Implementation, Impact and Sustainability

What are we Learning from the CWP Programme?

University of Exeter

CEDAR CREATE

CEDAR
Clinical Education Development and Research

The Emerging Minds Summit

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Welcome and Introductions

Aims of the Workshop

- Understand the background, context and rationale of the CWP Initiative
- Discover and engage with a substantive regional CWP evaluation
- Conceptualise and review impact and approaches to implementation
- Discuss and debate facilitators and barriers to implementation and sustainability

What is a Wellbeing Practitioner for Children and Young People (CWP)?

Background and National Context of the CWP

- **Nationally** commissioned in 2017
- National workforce **expansion** ambitions asset out in the 5 Year Forward View
- Aim to create a new cohort of psychological **practitioners** drawn from a **range** of backgrounds
- **HEE** commissioned **training** for a new post that drew on the experience of the adult IAPT PWP programme

The CWP in Training

- **Graduate** or Post Graduate Certificate
- 1 Year Programme (3 Modules / Expanding to 6 from 2023)
- **Low intensity**, CBT informed interventions for mild to moderate anxiety, low mood and behavioural difficulties
- **Community settings** including CAMHS, youth work projects, primary care, secondary care services, charities and voluntary sector
- **Competency** in range of interventions including Parenting, Behavioural Activation, Parent Led CBT and a range of anxiety support
- Case Management and Clinical Skills **Supervision** with associated training for supervisors

The CWP in Practice

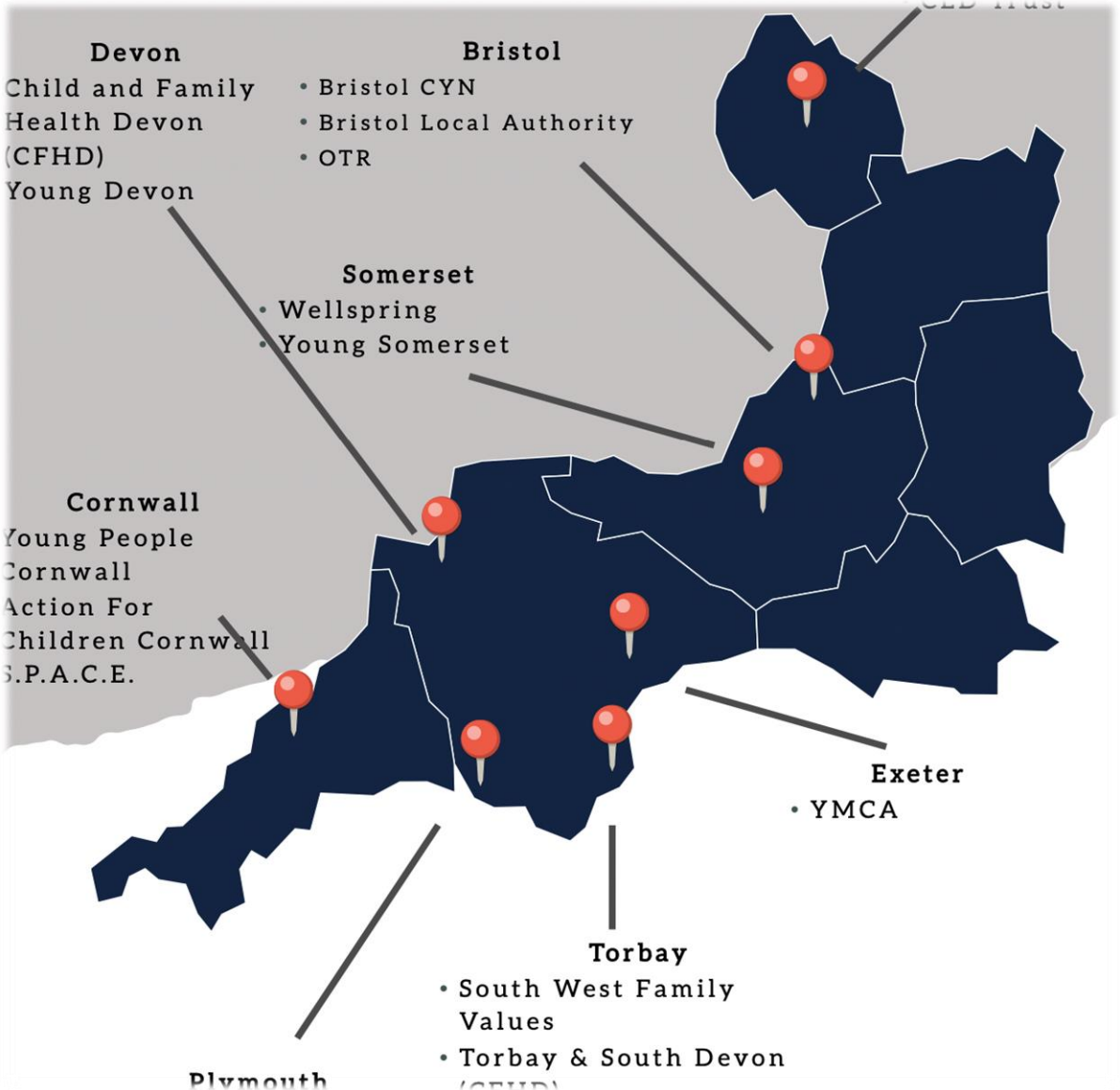
individuals or in a group to provide interventions in cases of…	group to provide interventions in cases of… Discretion and close supervision needed
Behavioural difficulties – identification, brief parenting support	Support staff and help cofacilitate a full parenting programme such as Triple P
Training parents and teachers to support interventions with children	Irritability as a symptom of depression – (can present as anger)
Low mood	Low confidence, Assertiveness or interpersonal challenges – e.g. with peers
Worry management	Some short-term phobia exposure work
Anxiety/Avoidance: e.g. simple phobias, separation anxiety	Thoughts of self-harm, self-harm not requiring medical attention. Support to develop healthy coping strategies
Panic Management	Insomnia (further training may be required)
Assessing self harm, thoughts of self harm, and supporting with alternative coping strategies. Pupils with history of self-harm, but not active	Assessment of complex interpersonal challenges
Sleep Hygiene	Mild/early onset Obsessive Compulsive Disorder (OCD) (further training may be required)
Thought Challenging – negative automatic thoughts	Children that are displaying rigid, ritualistic behaviour that may or may not be within a diagnosis of ASD
Problem Solving	

