

# Supplementary Material File 1: Key research tools and coding framework

## Document 1. Education settings survey tool

### a: Trailblazers SMHL baseline survey

#### Q2 National evaluation of the trailblazer programme: education settings survey

##### **Introduction**

###### *What is the survey for?*

The Department for Education and Department of Health and Social Care have selected areas across England to implement and test out new models of early intervention for children with mental health problems and promote good mental health and wellbeing in education settings. These approaches include having a senior mental health lead (SMHL) in each educational setting and deploying education mental health practitioners (EMHP), operating within mental health support teams (MHST) to work with schools and colleges, and to form a link between NHS Children and Young People's mental health (CYPMH) services and educational settings. The MHST coordinator will act as the main staff member for liaising with MHSTs (You may have different names for these teams and roles in your area, for example, MHSTs may be known as Emotional Wellbeing Teams). This national programme started in 2018 and will run until 2023, and the first wave of the programme has involved the creation of 59 mental health support teams in 25 'trailblazer' areas. According to the information we have been given, your educational setting is in a trailblazer area.

The current survey is the first of two surveys that will gather essential information that is not collected routinely. It is designed to complement the Department for Education's provision survey which was undertaken in trailblazer areas from mid-March to mid-June 2019. It focuses on your expectations for the programme, details about the local context, including other local programmes of work to improve emotional and mental health in your education setting, preparation for implementation, governance and stakeholder involvement, and how the MHST concept is being implemented locally. We are also interested in learning about the impact of restricted opening of educational settings during the Coronavirus (COVID-19) pandemic on the programme and the provision of mental health services. This information will be used to help develop the trailblazer programme.

We will provide all educational settings with a summary of the findings of this survey but, because in reporting, information will be anonymised, we will not provide detailed results at the regional or educational setting level.

###### *Who has been selected for the survey?*

We are interested in the views of the senior mental health leads or MHST coordinators at all of the educational settings across the 25 trailblazer areas, or staff members with a different title who may be playing a similar role. We are expecting one reply per educational setting.

### *Who is conducting and funding the project?*

This evaluation is being conducted by a team of independent researchers who are part of the BRACE Rapid Evaluation Centre (a collaboration between the University of Birmingham, RAND Europe and the University of Cambridge) in partnership with the Policy Innovation and Evaluation Research Unit (PIRU), which is based at the London School of Hygiene and Tropical Medicine (LSHTM). The project is funded by the National Institute for Health Research (NIHR). More information on the BRACE Centre can be found [here](#), and on PIRU can be found [here](#).

### *Is the survey confidential?*

Your responses will be kept completely confidential and will be reported anonymously. Data will be stored securely and managed in accordance with the UK Data Protection Act (2018) and General Data Protection Regulation (GDPR) 2018 and in accordance with the University of Birmingham's and LSHTM's policies for data storage and management. All data will be stored on password-protected computers and servers, and will only be accessible to members of the research team. Data will be stored for a period of 10 years in line with the University of Birmingham's and LSHTM's Research Data Management Policy, after which it will be destroyed. Identifiable data (your name and contact details) may be stored at either the University of Birmingham, RAND Europe or LSHTM. If you would like more information about how your personal data will be processed, used and stored, you can find it by [clicking on this link](#). We will ask at the end of the survey for your contact details as we may want to contact you for a follow-up interview. If you give us your details, they will be deleted as soon as data collection has been completed at the end of the study.

### *Who has reviewed the study?*

This study has been approved by the Research Ethics Committees at the University of Birmingham (ERN\_19-1400 - RG\_19-190) and London School of Hygiene and Tropical Medicine (Ref: 18040) and by the NHS Health Research Authority (IRAS 270760).

### *Who do I contact if I want to make a complaint?*

If you would like to talk to someone from the University of Birmingham outside of the immediate evaluation team, you can contact: Professor Catherine Needham: [C.Needham.1@bham.ac.uk](mailto:C.Needham.1@bham.ac.uk) (Director of Research for the School of Social Policy, University of Birmingham).

### *Completing the survey*

The survey should take about 15 minutes to complete. If you cannot complete it in one sitting, your answers will be saved so you can return to it at another time.

Completing the survey is entirely voluntary. You may withdraw at any stage prior to submitting your responses. You can also withdraw up to five days after you have participated in the survey, and there are no consequences for withdrawing. If you do decide to withdraw, your data will be destroyed.

Please contact a member of the team using the contact details below if you do want to withdraw.

If you have any questions or comments about the survey, please contact [mustafa.al-haboubi@lshtm.ac.uk](mailto:mustafa.al-haboubi@lshtm.ac.uk) (education settings survey lead).

Thank you for your help with this important survey.

To continue with the survey, please click 'I agree to take part in the survey' below.

- I agree to take part in the survey (1)

End of Block: Consent

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Start of Block: Block 1: Information on the survey respondent

Q3 Is the mental health support team in your setting now receiving referrals?

- **Yes** (1)
- **No** (2)
- **Don't know** (3)

Q4 Are you, within your educational setting (please select **all roles** that apply)

Click here for role definitions

- **Senior mental health lead for the children and young people's mental health trailblazer programme?** (1)
  - **Lead for mental health, not specifically in relation to the trailblazer programme?** (2)
  - **Deputy head teacher/ Vice Principal or equivalent?** (5)
  - **MHST coordinator?** (3)
  - **Head teacher/ Principal or equivalent?** (4)
  - **Other member of Senior Leadership Team?** (6)
  - **SENCO or equivalent?** (7)
  - **Other teaching staff?** (8)
  - **Pastoral Lead?** (11)
  - **Support staff (e.g. inclusion, safeguarding)?** (9)
  - **Year Head?** (12)
  - **Other (please specify)?** (10) \_\_\_\_\_
-

*Display This Question:*

*If Q4 != **Senior mental health lead for the children and young people's mental health trailblazer programme?***

Q5 You indicated that you are not the senior mental health lead for the children and young people's mental health trailblazer programme. Does your educational setting have a senior mental health lead for the children and young people's mental health trailblazer programme?

- **Yes, and the position is filled** (1)
- **Yes, but the position is currently vacant** (2)
- **No, we decided not to have a senior mental health lead specifically for the programme** (3)
- **No, but we plan to appoint a senior mental health lead for the programme in the future** (4)
- **No, because we have a lead for emotional and mental health, not specifically in relation to the trailblazer programme** (5)
- **Other (please specify)** (6) \_\_\_\_\_

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*Display This Question:*

*If Q4 = Senior mental health lead for the children and young people's mental health trailblazer programme?*

Q6 How did you come into the senior mental health lead role in your educational setting?

- **I was already the mental health lead and volunteered to take on the role** (1)
- **I volunteered to take this as a new role** (2)
- **I was asked to do it** (3)
- **Other (please specify)** (4) \_\_\_\_\_

**End of Block: Block 1: Information on the survey respondent**

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**Start of Block: Block 2: MH programmes and resources in place and views on existing services**

Q7 Did your educational setting have a 'mental health lead' before the trailblazer programme? This could have been either be a stand-alone role or part of a wider role

- **Yes** (1)
  - **No** (2)
  - **Don't know** (3)
-

*Display This Question:*

*If Q7 = Yes*

Q8 How long has your setting had a mental health lead?

