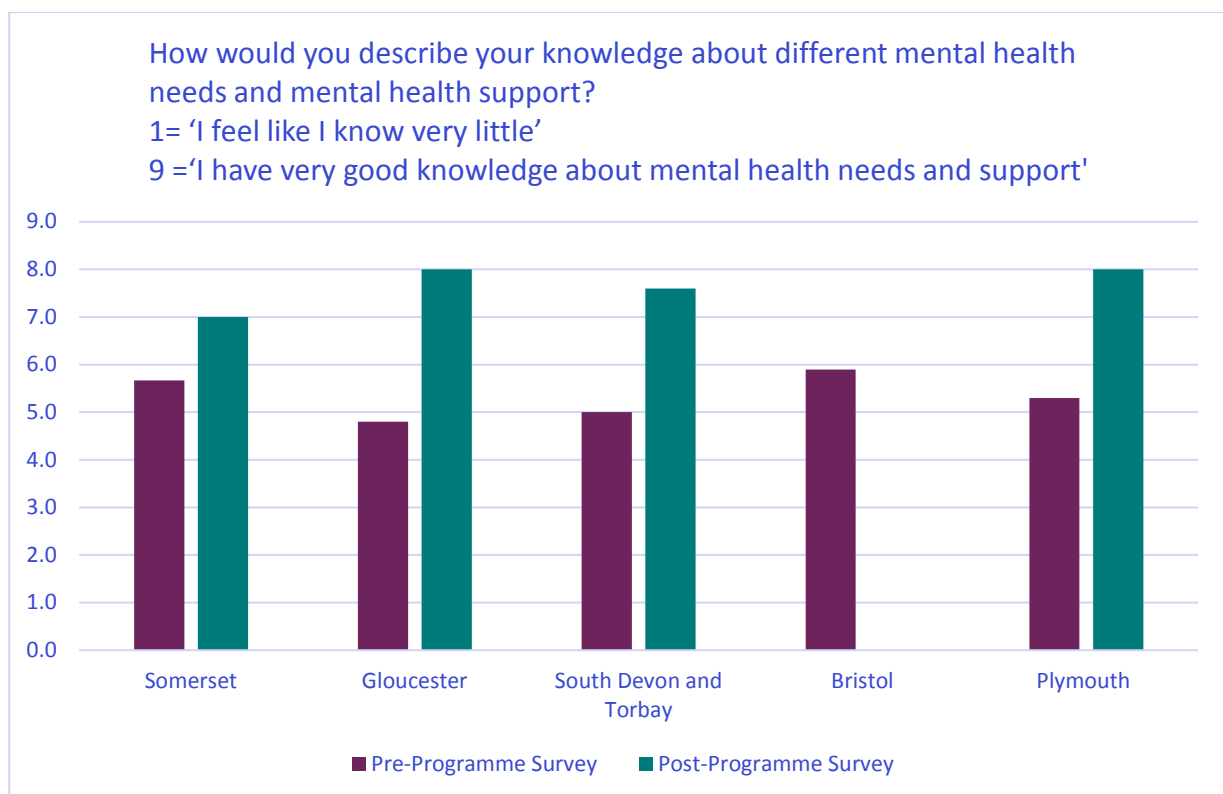
The mixed methods evaluation approach provided a large amount of rich and varied data that demonstrated the considerable progress made towards the achievement of Outcome 1.

Outcome Two: Improved knowledge of Mental Health needs and person-centered approaches

The StC Programme was designed specifically to support non-specialist workers in their interventions with vulnerable children and young people with mental health issues. This outcome is therefore key to assessment of the effectiveness of the Programme.

