

# Early evaluation of the Children and Young People's Mental Health Trailblazer programme

A summary of findings



## What is the Children and Young People's Mental Health Trailblazer Programme?

The Trailblazer programme, launched in 2018, is led by the Department of Health and Social Care, Department for Education and NHS England. It is funding the creation of mental health support teams (MHSTs) and training education mental health practitioners (EMHPs) to work directly in schools and colleges. The programme is being implemented in successive waves, with the first wave funding the creation of 58 MHSTs in 25 'Trailblazer' sites. MHSTs have three core functions:



to provide direct support to children and young people with **mild to moderate mental health issues**



to work with senior mental health leads and other staff in education settings to **introduce or develop a whole school or college approach** to mental health and wellbeing



to **give advice to staff** in education settings and liaise with external specialist services to help children and young people get the right support and stay in education

## What did we investigate?

We undertook an early evaluation of the Trailblazer programme to examine the:

- 1 development
- 2 implementation
- 3 early progress

of MHSTs in the Trailblazer sites.



## Methods



**144 interviews** with national and regional leads, local stakeholders and wider partners



**Document review**



**Analysis of programme monitoring data**



**Online focus groups** with 32 children and young people



**Surveys** of participating schools and colleges and of people involved in implementing MHSTs in the Trailblazer sites



## What did we find?



**Good progress has been made in implementing MHSTs**, despite challenging circumstances. Within 12 months of the first cohort of EMHPs starting their training, all 58 MHSTs were operational.



There had been initial concerns that recruiting senior staff to MHSTs from other local mental health services could create staffing shortages elsewhere in the local system. But many had come to the view that the movement of staff between services was positive inasmuch as it had **helped build understanding and relationships**.



Despite intentions, **involvement of young people, parents and carers in the design and delivery of MHSTs was variable and often low**.



**MHSTs spent more time providing direct support** (on average 52% of their time) than on their other two functions (24% on whole school support and 23% on giving advice and liaising with external services).



There was a view that **local governance and leadership was not yet truly shared** across health, education and other key stakeholder groups. Instead it was dominated by the NHS and mental health services.



Children and young people were not always aware that there was an MHST in their school, or what it did. However, those who had direct contact with the MHST **universally reported their experience as positive**.



**In response to COVID-19, MHSTs switched to delivering remotely** to allow them to continue to provide support, however it was clear this approach could not work for all groups and in all situations.



Education settings reported positive effects from participating in the programme, including **staff feeling more confident** talking to children and young people about mental health issues; being able to **access advice about mental health issues more easily**; and having **quicker access to support** for children and young people with some mental health problems.



## What are the main challenges faced by the Trailblazer programme?



There was concern about **children falling through the gap** between MHSTs' 'mild to moderate' remit and the criteria for specialist support. Some MHSTs had decided to provide support to children and young people with more complex needs, but others were holding a firm line around their mild to moderate scope.



Despite strategies to reach and engage diverse groups and different mental health needs, **some groups were underserved by MHSTs**. These include children and young people with some educational needs or neurodiversity, those from ethnic minority backgrounds and some religious backgrounds, and children with challenging family or social circumstances.



Recruiting to the EMHP role and training programme had gone well, but Trailblazers consistently reported **problems retaining EMHPs once in post**. Our evidence suggests that there are several possible reasons for this, but a central issue is the current lack of career development and progression opportunities for EMHPs.

Read more about the evaluation at: <https://njl-admin.nihr.ac.uk/document/download/2041939>

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