- **Less than 1 year** (1)
- **1-2 years** (2)
- **3-4 years** (3)
- **5 years or more** (4)
- **Don't know** (5)

Q9

Please say whether you agree or disagree with each of the following statements in relation to your educational setting:

In my educational setting...

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)	Don't know/unsure (6)
Children and young people's emotional and mental health is seen as 'everybody's business'. (1)	-	-	-	-	-	-
Children and young people with emotional and/or mental health needs can access help from local NHS Children and Young People's Mental Health Services within an acceptable length of time. (2)	-	-	-	-	-	-
The local specialist NHS Children and Young People's Mental Health Services respond well to children and young people in mental health crisis. (3)	-	-	-	-	-	-

**We have good systems in place for the identification of children and young people with emotional and mental health needs.**

(4)

- - - - -

**I know how to get advice from my local NHS Children and Young People's Mental Health Services on emotional and mental health needs.**

(5)

- - - - -



Q10 Do you agree that your educational setting is pursuing a '**whole school approach**' in relation to Public Health England's eight principles to promote emotional health and wellbeing in schools and colleges?

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)	Don't know/ unsure (6)
<b><u>Leadership and management:</u></b> In this setting there is senior leadership support for promoting emotional health and wellbeing (1)	-	-	-	-	-	-
<b><u>School ethos and environment:</u></b> The culture in this setting promotes respect and values diversity (2)	-	-	-	-	-	-
<b><u>Curriculum, teaching and learning:</u></b> There is a focus within the curriculum on social and emotional learning and promoting personal resilience (3)	-	-	-	-	-	-
<b><u>Student voice:</u></b> This setting ensures all students have the opportunity to express their views and influence decisions (4)	-	-	-	-	-	-

**Staff development, health and wellbeing:**

Staff in this setting are supported in relation to their own health and wellbeing so that they can support student wellbeing (5)

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**Identifying need and monitoring impact:**

This setting assesses the needs of students and the impact of interventions to improve wellbeing (6)

- - - - -

**Working with parents/carers:**

This setting works in partnership with parents and carers to promote emotional health and wellbeing (7)

- - - - -

**Targeted support:**

This setting ensures timely and effective identification of students who would benefit from targeted support and ensures appropriate referral to services (8)

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Q11 What does your setting most need in order to further improve how it supports the emotional and mental health of its children and young people?

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End of Block: Block 2: MH programmes and resources in place and views on existing services

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Start of Block: Block 3: Expectations of the trailblazer programme

Q12 Please say whether you agree or disagree with each of the following statements in relation to the implementation of the trailblazer programme in your educational setting:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)	Don't know/ unsure (6)
The programme will help my colleagues better support children and young people's emotional and mental health. (1)	-	-	-	-	-	-
The programme will increase understanding of children and young people's emotional and mental health needs in this setting. (2)	-	-	-	-	-	-
The programme will improve how we support children and young people with "mild to moderate" emotional and mental health needs. (3)	-	-	-	-	-	-
The programme will help to prevent children and young people developing more severe emotional and mental health needs. (4)	-	-	-	-	-	-
The programme will improve the appropriateness of referrals to specialist NHS Children and Young People's Mental Health Services. (5)	-	-	-	-	-	-

The programme will result in a more joined up approach to emotional and mental health across education and the NHS. (6)

- - - - -

The programme will have a positive impact on my role. (7)

- - - - -

Display This Question:

If Q12 = The programme will have a positive impact on my role. [ Strongly agree ]

Or Q12 = The programme will have a positive impact on my role.[ Somewhat agree ]

Q13 Please use the box below to describe the impact you expect the programme to have on your role:

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End of Block: Block 3: Expectations of the trailblazer programme

Start of Block: Block 4: Governance and involvement in the trailblazer design

Q14 Please say whether you agree or disagree with each of the following statements in relation to your educational setting (**please think about the period before restricted opening of educational**

settings as a result of the Coronavirus [COVID-19] pandemic when responding to these statements):



	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)	Don't know/ unsure (6)
The trailblazer programme reports its activities regularly to the Senior Leadership Team (1)	-	-	-	-	-	-
This educational setting has been involved in the overall design of the programme locally. (2)	-	-	-	-	-	-
This educational setting is able to shape the day-to-day working of its mental health support team or education mental health practitioners. (3)	-	-	-	-	-	-
I understand what will be delivered by the mental health support team or education mental health practitioners (4)	-	-	-	-	-	-

**The mental health support team or education mental health practitioners will be responsive to the specific needs of students in my setting**  
(5)

- - - - -

Q15 Is your educational setting making plans to ensure that its mental health support team or education mental health practitioners will be well integrated with the existing services and professionals supporting the emotional and mental health of pupils/ students?

- **Yes** (1)
- **No** (2)
- **Don't know** (3)

Q16 Have you told your pupils/ students about the new mental health support team or education mental health practitioners?

- **Yes** (1)
- **No** (2)
- **Don't know** (3)

Q17 Has your educational setting told parents or carers about the new mental health support team or education mental health practitioners?

- **Yes** (1)
- **No** (2)
- **Don't know** (3)

Q18 Have you or your Senior Leadership Team told teaching and ancillary staff about the new mental health support team or education mental health practitioners?

- **Yes** (1)
- **No** (2)
- **Don't know** (3)

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**End of Block: Block 4: Governance and involvement in the trailblazer design**

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**Start of Block: Block 5: Readiness to implement the programme**

Q19 Please say whether you agree or disagree with each of the following statements in relation to your educational setting:

	<b>Strongly agree (1)</b>	<b>Somewhat agree (2)</b>	<b>Neither agree nor disagree (3)</b>	<b>Somewhat disagree (4)</b>	<b>Strongly disagree (5)</b>	<b>Don't know/ Unsure (6)</b>
<b>The Senior Leadership Team is supportive of the programme.</b> (1)	-	-	-	-	-	-
<b>The Governors are supportive of the programme.</b> (2)	-	-	-	-	-	-

Q20 What proportion of staff in your educational setting know that the setting is part of the trailblazer programme?

- **All (1)**
- **Most (2)**
- **About half (3)**
- **Less than half (4)**
- **Very few (5)**
- **None (6)**
- **Don't know (7)**

Q21 Has your educational setting...

	Yes (1)	No (2)	Don't know (3)
<i>Q4 MHST coordinator?</i>			
<b>Appointed a named mental health support team coordinator to work with both your local NHS Clinical Commissioning Group (CCG) and the incoming mental health support team or education mental health practitioners? (1)</b>	-	-	-
<b>Completed its own assessment of current provision and gaps in services/ support? (3)</b>	-	-	-
<b>Involved (or plans to involve) children and young people or their families in decisions about what the mental health support team or education mental health practitioners will provide? (4)</b>	-	-	-
<b>Identified physical space within your educational setting for mental health practitioners to work with children and young people, and their families? (5)</b>	-	-	-
<b>Signed up to the FutureNHS Collaboration platform? (6)</b>	-	-	-

Display This Question:

If Q21 = Signed up to the FutureNHS Collaboration platform? [ Yes ]

Q22 Did you find the FutureNHS Collaboration platform useful?

- **Yes** (1)
- **No** (2)
- **Don't Know** (3)

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Page Break

Display This Question:

If Q4 = Senior mental health lead for the children and young people's mental health trailblazer programme?