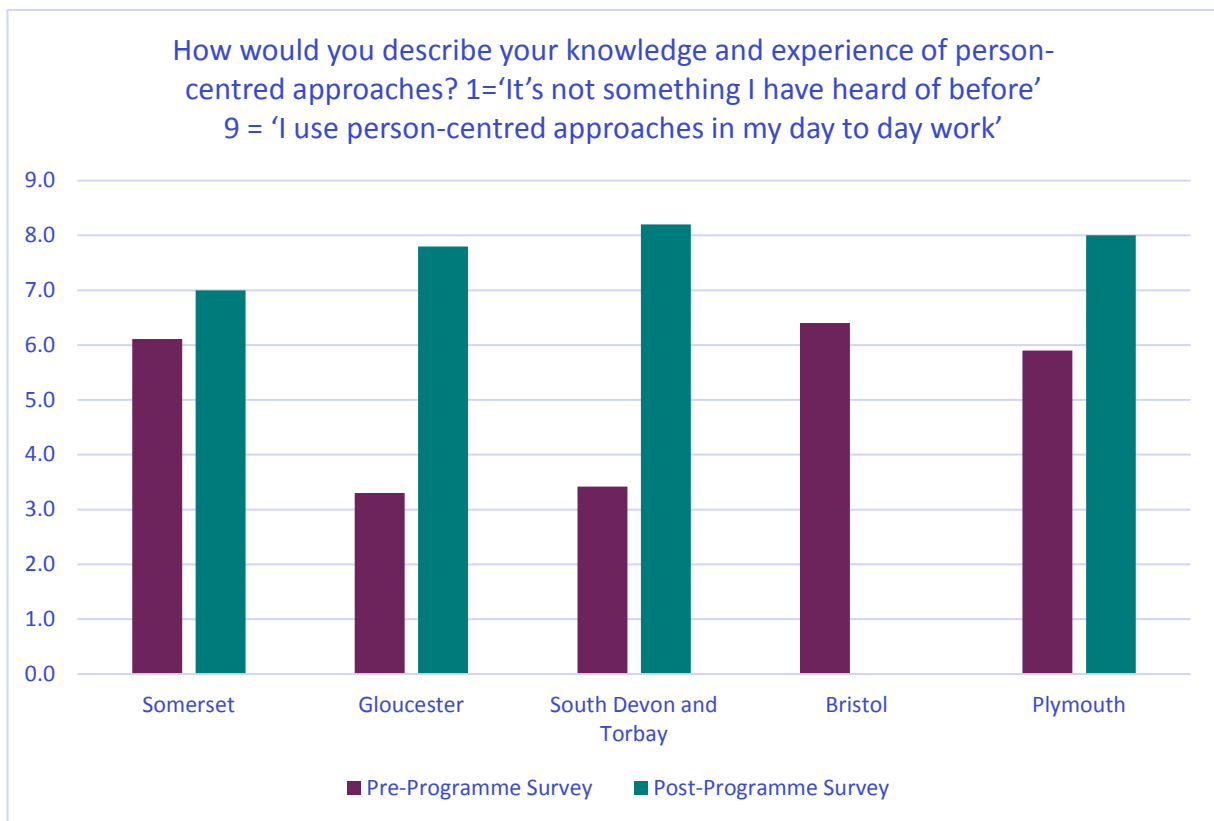
The pre and post programme surveys asked specific questions surrounding this outcome. The results can be seen in figures 8 and 9 below.

Figure 8 Pre and Post Programme Survey Results (Question 5)



Somerset N= 9, 2; Gloucestershire N= 10, 5; Torbay N=12, 5; Bristol N=10, 0; Plymouth N=9, 2

Figure 9 Pre and Post Programme Survey Results (Question 6)



Somerset N= 9, 2; Gloucestershire N= 10, 5; Torbay N=12, 5; Bristol N=10, 0; Plymouth N=9, 2

The trend in the survey results points towards increased knowledge of both mental health needs and person-centred approaches. Although the numbers for the follow up surveys were small this overall pattern, combined with individual comments, indicates that the Programme has made progress in achieving this outcome:

"I feel that I know more in-depth information and strategies to support children with specific needs." Gloucestershire Survey Participant feedback.

"My knowledge has definitely increased and the resources provided have been very useful." Torbay Survey Participant feedback.

"I have found this training useful in building my confidence to support young people, challenge over mental health concerns with other professionals and increase my knowledge surrounding mental health" Somerset Survey Participant feedback.

In addition, comments made during the telephone interviews and the 4+1 questions on Day 3 indicate that the participants have made progress in achieving Outcome 2. Many of the participants commented on the mental health conditions information sheets, specifically designed for the StC Programme:

"The Common mental health conditions document was useful." Interview participant STC003

The increased knowledge of mental health needs and person-centred approaches can also be seen through the change stories that were shared, as well as through the learning logs. The tools and resources have not only upskilled the course participants but have been adapted in a person-centred way to help support young people with their mental health. There is, therefore, strong evidence that good progress has been made towards Outcome 2.