Regional Implementation Support

- Local steering group to support implementation and development of role, setting, context and pathways
- Partnership Approach e.g. sharing of **good practice**, supervisors, a shared view on the role and bilateral support between provider and HEI
- Clear and **consistent** referral criteria based on prompt, early intervention for mild to moderate presentations
- Dedicated Project Lead and operational guidance

Regional Context

- Working across a range of providers
- 3rd Sector, Statutory, Local Authority
- PCN involvement Developing for 2023
- Collaborative Working Practices
- Majority Included in Evaluation



A Regional Evaluation

South West CWP data aligns with aims for low intensity workforce

- Increasing access to mental health support for children and young people
- Reduce waiting times
- Low intensity interventions for low-moderate mental health difficulties
- Intervention is brief and time-limited
- Aim 50% recovery rate
- Robust data collection and outcomes reporting

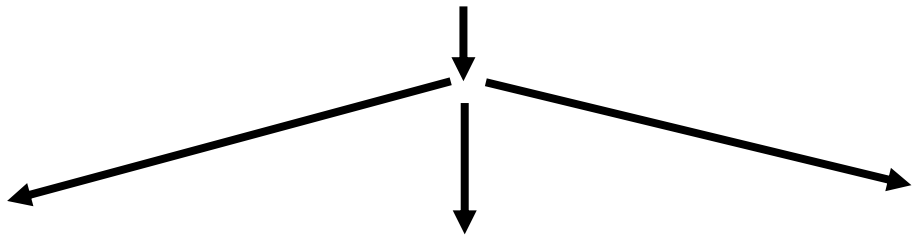
PATHWAY THROUGH SERVICES

Data from January 2017 to December 2021

Referred **9,408** referrals received by December 2021

Accepted **8,514 (90%)** accepted by the services

Discharged **7,842 (92%)** accepted referrals had been discharged



Initial Assessment
6,620 (84%) attended an initial assessment

One Intervention
5,557 (71%) attended an intervention session

2+ Intervention Sessions
4,855 (62%) attended at least 2 intervention sessions
(closed cases)