Q23 Please say whether you agree or disagree with each of the following statements:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)	Don't know/unsure (6)
I have considerable experience of working with students with emotional and mental health needs. (1)	-	-	-	-	-	-
I am confident that I can fulfil the senior mental health lead role. (2)	-	-	-	-	-	-
I have sufficient protected time to perform the senior mental health lead role. (3)	-	-	-	-	-	-
I know who to contact in the local NHS to help me effectively fulfil my senior mental health lead role. (4)	-	-	-	-	-	-



I know who to contact in the local authority children and young people’s mental health services to help me effectively fulfil my senior mental health lead role. (5)

- - - - -

I know who to contact in the voluntary sector to help me effectively fulfil my senior mental health lead role. (6)

- - - - -

End of Block: Block 5: Readiness to implement the programme

Start of Block: Block 6:Resources

Q24 Please say whether you agree or disagree with each of the following statements in relation to your educational setting:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)	Don't know/unsure (6)
My educational setting has sufficient resources, including staff, to take full advantage of the opportunities that the new mental health support team or education mental health practitioners offer (1)	-	-	-	-	-	-
There is no risk that my setting will reduce its existing services and support to children and young people with emotional and mental health needs once the mental health support team or education mental health practitioners are in place (2)	-	-	-	-	-	-

Start of Block: Impact of COVID-19

Q25 What impact has the restricted opening of educational settings during the Coronavirus (COVID-19) pandemic had on your educational setting's ability to provide mental health support for your pupils/ students?

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Q26 What impact has the restricted opening of education settings during the Coronavirus (COVID-19) pandemic had on your educational setting's ability to access wider mental health services and support for your pupils/ students?

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Q27 What other impacts has the Coronavirus (COVID-19) pandemic had on mental health and wellbeing in your educational setting?

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End of Block: Impact of COVID-19

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Start of Block: Block 7: Other issues not previously covered

Q28 Is there anything else about the implementation of the trailblazer programme in your specific setting or locally that you would like to tell us?

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End of Block: Block 7: Other issues not previously covered

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Start of Block: Block 8: Details of the setting

Q29 What is the name of your educational setting?

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Q30 What is the postcode of your educational setting?

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Q31 Do you know your educational setting's LAESTB code?

- **Yes, please write it in the box below** (1)

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- **Don't know** (2)

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Display This Question:

If Q31 = Don't know

Q32 Do you know your educational setting's URN?

- **Yes, please write it in the box below** (1)

- **Don't know** (2)

End of Block: Block 8: Details of the setting

Start of Block: Block 9: Request for follow-up interview

Q33 At some point in the next few months, we may contact you again to ask whether we could conduct a follow-up interview with you. Would this be OK with you?

- **Yes** (1)
- **No** (2)

Display This Question:

If Q33 = Yes

Q34 Please write down your telephone number and confirm your e-mail address to make it easier for us to contact you:

- **Telephone number** (1) \_\_\_\_\_
- **E-mail address** (2) \_\_\_\_\_

End of Block: Block 9: Request for follow-up interview

## National evaluation of the trailblazer programme: educational settings follow-up survey

### Introduction

#### *What is the survey for?*

The Department for Education and Department of Health and Social Care have selected areas across England to implement and test out new models of early intervention for children with mental health problems and promote good mental health and wellbeing in education settings. These approaches include having a senior mental health lead (SMHL) in each educational setting and deploying education mental health practitioners (EMHP), operating within mental health support teams (MHST) to work with schools and colleges, and to form a link between NHS Children and Young People's mental health (CYPMH) services and educational settings. The MHST coordinator will act as the main staff member for liaising with MHSTs (you may have different names for these teams and roles in your area, for example, MHSTs may be known as Emotional Wellbeing Teams). This national programme started in 2018 and will run until 2023, and the first wave of the programme has involved the creation of 59 mental health support teams in 25 'trailblazer' areas.

The current survey is the second of two surveys that will gather essential information that is not collected routinely. It is designed to complement the Department for Education's surveys. It focuses on your experiences of the programme. This information will be used to help develop the trailblazer programme.

We will provide all educational settings with a summary of the findings of this survey but, because in reporting, information will be anonymised, we will not provide detailed results at regional or educational setting level.

#### *Who has been selected for the survey?*

We are interested in the views of the senior mental health leads or MHST coordinators at all of the educational settings across the 25 trailblazer areas, or staff members with a different title who may be playing a similar role. This includes staff members who completed our baseline survey in late 2020/early 2021. We are hoping to receive one reply per educational setting.

#### *Who is conducting and funding the project?*

This evaluation is being conducted by a team of independent researchers who are part of the BRACE Rapid Evaluation Centre (a collaboration between the University of Birmingham, RAND Europe and the University of Cambridge) in partnership with the Policy Innovation and Evaluation Research Unit (PIRU), which is based at the London School of Hygiene and Tropical Medicine (LSHTM). The project is funded by the National Institute for Health Research (NIHR). More information on the BRACE Centre can be found [here](#), and on PIRU can be found [here](#).

#### *Is the survey confidential?*

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stored for a period of 10 years in line with the University of Birmingham's and LSHTM's Research Data Management Policy, after which it will be destroyed. Identifiable data (your name and contact details) may be stored at either the University of Birmingham, RAND Europe or LSHTM. If you would like more information about how your personal data will be processed, used and stored, you can find it by [clicking on this link](#).

*Who has reviewed the study?*

This study has been approved by the Research Ethics Committees at the University of Birmingham (ERN\_19-1400 - RG\_19-190) and London School of Hygiene and Tropical Medicine (Ref: 18040) and by the NHS Health Research Authority (IRAS 270760).

*Who do I contact if I want to make a complaint?*

If you would like to talk to someone from the University of Birmingham outside of the immediate evaluation team, you can contact: Professor Iestyn Williams [I.P.Williams@bham.ac.uk](mailto:I.P.Williams@bham.ac.uk) (Director of Research for the School of Social Policy, University of Birmingham).

*Completing the survey*

The survey should take about 15 minutes to complete. If you cannot complete it in one sitting, your answers will be saved so you can return to it at another time.

Completing the survey is entirely voluntary. You may withdraw at any stage prior to submitting your responses. You can also withdraw up to five days after you have participated in the survey, and there are no consequences for withdrawing. If you do decide to withdraw, your data will be destroyed. Please contact a member of the team using the contact details below if you do want to withdraw.

If you have any questions or comments about the survey, please contact [mustafa.al-haboubi@lshtm.ac.uk](mailto:mustafa.al-haboubi@lshtm.ac.uk) (education settings survey lead).

Thank you for your help with this important survey.

To continue with the survey, please click 'I agree to take part in the survey' below.

☐ I agree to take part in the survey

End of Block: Consent

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**Start of Block: Block 1: Information on the survey respondent**

Q1: Are you, within your educational setting (please select **all roles** that apply)

- Senior mental health lead for the children and young people's mental health trailblazer programme
- Lead for mental health, not specifically in relation to the trailblazer programme
- Deputy head teacher/Vice Principal or equivalent
- MHST coordinator
- Head teacher/Principal or equivalent
- Other member of Senior Leadership Team
- SENCO or equivalent
- Other teaching staff
- Pastoral Lead
- Support staff (e.g. inclusion, safeguarding)
- Year Head
- Other (please specify) \_\_\_\_\_

Q2: How long have you held the role of senior mental health lead for the children and young people's mental health trailblazer programme?

