Workforce Analysis: Children and Young People's Mental Health and Wellbeing – Wider system

This questionnaire is aimed at any member of the workforce supporting the mental health and wellbeing for children and young people. You may be working in a school, as part of the NHS or the local authority, in the voluntary sector or as an independent provider.

This questionnaire is intended to provide information required to understand the current workforce capacity and capability to meet the needs of children, young people and their families in each of the five THRIVE Framework needs based groupings.

Services are being redesigned to align with the THRIVE Framework for system change (Wolpert et al., 2019). The framework puts an emphasis on the promotion of mental wellbeing and early intervention.

Introducing i-THRIVE

i-THRIVE is the implementation of the THRIVE Framework (Wolpert et al., 2019), using an evidence based approach to implementation to translate the principles of the THRIVE Framework into models of care that fit with local context. i-THRIVE has been designed to enable provision of services that move towards delivery of a population health model for child mental health. It strives to ensure continuous quality improvement of services, drawing from evidence based implementation science to ensure that children, young people and families get the best possible outcomes.

The THRIVE Framework was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. The THRIVE Framework is an integrated, person centred and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and the promotion of mental health and wellbeing and clients are empowered to be actively involved in decisions about their care through shared decision making.

The five THRIVE Framework needs based groupings:

- **THRIVING** Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies. They may benefit from prevention and promotion and communities implementing the THRIVE Framework should consider how best to support such initiatives at a system level.
- **GETTING ADVICE AND SIGNPOSTING** Those with mild or temporary difficulties and those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input.
- **GETTING HELP** Those CYP and families who would benefit from focused, evidence based help and support, with clear aims, and criteria for assessing whether these aims have been achieved.

- **GETTING MORE HELP** Those who need more extensive and specialised goals-based help. Distinct from Getting Help due to the need for extensive resource allocation.
- **GETTING RISK SUPPORT** Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services. Risk management is the sole focus.

Consent and confidentiality

You are invited to participate in this survey designed by the National i-THRIVE Programme to support the implementation of the THRIVE Framework across children and young people's mental health and wellbeing services.

This survey should take about 20 minutes to complete. Your participation in this study is entirely voluntary and you can withdraw at any time. You are also free to omit any question.

If you don't know the answer to any of the questions, don't worry, it is not expected that everyone will have all the answers. Please just tick the "don't know" option and move on.

The results of this survey will be used to inform a mapping document which we will share with participants so knowledge of 'what's out there' is shared across the system.

We will minimize any risks of confidentiality breach by limiting the people accessing the raw data to the Project Manager and the Project Officer. Raw data will be destroyed once the project has reached its completion.

Many thanks for contributing to the development and improvement of local services for children and young people's mental health. Your time and the information you provide is very much appreciated.

The survey

Firstly, a few details about you:

Personal details:

1. Full name: _____

2. Email address: _____

3. Job title: _____

4. What job sector do you work in? Please tick.

   ☐ Local Authority (e.g. Social Care, Public Health)

   ☐ Health (e.g. the NHS)

   ☐ Voluntary of Independent Sector (e.g. Charities)

   ☐ Education (e.g. Schools, Colleges)

   ☐ Other (please specify)

Questions about the organisation you work for:

5. What type of organisation do you work for?

6. Please provide a brief description of the organisation you work for, and if you are in team providing services to children, young people, and families, the team you work in.

7. In which borough is your team or service based?

8. Which boroughs do your team or service offer input to?

9. What is the primary location where you deliver interventions to children and young people/parents/carers/families for their mental health and emotional well-being? Please tick.

- ☐ In a clinic setting
- ☐ At client's home
- ☐ At school
- ☐ In the community (e.g. youth clubs, spiritual centres, etc.)
- ☐ Online
- ☐ Not applicable
- ☐ I don't have any information
- ☐ Other (please specify)

10. Please provide your team or organisation's contact details:
   - Organisation name: _____
   - Address: _____
   - Phone number: _____
   - Email Address: _____

Questions about the staff in your team or organisation:

11. How many staff in your organisation or team work directly with young people to support their mental health and wellbeing as their main role? What types of intervention or activity do they do?