89% had at least one paired outcome measure

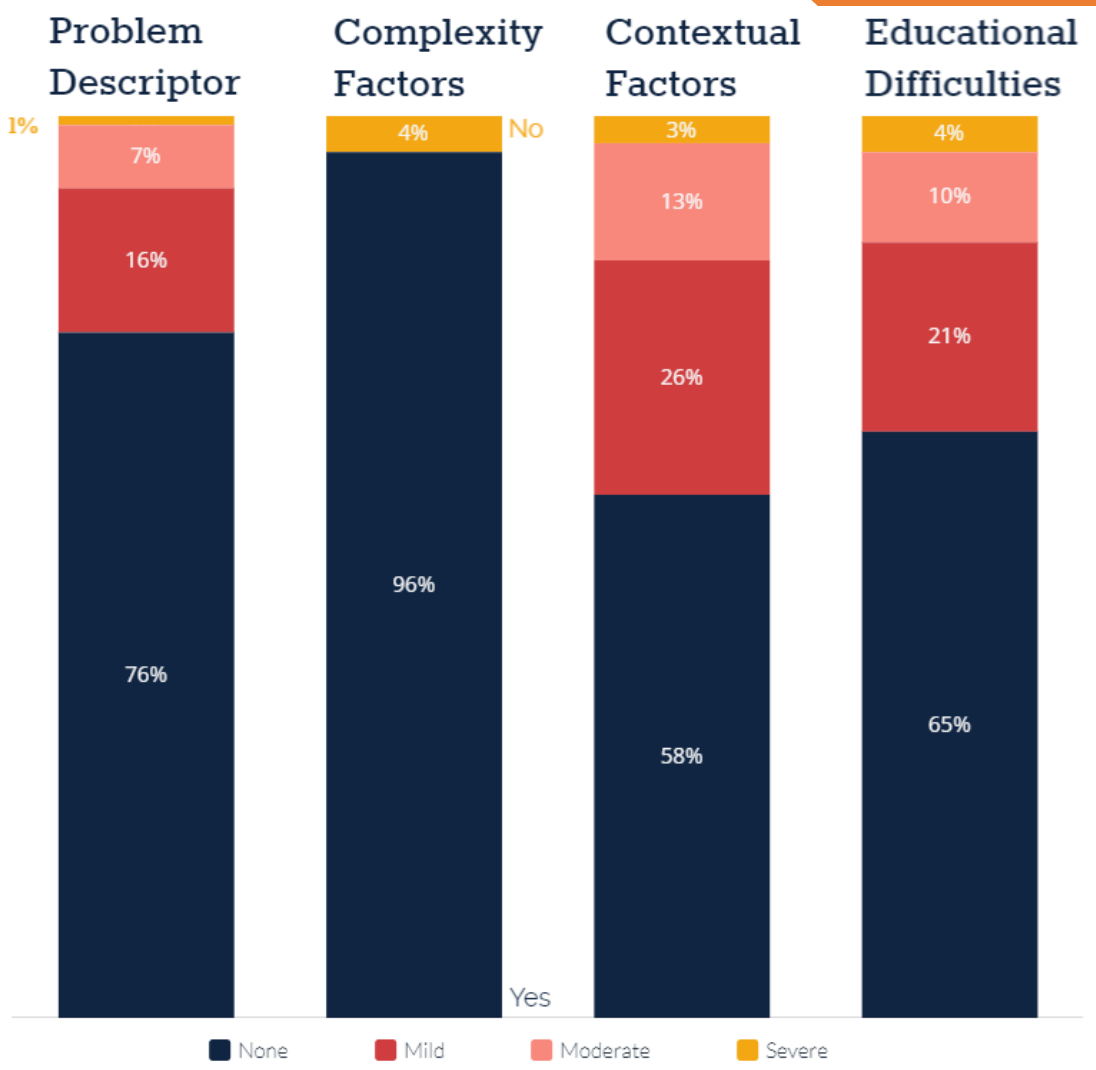
WAITING TIMES

61% 2,137 young people (61%) waited less than 4 weeks from referral to initial assessment

42% 1,199 young people (42 %) waited less than 4 weeks from referral to intervention