Outcome Three: Improved confidence, resilience and wellbeing

This outcome looks at Programme participants, to see whether they have improved their own confidence, resilience and wellbeing which will, in turn, help them to better support the young people they work with.

Feedback indicates that progress has indeed been made as a result of the Programme:

“I have found this training useful in building my confidence to support young people, challenge over mental health concerns with other professionals and increase my knowledge surrounding mental health.” [Somerset post-programme survey feedback](#)

In relation to personal wellbeing:

“yes it made me think about my own situation – I thought “wow” this is very helpful.” [Interview participant STC006](#)

“made me think about my own well-being.” “made me stop and think of a few things I need to change to make things more manageable.” [Interview Participant STC003](#)

When asked whether it had improved their own resilience and wellbeing, one participant responded:

“Definitely – It’s the way I like to learn, I’m open to learning through life... immersing yourself within training and self-reflecting.” [Interview Participant STC002](#)

The style and approach of the facilitators appears to have further supported progress towards this outcome:

“The trainers with their different styles were good- we benefitted from each other, the trainers enabled this.” [Interview Participant STC002](#)

The 4+1 template was also cited as enabling self-reflection, and in most sites this exercise provided evidence of personal resilience and improved well-being being identified as key learning.

The evidence gathered through qualitative evaluation methods indicate progress towards Outcome 3, largely through facilitation of open discussions and a self-reflective approach.

Outcome Four: Children & Young People involved in the co-production workshop recognise that they have had an influence

The young people who attended the co-production sessions told us that they enjoyed the opportunity to share their views and opinions about the workers they come into contact with. This outcome looks to go beyond that, by giving the young people the opportunity to see that their voices have not only been heard, but that what they said has really made a difference to the Programme and those who have received the training.

In Torbay, the NDTi training facilitator re-visited the Have Your Say group on 31st October to feed back to them about the training and what influence they had on the design and delivery. Additionally, the comments and ideas shared by those young people were used to shape the local Torbay Logic Model. Therefore, their influence is evident.

The short evaluation report, produced for each site immediately after the training completed, was shared back with each of the local site links, and in Bristol this was also shared with the Off the Record Mentality Group. However, the original intention of returning to each group following training delivery has not been possible due to tighter than planned timescales. NDTi is considering ways in which co-production could be made more effective, including supporting young people to co-deliver the Programme content. Outcome 4 has been partially, but not fully or consistently, met.

Outcome Five: Children and Young People are more able to manage their mental health and how they ask for help

Current Mental Health policy strongly advocates empowering children and young people to take more control and to self-manage their own mental health, including how they ask for help from those who support them. This aspect was a feature of the LTPs in all five delivery sites. Due to the time scales involved, it is still too early to provide evidence that this outcome has been achieved. However progress is being made towards Outcome 5, as evidenced by change stories.

E is a year 9 student who has localised alopecia. Her brother has lost all of his hair, so she is also anxious that about losing all of hers. She is shy and anxious by nature and this has heightened her anxieties. E is from a large family, and her mum often works away from home which makes her feel lonely, invisible and sometimes angry.

Through 1:1 sessions with E, she slowly began to open up and talk about her anger. Working with her, triggers were found and strategies were developed to avoid outbursts. The worker discovered she is a talented singer / guitarist and she now uses these activities as her 'safe place'. Several of the worksheets have been used with E *"through doing these I have discovered a good strategy to use with her – humour! Our sessions are now very light hearted but she is much more able to express herself."*

E has now got her first guitar gig in a few weeks with her guitar teacher. Since using humour with E, *"she started to enjoy our sessions and was more able to talk freely."*

Learning Logs also provided some evidence that progress is being made. An example is the Important To / Important For tool being used with a year 9 boy:

Use of important to / for, *“giving him a leading role in the sessions was beneficial, he rose to the challenge”* [Torbay Learning Log 05](#)

Outcome Six: Children and Young People have improved / positive experiences of the staff and others they engage with

As with several other aspects of the StC Programme, real progress towards this outcome will not become apparent for some time. However, some of the change stories do indicate progress.

Good Day / Bad Day template was used with a young woman who has recently emerged from a very traumatic situation. Her behaviour is extreme and the tool was used to generate a conversation about her feelings, following a specific incident in school. After completing the exercise, the young woman told the worker that this was the first time anyone had talked to her about her feelings, rather than her behaviour.