- Less than 1 year
- 1-2 years
- More than 2 years

Q3: What type of educational setting do you work in?

- Nursery
- Primary school
- Middle deemed secondary
- Secondary school
- 16 Plus
- All through
- Pupil Referral Unit: Please specify age range of pupils:
- Special School: Please specify the age range of pupils:
- Other: Please specify type



**End of Block: Block 1: Information on the survey respondent**

**Start of Block: Block 2: Functions and operating principles of MHST**

Q4: To what extent do you think the mental health support team in your educational setting is fulfilling its core functions, as described below?

	To a great extent	To some extent	To a little extent	Not at all	Not sure
Delivering evidence-based interventions for children and young people with mild-to-moderate emotional and mental health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting you to introduce or develop your whole school/college approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving timely advice to your educational setting's staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5: To what extent do you think the following statements, reflecting the mental health support team's operating principles, have been implemented in your educational setting, to ensure the effective roll out of the programme?

	To a great extent	To some extent	To a little extent	Not at all	Not sure
There is clear and appropriate local governance involving representatives from health and education backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mental health support team is additional to, and integrated with existing support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The approach to allocating mental health support team time and resources to my setting is transparent and was agreed by the local governance board**

☐☐☐☐☐

**The mental health support team's support is responsive to my educational setting's needs, not "one size fits all"**

☐☐☐☐☐

**Children and young people are able to access appropriate support from the mental health support team all year (not just during term time)**

☐☐☐☐☐

**The mental health support team has co-produced its approach and service with users (children and young people, families and carers) in my setting**

☐☐☐☐☐

**The mental health support team's work is delivered in a way that takes account of disadvantage and seeks to reduce health inequalities**

☐☐☐☐☐

**End of Block: Block 2: Functions and operating principles of MHST**

### Start of Block: Block 3: Supporting whole school approach

Q6: To what extent do you agree or disagree with each of the following statements, in relation to the support you have received from the mental health support team to introduce or further develop your whole school/college approach to mental health and wellbeing?

	To a great extent	To some extent	To a little extent	Not at all	Not sure
The mental health support team has worked with my setting to map what arrangements are already in place and where the gaps are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mental health support team has helped gather information from and/or engage with pupils to identify the key issues to address through emotional wellbeing work in the setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mental health support team has helped gather information from and/or engage with parents/carers to identify the key issues to address through emotional wellbeing work in the setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mental health support team has supported mental health promotion in the educational setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mental health support team has supported my setting to create safe spaces where pupils can take a break, calm down or re-focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mental health support team has led assemblies or workshops/whole class work with pupils on specific issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mental health support team has trained pupils as peer mentors and/or trained staff/pupil mental health champions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mental health support team has helped to assess what staff training needs there might be within the setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7: Has the mental health support team supported your educational setting in developing its whole school/college approach in any other way?

- No

- **Yes: Please describe in the box below**
- **Not sure**

**End of Block: Block 3: Supporting whole school approach**

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**Start of Block: Block 4: Inequalities in access**

Q8: Are there any groups of children and young people (e.g. ethnic minorities, LGBTQ+, low income households, SEND etc) who are not benefiting from the services provided by the mental health support team in your setting?

- **No**
- **Yes: Please specify which groups in the box below**
- **Not sure**

Q9: (if answered “Yes” to Q8): Please describe the main barriers/issues preventing these groups from benefiting from the services provided by the mental health support team in the box below:

Free text box

Q10: (if answered “Yes” to Q8): Is the mental health support team taking any steps to address these barriers/issues?

- **No**
- **Yes**
- **Not sure**

Q11: (if answered “Yes” to Q10): Please describe the steps being taken to address these barriers/issues in the box below:

Free text box

**End of Block: Block 4: Inequalities in access**

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**Start of Block: Block 5: Experiences of the trailblazer programme**

Q12: Please say whether you agree or disagree with each of the following statements in relation to the intended outcomes of the mental health support teams. As a result of the mental health support team.....:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know/unsure
Children and young people's understanding of mental health and wellbeing and how to access support is improving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff in my educational setting are more knowledgeable and confident about mental health and wellbeing issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff in my educational setting are better able to respond to children and young people's mental health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mental health and wellbeing of staff in my educational setting is improving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental knowledge and confidence to support their children's mental health and wellbeing is increasing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health support teams are becoming an embedded element of the health and education systems they work in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is better joint working between my educational setting, mental health services and other local partners (e.g. local authority, voluntary sector)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is faster referral and access to specialist mental health support, where needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13: Please say how well you think the following aspects of the mental health support team service is working in your educational setting.

	Working very well	Working somewhat well	Working neither well nor badly	Working somewhat badly	Working very badly	Don't know	Not applicable
Referral of children and young people for MHST support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initial assessment of children/young people after referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prioritisation of referrals by the MHST for support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity of external (specialist) services to accept referrals from the MHST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14: Is the mental health support team well integrated with existing services and professionals supporting the emotional and mental health of children and young people in your educational setting?

- **Yes, fully**
- **Yes, to some extent**
- **No**
- **Don't know**

Q15: Is the mental health support team providing support to children and young people whose needs fall outside the team's scope of services that was agreed with your educational setting?

- **No**
- **Yes: Please outline the support they are providing in the box below**
- **Not sure**

Q16: Please use the box below to describe up to 3 main **benefits/impacts** of having the mental health support team in your educational setting:

3 free text boxes



Q17: Please use the box below to describe up to 3 main **limitations** of the support provided by the mental health support team in your educational setting:

3 free text boxes

Q18: Are there any remaining gaps in provision/support that the mental health support team has not been able to fill?

- **No**
- **Yes: Please specify where the gaps exist, in the box below**
- **Not sure**

**End of Block: Block 5: Experiences of the trailblazer programme**

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**Start of Block: Block 6: Governance and involvement in the trailblazer design**

Q19: Please say whether you agree or disagree with each of the following statements in relation to your educational setting:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know/unsure
The trailblazer programme reports its activities regularly to the Senior Leadership Team of the educational setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This educational setting is shaping the day-to-day working of its mental health support team or education mental health practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The mental health support team or education mental health practitioners are responsive to the specific needs of students in my setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**End of Block: Block 6: Governance and involvement in the trailblazer design**

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**Start of Block: Block 7: Involving CYP and families in decisions**

Q20: Has your educational setting involved **children and young people** in decisions about what the mental health support team or education mental health practitioners are providing?

- **Yes, fully**
- **Yes, to some extent**
- **No**
- **Don't know**

Q21: (if answered "Yes, fully" or "Yes, to some extent" to Q20): Please describe in the box below how **children and young people** were involved in decisions about what the mental health support team or education mental practitioners are providing:

Free text box

Q22: Has your educational setting involved **families/carers** of children and young people in decisions about what the mental health support team or education mental health practitioners are providing?