CYP discharged between January 2020 and December 2021

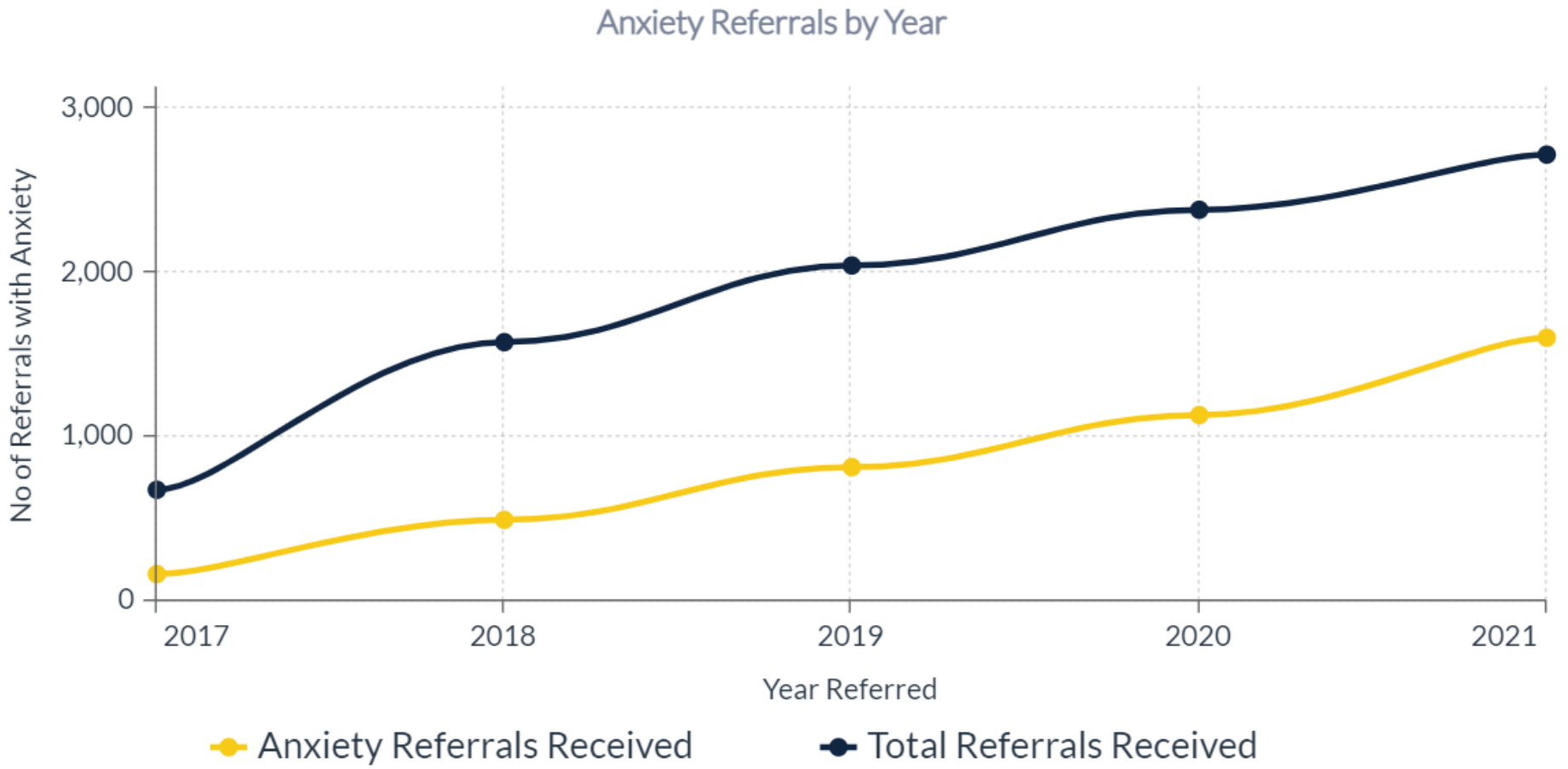
CURRENT VIEW



Overall completion rates were **1300** out of **4270** cases **(30%)**

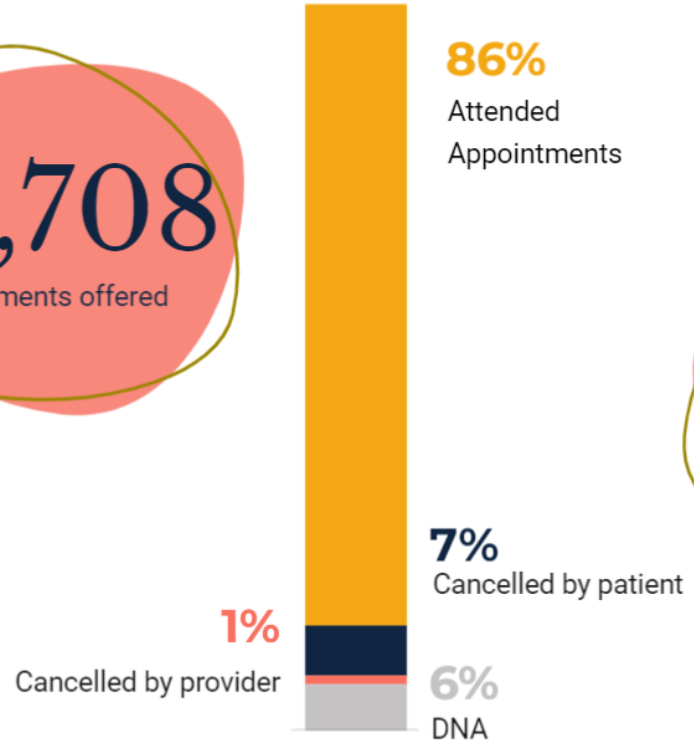
Roughly 80% of presenting problems are between ‘none’ and ‘mild’