	Number of staff in this profession /role	Number of Young People they see over the course of one year (please estimate and enter a number)	Do they provide one to one interventions?	Do they deliver group work?	Do they offer consultation to other professionals?	Do they offer supervision to other staff?
Counsellor			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Psychotherapist			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Psychiatrist			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Clinical Psychologist			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Mentor			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Pastoral Support			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Support Worker			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Social Worker			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Social Work Assistant			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Trainer			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Group Worker			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Educational Psychologist			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Therapist (Art, Play)			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Advisory Teacher			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other (please specify)			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

12. How many staff in your organisation or team provide support or information to young people on mental health, resilience and wellbeing as a PART of their role (e.g. school nurse, nurse, teacher, health visitor, mentor, pastoral support, OT, Advisory Teacher, doctor, other, other)?

	Number of staff in this profession/role	Number of young people they see specifically to support mental health over 1 year (please estimate)
Counselor		
Psychotherapist		
Psychiatrist		
Child Psychologist		
Mentor		
Pastoral Support		
Support Worker		
Social Work		
Social Work Assistant		
Trainer		
Therapist (Art, Play)		
YOT worker		
Substance Misuse Worker		
Youth Worker		
Advisory Teacher		
School Nurse		
Nurse		
Doctor		
Teacher		
Health Visitor		
Occupational Therapist		

Questions about the young people your organisation or team works with:

13. Which age group does your organisation or team work directly with? Please tick.

☐ CYP 0-4

☐ CYP 5-11

☐ CYP 12-18

☐ CYP 19-25

☐ Parent or carers and families

14. How many young people last year would you say accessed your organisation or team (either directly or through referral) for mental health and wellbeing support?

15. Does your service or team offer specific support to any of the following targeted groups of young people? Please tick all that apply.

☐ Autism Spectrum Disorder

☐ Contact with Youth Justice System

☐ Current Child Protection Plan

☐ CYP at risk of exclusion

☐ CYP at risk of getting involved in gangs

☐ CYP at risk of offending/offending CYP

☐ CYP at risk of/or using drugs/alcohol

☐ CYP currently involved in gangs

☐ Deemed 'child in need' of social service input

☐ Experience of abuse or neglect (including sexual abuse)

☐ Experience of war, torture, or trafficking

☐ Formerly looked after children (e.g. adopted children, children living with family or friends)

☐ Learning disability

☐ LGBTQ or questioning their sexual orientation

☐ Living in financial difficult

☐ LAC

☐ Neurological issues (e.g. Tourette's)

☐ Parental health issues

☐ Refugee or asylum seeker

☐ Serious physical health issues (including chronic fatigue

☐ Young carer status

☐ Other (please specify)

16. How does your team or organisation ensure it is reaching all the community it serves? Please tick all that apply.

☐ Outreach services to hard to reach groups

☐ Services offered from local community base

☐ Information in community languages

☐ Support offered in community languages

☐ Translation and interpreting services

☐ Awareness raising sessions with local community organisations

☐ Staff demographic reflects the community it serves

☐ Routine and regular Equality and Diversity training for staff

☐ Public Health data used to inform Equality Impact assessment and planning

☐ Online Support

☐ Phone support

☐ Other (please specify)

Mental health support in your organisation

Thinking about the THRIVE Framework needs based groupings (Thriving, Getting Advice and Signposting, Getting Help and More Help, and Getting Risk Support), where does the work of your team fit?

17. **Thriving:** Which of the following mental health or emotional well-being activities does your organisation or team offer to children and young people/parents/carers/families? Please tick all that apply.

☐ Group activities for children

- ☐ Personal, social, health and economic education
- ☐ Curriculum support (e.g. emotional health and wellbeing programme
- ☐ Support for CYP
- ☐ Befriending
- ☐ Mentoring
- ☐ Access to self-help resources
- ☐ Mental health promotion

18. **Getting Advice and Signposting:** Which of the following mental health or emotional well-being activities does your organisation or team offer to children and young people/parents/carers/families? Please tick all that apply.