- **Yes, fully**
- **Yes, to some extent**
- **No**
- **Don't know**

Q23: (if answered "Yes, fully" or "Yes, to some extent" to Q22): Please describe in the box below how **families/carers** were involved in decisions about what the mental health support team or education mental practitioners are providing:

Free text box

**End of Block: Block 7: Involving CYP and families in decisions**

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**Start of Block: Block 8: Resources**

Q24: Please say whether you agree or disagree with each of the following statements in relation to your educational setting:

	Yes, fully	Yes, to some extent	No	Not sure
<b>My educational setting has sufficient resources, including staff, to take full advantage of the opportunities that the mental health support team or education mental health practitioners offer</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
<b>My setting has not reduced its existing services and support to children and young people with emotional and mental health needs as a result of the mental health support team or education mental health practitioners being in place</b>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
<b>My setting has invested more of its own resources in services and support to children and young people with emotional and mental health needs since joining the trailblazer programme</b>				

Q25: (If answered “No” to Q24/1): You indicated in your previous answer that your educational setting does **not** have sufficient resources, including staff, to take full advantage of the opportunities that the mental health support team or education mental health practitioners offer. Can you please explain more in the box below?

Free text box

Q26: (If answered “No” to Q24/2): You indicated in your previous answer that your educational setting has **reduced** its existing services and support to children and young people with emotional and mental health needs as a result of the mental health support team or education mental health practitioners being in place. Can you please explain more in the box below?

Free text box

Q27: (If answered “Yes” to Q24/3): You indicated that your setting has **invested** more of its own resources in services and support to children and young people with emotional and mental health needs since joining the trailblazer programme. Can you please give examples of this in the box below?

Free text box

**End of Block: Block 8: Resources**

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**Start of Block: Block 9: Impact of COVID-19**

Q28: Did the mental health support team in your setting adapt the support it delivered and/or how that support was delivered as a result of the Coronavirus (COVID-19) pandemic?

- **Yes**
- **No**
- **Not sure**

Q29: (If answered “Yes” to Q28): What were these adaptations? Please select from the list below

- Provision of online/remote support for children and young people
- Provision of online/remote support to your educational setting
- Provision of mental health support to your educational setting staff (where this wasn’t offered pre Covid-19)
- Provision of mental health support to parents/carers of children in your educational setting (where this wasn’t offered pre Covid-19)
- Offering additional resources to your educational settings to support children and young people’s mental health
- Offering additional resources to your educational settings to introduce or develop a whole school/college approach to mental health and wellbeing
- Other (please specify)

Q30: (If answered “Yes” to Q28): (bring forward choices that respondent said yes to in Q29) How helpful do you think these adaptations are for supporting mental health and wellbeing of children and young people?

- **Very helpful**
- **Somewhat helpful**
- **Neither helpful nor unhelpful**
- **Somewhat unhelpful**
- **Very unhelpful**
- **Not sure**

Q31: (If answered “Yes” to Q28): (bring forward choices that respondent said yes to in Q29) Would you like these adaptations to continue beyond the Coronavirus (COVID-19) pandemic?

- **Yes**
- **No**

- **Not sure**

Q32: Has your setting experienced any changes in accessing specialist NHS Children and Young People's Mental Health Services as a result of the pandemic?

- **Yes**
- **No**
- **Not sure**

Q33: (If answered "Yes" to Q32) What changes did your setting experience in accessing specialist NHS Children and Young People's Mental Health Services as a result of the pandemic?

Free text box

Q34: (if answered "Yes" to Q32) What impact did these changes have on your ability to support the mental health and wellbeing of children and young people in your setting?

Free text box

**End of Block: Block 9: Impact of COVID-19**

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**Start of Block: Block 10: Other issues not previously covered**

Q35: What factors are supporting the implementation and success of the MHST in your setting?

Free text box

Q36: What factors are acting as barriers to the implementation and success of the MHST in your setting?

Free text box

Q37: What does your educational setting most need in order to further improve how it supports the emotional and mental health of its children and young people?

Free text box

Q38: Is there anything else about the implementation of the trailblazer programme in your educational setting or locally that you would like to tell us?

Free text box

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**End of Block: Block 10: Other issues not previously covered**

## Document 2: Key informant surveys

### a. Key informant survey - round 1

Thank you for your help with this important survey. This survey is part of the early, national and independent evaluation of the trailblazer programme being conducted by a team of researchers from the BRACE Rapid Evaluation Centre (a collaboration between the University of Birmingham, RAND Europe and the University of Cambridge) in partnership with the Policy Innovation & Evaluation Research Unit (PIRU), based at the London School of Hygiene & Tropical Medicine (LSHTM).

You have been invited to participate as a project lead for one of the 2018/2019 Trailblazer sites. The questions will cover the local mental health context for children and young people, the Mental Health Support Teams for your Trailblazer site, your expectations for the programme, support and readiness for the programme, governance and stakeholder involvement, the delivery model, resource availability and the anticipated programme outcomes.

The survey should take about 30 minutes to complete. If you cannot complete it in one sitting, your answers will be saved so you can return to it at another time.

Completing the survey is entirely voluntary. Your responses will be kept completely confidential and used anonymously in reporting. Data will be stored securely and managed in accordance with the UK Data Protection Act (2018) and General Data Protection Regulation (GDPR) 2018.

You may withdraw at any stage prior to submitting your responses. You can also withdraw up to five days after you have participated in the survey, and there are no consequences for withdrawing. If you do decide to withdraw, your data will be destroyed. Please contact a member of the team using the contact details below if you do want to withdraw.

If you have any questions or comments about the survey, please contact [lhocking@randeurope.org](mailto:lhocking@randeurope.org) (survey lead)

1. To continue with the survey, please click 'I agree to take part in the survey' below.

- I agree to take part in the survey

#### Background information

2. Which Trailblazer area are you currently working in?

- Berkshire West
- Bromley
- Buckinghamshire
- Camden
- Doncaster and Rotherham
- Gloucestershire
- Haringey
- Hertfordshire
- Hounslow
- Liverpool
- Greater Manchester
- North Staffordshire
- Stoke on Trent
- Newcastle
- North Kent
- Kirklees
- Northumberland
- Nottinghamshire
- Oxfordshire
- South Tyneside



- South Warwickshire
  - South West London HCP
  - Swindon
  - Tower Hamlets
  - West London
3. *Non-project lead respondents only:* Are you a partner/stakeholder from the education sector?
    - Yes/no
  4. *Non-project lead respondents only:* Are you a mental health support team (MHST) manager
    - Yes/no
  5. *Non-project lead respondents only:* Which of the below best fits your role in the Trailblazer programme? Select all those that apply
    - CCG lead for the Trailblazer programme
    - Senior responsible officer for the Trailblazer programme
    - Mental health support team (MHST) manager
    - Partner/stakeholder from the education sector
    - Partner/stakeholder from NHS children and young people's mental health services
    - Local authority (commissioner) partner/stakeholder
    - Local authority (children's services) partner/stakeholder
    - Partner/stakeholder from public health
    - Partner/stakeholder from a voluntary sector organisation
    - Other (please specify)
  6. Please provide the name(s) of the organisation(s) you work for.
    - [free text box]
  7. *Non-project lead respondents only:* Could you briefly describe your role in relation to the Trailblazer programme?
    - [free text box]

#### Local context

8. Please list up to 3 of the main programmes/initiatives/approaches for supporting mental and emotional health in educational settings in your area (excluding the Trailblazer programme).
  - [Three free text boxes]
9. *Project lead respondents only:* What are the main priorities for children and young people's mental and emotional health within your area?
  - [Free text box]
10. *Project lead respondents only:* How does the Trailblazer programme fit with existing priorities, approaches and sources of support for children and young people's mental and emotional health in your area?
  - [Free text box]