ANXIETY PRESENTATIONS



INTERVENTION SESSION

20,708
Appointments offered



86%
Attended Appointments

7%
Cancelled by patient

6%
DNA

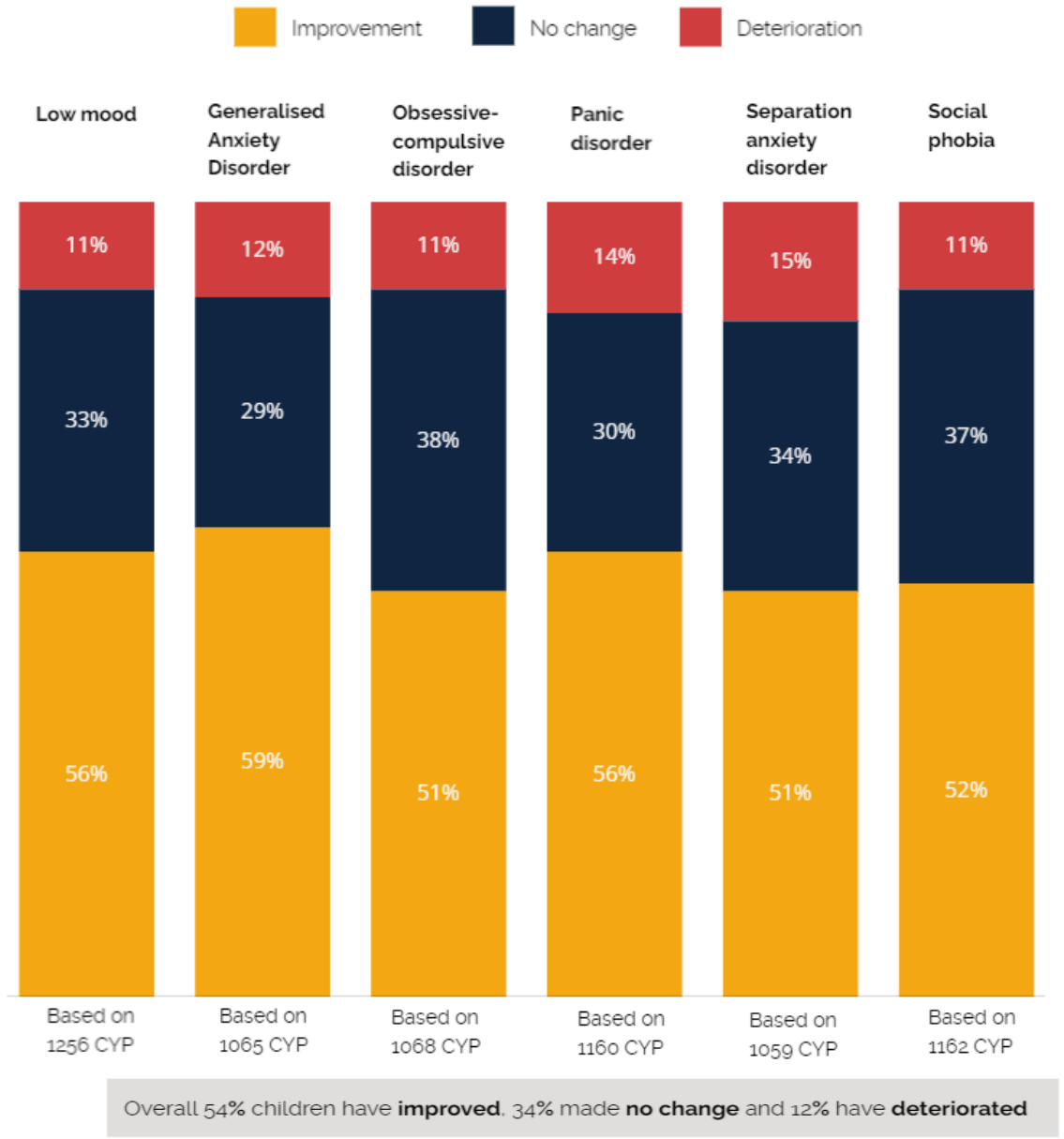
1%
Cancelled by provider

On average there were **6.6** intervention sessions per case

2019	2020	2021
85% via **Face-To-Face**	**40%** via **Web camera**	**47%** via **Web camera**
4% Telephone	29% via Telephone	39% Face-to-Face
1% Others	24% Face-To-Face	9% via telephone
10% Missing	3% Others	2% Others
	4% Missing	3% Missing

57% were within the recommended 45 minutes

Revised Child Anxiety and Depression Scale



INTERVENTIONS

Face-to-Face Intervention Delivery

Overall **55%** achieved a reliable improvement. **33%** haven't changed, **12%** deteriorated.