[Plymouth](#)

The same tool was also used in Gloucestershire:

“One pupil came into reception and sat down with me. I listened, and I helped wipe away the tears.” [Interview Participant STC004](#)

Using the tools as a starting point to generate different conversations has contributed to progress being made towards this outcome, and in Somerset, a number of the tools have been used to make amendments to the assessment tool that feeds the Pathway Plan for care leavers.

Outcome Seven: Organisations and teams of those on the training have improved access to training and person-centred practice

Actions taken to support this outcome include

- the initial design of the Programme as a ‘Train the Trainer Model’
- the development, during Day 3, of a local Cascade plan
- making available to all participants a full resource pack, including a training Quality Assurance Framework

Direct feedback from participants provided evidence of enthusiasm to cascade the learning:

“The course has been invaluable in changing my approaches to daily working and I believe many students and staff have benefitted as a result of me attending this training.” [Gloucestershire post-programme survey feedback.](#)

Some sites are devising innovative ways to cascade the training to others:

- Torbay: a plan to train 16 and 17 year olds to become active listeners. This will involve using some of the tools as part of a Mental Health Café, with young people themselves would acting as ambassadors for the training.
- Bristol: using existing work with volunteers to promote person-centred approaches and the Boing Boing model

The sites that chose to hold a follow-up session were able to show a clear determination to embed the approach across services, and had mechanisms on place to roll out effective knowledge transfer.

There is thus already evidence of progress being made towards achieving Outcome 7.

7. Learning and Conclusions

Overall, the Strengthening the Circle Programme has been well received and the delivery team has achieved much within a limited time frame and a small-scale intervention. It is apparent that significant progress has been made towards meeting the outcomes set out in the Logic Model, and that further progress is likely in the longer term.

However, there are some key areas of learning which can be drawn from this work:

- The importance of the initial set up conversations - not only to identify suitable attendees and their level of current expertise, but also to allow time to organise and shape locally relevant content delivery
- The importance of selection of the training participants – careful selection and assessment of the learning needs of the group is vital to ensure that personal and organisational expectations, as well as learning outcomes, are met
- Adaptations to the cascade model to develop a modular set of resources that better support future local delivery
- Condensing the delivery into two full days rather than three
- Further development of the co-production approach. Future work within NDTi will look at the possibility of co-delivery with young people, as well as strengthened mechanisms by which attendees can be accountable to the young people for their learning and changed practice

Appendix 1 – The Programme Logic Model

Context : Children and Young people (C&YP) need more support around mental health. There is a need to increase the resilience of young people as well as non-specialist staff that support them.

Inputs

- Funding from Health Education England
- Timescale May 2017 - March 2018
- Delivery Staff - 5 in total including 2 trainers leading the delivery, Project director, project support and evaluation support
- Community and or government venues to hold the training events and workshops
- 6 Local Authorities and CCGs in the South West region



Activities

- Identification and engagement of 6 delivery sites and their local link
- ½ day coproduction Workshop with C & YP
- Coproduced and individually tailored training developed for each site following workshop with C & YP
- 3 full days training for up to 12 non-specialist staff from 6 sites in the South West from a range of services
- Telephone support to course attendees where requested
- Capture learning throughout with each cohort
- Dissemination of learning across delivery sites, through blogging and events



Outputs

- 12 non-specialist staff in each site receiving training (72 in total)
- 10 young people in each site have coproduced a training plan and logic model
- Through the "Train the Trainer" model further staff will receive training
- A set of resources generated by the programme that sites can utilise for their ongoing sustainability and workforce development



Outcomes

People Receiving the training:

1. Increased skills to support young people, deliver training and share knowledge
2. Improved knowledge of Mental Health needs and person- centered approaches
3. Improved confidence, resilience and wellbeing

For C&YP who attend the workshop:

4. C&YP involved in the coproduction workshop recognise that they have had an influence

For C&YP who receive support from staff:

5. C&YP are more able to manage their mental health and how they ask for help
6. C&YP have improved / positive experiences of the staff and others they engage with

For Organisations

7. Organisations and teams of those on the training have improved access to training and person-centred practice



Impacts

- Fewer C&YP will need to access specialist Mental Health Services
- There will be a reduction in A and E numbers
- Staff will have improved confidence and will be better equipped to manage their own wellbeing
- Organisations will have increased confidence in the skills and ability of their staff to manage mental health issues, including escalation.
- Organisations embed the outcomes in their person centred practice leading to a redesign of policy and processes.