11. Please respond to each of the following statements:

[Scale from strongly agree – strongly disagree]

- Before the Trailblazer programme, the education and health sectors worked well together to deliver mental and emotional health support for children and young people
- There has been prior work in my area to develop whole school approaches to emotional and mental health
- Children and young people's emotional and mental health is seen as 'everybody's business'
- The Trailblazer programme aligns with existing emotional and mental health support programmes for children and young people in my area.
- Children and young people with emotional or mental health needs can access help from local NHS Children and Young People's Mental Health Services within an acceptable length of time.
- The local specialist NHS Children and Young People's Mental Health Services respond well to children and young people in mental health crisis.
- My area has good systems in place for the identification of children and young people with emotional and mental health needs.
- My area's approach to children's mental and emotional health ensures there is an appropriate balance between prevention and intervention
- I know how to get advice from my local NHS Children and Young People's Mental Health Services on emotional and mental health needs.
- *Project lead respondents only:* There is good awareness of the Trailblazer programme among all key organisations and stakeholder groups in my area

12. *Project lead respondents only:* Are you aware of a local evaluation of the Trailblazer programme taking place in your area?

- Yes/no/unsure

13. *Project lead respondents only (if yes to Q12):* Could you provide any details about it, for example the project lead or organisation carrying out the evaluation?

- [Free text box]

14. *Project lead respondents only (if yes to Q12):* Do you think the involvement with a local evaluation will mean stakeholders may be less willing or able to engage with this (national) evaluation?

- Yes/no/unsure

Understanding of the mental health support teams (MHSTs) in your area

15. *Project lead respondents only:* Which organisation(s) holds the contract to deliver mental health support teams in your area?

- [Free text box]

16. *Project lead respondents only:* How were educational settings selected and recruited to be a part of the Trailblazer programme? Please briefly outline here.
- [Free text box]
17. How has the COVID-19 pandemic affected the timescales for implementation of the Trailblazer programme in your area?
- Significantly affected/somewhat affected/not affected/don't know
18. *Project lead respondents only:* To what extent, if at all, has the engagement of educational settings in the programme been affected by the COVID-19 pandemic?
- Significantly affected/somewhat affected/not affected/don't know
19. How has your area adapted the Trailblazer programme and the work of the MHSTs in response to the COVID-19 pandemic?
- [Free text box]
20. Do you think the changes that have been made to the Trailblazer programme as a result of COVID-19 will be permanent?
- Yes/no/unsure
21. *If yes to previous question:* Which of the changes do you think will endure after the pandemic?
- [Free text box]

#### Expectations for the Trailblazer Programme

22. I expect that the Trailblazer programme will...

[Scale from strongly agree – strongly disagree]

- Improve how we support children and young people with mild to moderate emotional and mental health needs.
- Help to support the emotional and mental health needs of disadvantaged children and young people
- Help to meet the demand for mental health services for children and young people.
- Help to address the inequalities in access to mental health services for children and young people.
- Help to prevent children and young people developing more severe emotional and mental health needs.
- Improve the appropriateness of referrals to specialist NHS Children and Young People's Mental Health Services
- Result in a more joined up approach to emotional and mental health across education and the NHS in my area.
- Strengthen local partnership working for children and young people's emotional and mental health
- Increase understanding of children and young people's emotional and mental health needs.
- Help children and young people to better understand their own emotional and mental health

- Help children and young people to feel more confident about seeking help when they have concerns about their emotional and mental health
  - Have a positive impact on my role
  - *Project lead respondents only:* Help to prevent children and young people developing emotional and mental health problems
23. *If strongly agree/agree selected in Q22 relating to impact on role:* Please use the box below to describe the impact you expect the programme to have on your role
- [Free text box]
24. What would success look like for you in terms of the Trailblazer programme? List your main 3 points.
- [Three free text boxes]
25. What factors will be most critical to the success of the programme? List your main 3 points.
- [Three free text boxes]
26. *Project lead respondents only:* What local factors may help the implementation and success of the Trailblazer programme?
- [Free text box]
27. *Project lead respondents only:* Are there any local factors that could hinder the implementation and success of the Trailblazer programme?
- [Free text box]

#### Support and readiness for the MHSTs

28. Please say whether you agree or disagree with each of the following statements in relation to the support for and awareness of the trailblazer programme in your local area
- [Scale from strongly agree – strongly disagree]
- There is support for the programme locally from key organisations
  - The roles and responsibilities of those involved in implementing the Trailblazer programme within my area are clear
  - I am confident that I can effectively fulfil my role within the Trailblazer programme
  - I have sufficient protected time to perform my role within the Trailblazer programme
  - I know where to go for information and advice to help me effectively fulfil my role within the Trailblazer programme
29. *Project lead respondents only:* Please say whether you agree or disagree with each of the following statements in relation to yours and other individual team members readiness to be involved in the Trailblazer
- [Scale from strongly agree – strongly disagree]
- The training received by Educational Mental Health Practitioners (EMHPs) was sufficient for them to undertake their role effectively
  - EMHPs are receiving sufficient supervision to support them to undertake their role effectively

- Other MHST team members have sufficient skills to fulfil their role effectively

30. *MHST managers only:* Please say whether you agree or disagree with each of the following statements in relation to yours and other individual team members readiness to be involved in the Trailblazer programme

[Scale from strongly agree – strongly disagree]

- I have received sufficient training to perform my role
- Educational Mental Health Practitioners (EMHPs) in my team(s) feel the training they received was sufficient for them to undertake their role effectively
- EMHPs are receiving an appropriate level of clinical supervision to support them to undertake their role effectively
- The MHST(s) I manage have the right balance of skills and experience to undertake its work effectively
- The MHST(s) I manage have sufficient capacity to deliver their core roles and responsibilities effectively
- MHSTs are well integrated into existing care pathways for children and young people with mental health problems
- I am confident that the MHST(s) I manage will integrate and work with other local services to support children's emotional and mental health effectively
- MHSTs are working effectively with educational settings to assess their existing provision and gaps in mental and emotional support for children and young people

31. *Education stakeholders only:* Please say whether you agree or disagree with each of the following statements

[Scale from strongly agree – strongly disagree]

- There has been effective communication with educational settings locally about the Trailblazer programme
- Educational settings are supportive of the Trailblazer programme
- Educational settings understand what will be delivered by the MHSTs/EMHPs in their setting
- Educational settings have been sufficiently involved in the design of the Trailblazer programme locally
- Educational settings have been sufficiently involved in decisions about how MHSTs will work in their setting
- The allocation of MHST time and resources to educational settings are transparent
- The allocation of MHST time and resources to educational settings have been agreed by the local governance board
- MHSTs/EMHPs will complement and enhance existing approaches and sources of support for children's emotional and mental health within education settings

32. When delivering the Trailblazer programme, what so far has gone well? List the 3 main positives

- [Three free text boxes]

33. When delivering the Trailblazer programme, what so far has gone less well? List the 3 main challenges

- [Three free text boxes]

## Governance and stakeholder involvement

Project lead respondents only: Please rate the level of local involvement of NHS CAMHS in the following stages of the Trailblazer Programme

[Strongly involved/somewhat involved/slightly involved/not involved/don't know]