- ☐ Advice/information
- ☐ Signposting
- ☐ Peer support for parents
- ☐ Peer support for young people
- ☐ Psychoeducation
- ☐ Face-to-face advice sessions
- ☐ Online interventions
- ☐ Consultation to professionals

19. **Getting Help and More Help:** Which of the following mental health or emotional well-being activities does your organisation or team offer to children and young people/parents/carers/families? Please tick all that apply.

- ☐ Assessment
- ☐ Counselling
- ☐ Online counselling
- ☐ Arts or creative therapies
- ☐ Parenting courses
- ☐ Psychotherapy
- ☐ Psychiatry
- ☐ Medication
- ☐ Online resources

20. **Getting Risk Support:** Which of the following mental health or emotional well-being activities does your organisation or team offer to children and young people/parents/carers/families? Please tick all that apply.

- ☐ Care coordination
- ☐ Risk management
- ☐ Consultation to professionals
- ☐ Multi-agency care management

21. Can you describe the range of provision on offer by your organisation or team supporting young people's mental health and wellbeing?

> [ ]

Questions about how you do what you do:

22. Are the interventions your organisation, or team, provides time limited? Please tick.

- ☐ Yes
- ☐ No

23. If you answered YES, please tell us what the time limit is.

> [ ]

24. Do you use any of the following outcome measures? Please tick all that apply.

- ☐ Goal based outcomes (GBO)
- ☐ Strengths and Difficulties Questionnaire (SDQ)
- ☐ Revised Child Anxiety and Depression Scale (RCADS)
- ☐ Child Outcome Rating Scale (CORS)
- ☐ Systematic Clinical Outcome and Routine Evaluation 15-item (SCORE-15)
- ☐ Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS)
- ☐ Brief Parent Self Efficacy Scale (BPSES)
- ☐ Experience of Service Questionnaire (CHI-ESQ)
- ☐ None

☐ Other (please specify)

[ ]

25. Is outcome or feedback data routinely used to inform service delivery? Please tick.

☐ Yes

☐ No

☐ I don't know

26. Is outcome or feedback data routinely used to inform the care of individual young people and families? Please tick.

☐ Yes

☐ No

☐ I don't know

27. How are children and young people involved in decision making, designing, delivery and/or evaluating your services? Please tick all that apply.

☐ Satisfaction questionnaire

☐ Explicit agreement to work together towards agreed goals

☐ Feedback forms

☐ Focus groups

☐ Complaints/compliments procedures

☐ Other (please specify)

[ ]

28. Are children and young people involved in decisions about their care? Please tick.

☐ Yes

☐ No

☐ I don't know

☐ Other (please specify)

[ ]

29. If you answered YES, please tell us how children and young people are involved in decisions about their care? Please tick all that apply.

- ☐ Child centred care planning
- ☐ Explicit agreements about time limited interventions and goals
- ☐ Signed consent
- ☐ All decision making is shared between professionals and young people
- ☐ Other (please specify)

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Questions about the support you receive in your organisation:

30. What training have the people in your team providing interventions/services received? Please tick all that apply.

- ☐ No training
- ☐ Some training specific to my role
- ☐ Trained to deliver specific interventions e.g. Triple P
- ☐ Trained to accreditation/professional standards
- ☐ Not applicable
- ☐ Other (please specify)

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[                                                                    ]
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31. How often do your staff who provide the interventions/services receive supervision for this work? Please tick.

- ☐ Weekly
- ☐ Monthly
- ☐ As requested
- ☐ As needed
- ☐ Rarely
- ☐ Never

Questions about how you relate to other teams and services:

32. Does your organisation or team participate in, or offer, any; joint training, education or relationship building opportunities to outside partner organisations? If so please describe them.

33. Do staff at your organisation or in your team routinely offer mental health awareness raising to other professionals, either within or outside your organisation? If so, how do they do this?

34. What other agencies do you refer to? Or work closely with?

35. Is there anything else your service offers you would like to tell us about that has not been covered?

Thank you for completing this questionnaire.

To find out more about the THRIVE Framework and i-THRIVE visit: www.implementingthrive.org.