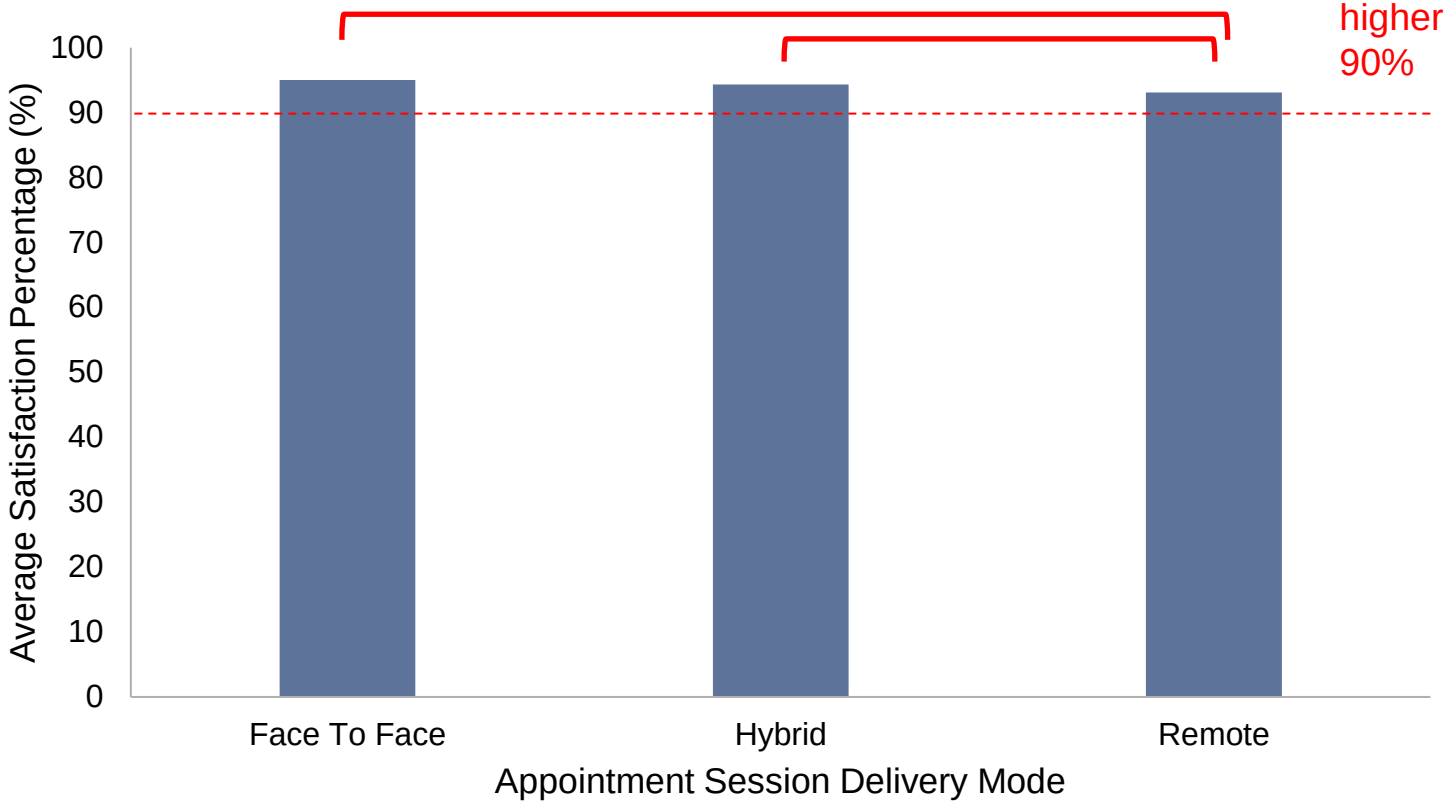
Improvement | No change | Deterioration

Remote Intervention Delivery

Overall **56%** achieved a reliable improvement. **31%** haven't changed, **13%** deteriorated.

SESSION SATISFACTION

All groups showed satisfaction rates higher than the target 90%



Statistically significant results:

- Face to Face had higher average satisfaction than Remote (p=.004)
- Hybrid had higher average satisfaction than Remote (p=.050)

GOAL BASED OUTCOMES

61%

Reliable Improvement

- **1,047** cases **reliably improved**
- **25** cases **deteriorated**
- **647** cases **did not change**

Average Goal Difference

3.60

3.06 → **6.66**

Average GBO **before** intervention

Average GBO **after** intervention

Emerging Themes

from the Emerging Minds Project

Summary of EE Project Aims

- Aim to develop our understanding of the key contributing factors in the effective implementation of the CWP provision
    - Qualitative study engaging with a range of professionals, providers, children, young people and their families of the real-world factors that have supported the application of the CWP programme
    - Co-develop a range of resources aimed at supporting effective implementation wider evidenced based practice roles.

CYP FEEDBACK AND EXPERIENCE

- Limited knowledge of specific Service, but able to access information once referral made.
- CYP had ownership and choice of mental health support
- Access was quick and support was accessible
- CYP felt understood, listened to, tailored to specific needs; experience was validated as unique.
- Meaningful goals were established, and CYP was given the tools needed to achieve goals.
- We worked as a team; as equals

Young people sharing their thoughts

Why attend your sessions?

"I kept attending because I was getting the help I needed and I felt listened too"

What tools helped?

"[Understanding] thinking styles and how to overcome certain negative ones that were reoccurring in my day-to-day life "

"Making decisions on whether my way of thinking was rational and in a positive way. Changing my thoughts into more positive things"

How were you made to feel like an equal?