- The application process
- Design of the local model/approach
- Preparation/set-up for implementation
- Governance of the Trailblazer Programme
- Implementation of the Trailblazer programme (including training)

34. *Project lead respondents only:* Please rate the level of local involvement of local Clinical Commissioning Groups (CCGs) in the following stages of the Trailblazer Programme

[Strongly involved/somewhat involved/slightly involved/not involved/don't know]

- The application process
- Design of the local model/approach
- Preparation/set-up for implementation
- Governance of the Trailblazer Programme
- Implementation of the Trailblazer programme (including training)

35. *Project lead respondents only:* Please rate the level of local involvement of the local authority children's services in the following stages of the Trailblazer Programme

[Strongly involved/somewhat involved/slightly involved/not involved/don't know]

- The application process
- Design of the local model/approach
- Preparation/set-up for implementation
- Governance of the Trailblazer Programme
- Implementation of the Trailblazer programme (including training)

36. *Project lead respondents only:* Please rate the level of local involvement of public health services in the following stages of the Trailblazer Programme

[Strongly involved/somewhat involved/slightly involved/not involved/don't know]

- The application process
- Design of the local model/approach
- Preparation/set-up for implementation
- Governance of the Trailblazer Programme
- Implementation of the Trailblazer programme (including training)

37. *Project lead respondents only:* Please rate the level of local involvement of educational settings in the following stages of the Trailblazer Programme

[Strongly involved/somewhat involved/slightly involved/not involved/don't know]

- The application process
- Design of the local model/approach
- Preparation/set-up for implementation
- Governance of the Trailblazer Programme

- Implementation of the Trailblazer programme (including training)

38. *Project lead respondents only:* Please rate the level of local involvement of the voluntary sector in the following stages of the Trailblazer Programme

[Strongly involved/somewhat involved/slightly involved/not involved/don't know]

- The application process
- Design of the local model/approach
- Preparation/set-up for implementation
- Governance of the Trailblazer Programme
- Implementation of the Trailblazer programme (including training)

39. *Project lead respondents only:* Please rate the level of local involvement of children and young people in the following stages of the Trailblazer Programme

[Strongly involved/somewhat involved/slightly involved/not involved/don't know]

- The application process
- Design of the local model/approach
- Preparation/set-up for implementation
- Governance of the Trailblazer Programme
- Implementation of the Trailblazer programme (including training)

40. *Project lead respondents only:* Please rate the level of local involvement of parents and carers in the following stages of the Trailblazer Programme

[Strongly involved/somewhat involved/slightly involved/not involved/don't know]

- The application process
- Design of the local model/approach
- Preparation/set-up for implementation
- Governance of the Trailblazer Programme
- Implementation of the Trailblazer programme (including training)

41. *Project lead respondents only:* Are there any stakeholders who you think should be involved in local governance arrangements but currently aren't?

- Yes/no/unsure

42. *If yes to previous question:* Please comment on who is missing and what role they could play

- [Free text box]

43. *Project lead respondents only:* If children, young people, parents and/or carers have been involved in the design and delivery of the Trailblazer programme in your area, please describe how

- [Free text box]

44. *Project lead respondents only:* Has the local approach to the Trailblazer programme been designed to take into account all groups of children and young people, including those who are disadvantaged and under-served by existing mental health services?

- Yes/no/unsure

45. *Project lead respondents only:* Please explain how the programme has been designed to take children and young people who are disadvantaged and under-served by existing mental health services into account.

- [Free text box]

46. Please say whether you agree or disagree with the following statements in relation to the governance of the Trailblazer programme in your area

[Scale strongly agree – strongly disagree]

- There is clear and effective leadership for the Trailblazer programme locally
- My area has a clear strategy to deliver the Trailblazer programme
- There is there a shared understanding of what a 'whole school approach' means across key stakeholders
- There is sufficient support for the programme from NHS England
- There is sufficient support for the programme from the Department for Education
- Project lead respondents only: Health and education partners are working together effectively
- Local partners are working together effectively to implement the programme

47. Please use the box below to provide any further details on the extent and effectiveness of local partnership working to implement the Trailblazer programme

- [Free text box]

#### The delivery model

48. The delivery model for the Trailblazer programme in your area as designed is...

[Scale strongly agree – strongly disagree]

- Built on a good understanding of local needs and gaps in children and young people's emotional and mental health support
- Sufficiently flexible to be tailored to individual educational settings
- Integrated with existing support for children and young people's emotional and mental health outside of educational settings
- Integrated with existing support for children and young people's emotional and mental health within educational settings
- Using co-production to develop approaches and service offers with children, young people and parents/carers
- Supporting the introduction/development of a whole school approach to emotional and mental health
- Allowing children and young people to access emotional and mental health support throughout the whole year (including outside term time)
- Guided by a clear and shared understanding of what mild-moderate emotional and mental health needs are in my locality

#### Resources

49. Please say whether you agree or disagree with each of the following statements in relation to the resourcing of the Trailblazer programme

[Scale strongly agree – strongly disagree]



- MHSTs have sufficient financial resources to perform their core roles and responsibilities
- MHSTs have sufficient staffing capacity to meet the mild-moderate needs of the children and young people in my area
- MHSTs have sufficient physical space available to deliver the Trailblazer programme
- Educational settings have sufficient resources, including staff, to take full advantage of the opportunities that the new MHSTs or EMHPs offer
- There is no risk that my area will reduce its existing services and support to children and young people with emotional and mental health needs now the MHSTs or EMHPs are in place

50. *Project lead respondents only:* Briefly describe any recruitment or training issues the MHSTs in your area are facing at the moment.

- [Free text box]

51. *Project lead respondents only:* Have any organisations in your local area provided additional financial resources for the programme on top of what is provided through the Trailblazer programme?

- Yes/no/unsure

52. *Project lead respondents only (if yes to previous question):* Please state how much additional funding was provided and from which organisation(s).

- [Free text box]

53. *Project lead respondents only:* Has the Trailblazer programme in your area received any in-kind contributions?

- Yes/no/unsure

54. *Project lead respondents only (if yes to Q54):* Could you estimate how much in-kind contributions were received?

- [Free text box]

55. *Project lead respondents only (if yes to Q54):* Which organisation(s) provided this in-kind contribution?

- [Free text box]

56. *Project lead respondents only (if yes to Q54):* What has this contribution be used for? Please select all those that apply

- Staffing
- Office space
- Equipment
- Other (please specify)

#### Outcomes of the Trailblazer programme

57. *Project lead respondents only:* Please say whether you agree or disagree with each of the following statements in relation to the intended outcomes of the Trailblazer programme

[Scale strongly agree – strongly disagree]

- The Trailblazer programme outcomes have been clearly defined by the national programme team
- The Trailblazer programme outcomes have been clearly communicated by the national programme team
- The planned programme outcomes are the most appropriate to aim for
- The programme has the correct elements in place to deliver the planned outcomes

### Conclusion

58. Is there anything else about the implementation of the trailblazer programme in your specific setting or locally that you would like to tell us?

- [Free text box]

59. *Project lead respondents only:* We may contact you again to ask whether you would be willing to participate in a follow-up phone interview for the evaluation. Would this be OK with you?