"Just spoke to me as if I was a person with feelings, no judgement, no negativity. Just in a really nice and caring way which I will be eternally grateful"

"Gave me chance to talk about how I felt and sat there and listened until I had finished speaking"

CYP opinion of Service following CWP intervention

- Service invests in young people's mental health
- Good reputation and young people at its core
- Able to signposts to other services young people can access
- More work required to improve access to the Service

WHY WAS IT SUCCESSFUL?

- Young people were given the help they needed
- CWPs listened
- Young people were given space to understand thinking styles and how those styles influenced day-to-day life
- CWP provided young people with tools to find different methods of coping with situations
- Young people felt respected and valued as individuals
- CWPs helped to build confidence

SERVICE AND STAFF EXPERIENCE

The low intensity workforce met an unmet need for services

CWPs aligned with Services' aims of increasing mental health access

- CWPs have influenced the way Services provide support, including expanding the mental health workforce

The funding package was influential

- Services were more inclined to invest in the CWP role
- Practitioners gained professional qualifications and retained a salary

Services value outcome reporting in evidencing impact of low-intensity interventions

LEADERSHIP

Having a leader who understands low intensity evidence-based practice is key to the success of the CWP roll out

- Awareness of low intensity remit
- Undertaking the CWP course and knowledge of content

Specialist supervisors crucial to implementation and sustainability

- Trained in low intensity practice
- Practitioners require consistent supervision structure

Leadership is more than running a service

- Passionate and motivated leadership
- Providing wellbeing check-ins
- The ability to adapt, listen to feedback and communicate effectively
- Promote continued professional development

Group Discussion and Feedback

- What do you think has been the main contributors to CWP implementation
- What might have been some barriers to implementation?
- What else can be done?
- What has been your experience of launching new projects?
- Any other thoughts or feedback?