- Yes/no/unsure

### b) Key contacts survey: round 2

Thank you for your help with this important survey. This survey is part of the early, national and independent evaluation of the trailblazer programme being conducted by a team of researchers from the BRACE Rapid Evaluation Centre (a collaboration between the University of Birmingham, RAND Europe and the University of Cambridge) in partnership with the Policy Innovation & Evaluation Research Unit (PIRU), based at the London School of Hygiene & Tropical Medicine (LSHTM).

You have been invited to participate as a stakeholder involved in the design and/or delivery of one of the 2018/2019 Trailblazer sites.

The questions will cover the programme's progress to date, Mental Health Support Teams (MHSTs) ways of working, training and supervision, governance and stakeholder involvement, resources and capacity, data collection and monitoring, outcomes of the programme and the impact of Covid-19.

The survey should take about 10-15 minutes to complete. If you cannot complete it in one sitting, your answers will be saved so you can return to it at another time.

Completing the survey is entirely voluntary. Your responses will be kept completely confidential and used anonymously in reporting. Data will be stored securely and managed in accordance with the UK Data Protection Act (2018) and General Data Protection Regulation (GDPR) 2018.

You may withdraw at any stage prior to submitting your responses. You can also withdraw up to five days after you have participated in the survey, and there are no consequences for withdrawing. If you do decide to withdraw, your data will be destroyed. Please contact a member of the team using the contact details below if you do want to withdraw.

If you have any questions or comments about the survey, please contact [lhocking@randeurope.org](mailto:lhocking@randeurope.org) (survey lead)

### Background information

1. To continue with the survey, please click 'I agree to take part in the survey' below.

[I agree to take part in the survey]

2. Which Trailblazer area are you currently working in?

- Berkshire West
- Bromley
- Buckinghamshire
- Camden
- Doncaster and Rotherham
- Gloucestershire
- Haringey
- Hertfordshire
- Hounslow
- Liverpool
- Greater Manchester
- North Staffordshire
- Stoke on Trent
- Newcastle
- North Kent
- Kirklees
- Northumberland
- Nottinghamshire
- Oxfordshire
- South Tyneside
- South Warwickshire
- South West London HCP
- Swindon
- Tower Hamlets
- West London

3. Please provide the name(s) of the organisation(s) you work for.

[Free-text box]

4. Which of the below best fits your role in the Trailblazer programme? Select all those that apply

[Dropdown list]:

- Project/site lead for the Trailblazer programme;
- CCG lead for the Trailblazer programme
- Senior responsible officer for the Trailblazer programme
- Mental health support team (MHST) manager
- Partner/stakeholder from the education sector
- Partner/stakeholder from NHS children and young people's mental health services
- Local authority (commissioner) partner/stakeholder
- Local authority (children's services) partner/stakeholder
- Partner/stakeholder from public health
- Partner/stakeholder from a voluntary sector organisation

- Other (please specify).

5. How long have you been working on the Trailblazer programme?

- Less than 3 months
- 3-6 months
- 7-12 months
- 13-18 months
- More than 18 months

#### MHST functions and ways of working

6. Please say whether you agree or disagree with each of the following statements in relation to the 7 operating principles of the MHSTs

[Strongly disagree, disagree, neither, agree, strong agree, don't know/not applicable]

- There is clear and appropriate local governance involving health and education
- MHSTs are additional to and integrated with existing support for children and young people's mental health
- The approach to allocating MHST time and resources to education settings is transparent and agreed by the local governance board
- MHST support is responsive to individual education settings needs, not 'one size fits all'
- Children and young people are able to access appropriate support all year (not just during term time)
- MHSTs are co-producing their approach and service offer with users
- MHSTs are delivered in a way to take account of disadvantage and seek to reduce health inequalities

7. [Project/site lead and MHST managers only]: What proportion of educational settings in your local area are covered by the MHST(s)? If you are not sure, please write 'don't know'

8. [Project/site lead and MHST managers only]: On average, how much time per week does an MHST spend with each educational settings they work with?

- Up to half a day per week
- Up to one day per week
- Up to two days per week
- More than 2 days per week
- Varies depending on the educational setting
- Don't know
- Other (please specify)

9. [Project/site lead and MHST managers only] If 'Varies depending on the educational setting' is selected in Q8: Please briefly explain how and why the weekly time spent per educational setting by MHSTs varies across educational settings.

[Free text box]

10. [Project/site leads and MHST managers only] Please describe the main activities that MHSTs undertake to deliver evidence-based interventions to children and young people

[Open text box]

11. [project/site leads and MHST managers only] Please describe the main activities that MHSTs undertake to support educational settings in developing or improving their Whole School or College Approach to mental and emotional health

[Open text box]

12. [project/site leads and MHST managers only] Please describe the main activities that MHSTs undertake to give timely advice to educational settings, and liaise with external specialist services, to help children and young people get the right support and stay in education

[Open text box]

13. [project/site leads and MHST managers only] If the Trailblazer MHSTs include a role which focuses on supporting the Whole School/College Approach, please provide the role name and a brief description of their role and responsibilities

[Open text box]

14. [project/site leads and MHST managers only] How closely do the MHSTs in your area work with the following services:

[scale from 1 (work closely together) to 5 (do not work together), plus don't know/not applicable]

- NHS children and young people's mental health services
- Other non-mental health NHS services
- Local authority child protection and safeguarding teams
- Local authority children's social services
- Local authority children's services
- Other local authority services
- Educational psychology teams
- Voluntary sector mental health services/support
- Public health services
- Mental and emotional health services within educational settings (e.g. school counsellors, school nursing teams)
- Educational setting teaching staff
- School/college senior Mental Health Leads (or other nominated mental health/MHST lead)
- Other (please specify)

15. Please say how well you think the following aspects of the MHST service is working in your site.

[Working effectively, somewhat effectively, neither effectively nor ineffectively, somewhat ineffectively, ineffectively, don't know, not applicable]

- Referral of children and young people for MHST support
- Initial assessment of children/young people after referral
- Prioritisation of referrals for MHST support
- Delivery of evidence-based interventions

- Supporting educational settings to introduce or develop the Whole School or College Approach to mental health and wellbeing
- Giving advice and support to education setting staff
- Liaising with and referring on to external (specialist) services
- Capacity of external (specialist) services to accept referrals from MHSTs
- 16. What factors are supporting the implementation and success of the MHSTs?

[Open text box]

17. What factors are acting as barriers to the implementation and success of the MHSTs?

[Open text box]

18. How, if at all, are MHSTs tailoring their service to ensure that it is accessible to and appropriate for children and young people from diverse and/or vulnerable groups (e.g. ethnic minorities, LGBTQ+, low income households, those with special educational needs etc.).

[Open text box]

19. What more could be done to support the MHSTs to tailor their service to ensure that it is accessible to and appropriate for children and young people from diverse and/or vulnerable groups?

[Open text box]

20. Please respond to the following questions:

[Yes/no/don't know]

- Do MHSTs in your area have the appropriate skills to support all groups of children and young people with mild to moderate mental health problems?
- Do MHSTs in your area have the appropriate experience to support all groups of children and young people with mild to moderate mental health problems?
- Are there any groups of children and young people who are not accessing MHST support and/or are not receiving effective support from the MHSTs for mild to moderate mental health problems?

21. If yes to Q20: Which groups of children and young people are not accessing support or not receiving effective support from the MHSTs for mild to moderate mental health problems, and why?

[open text box]

22. Do, and how do, MHSTs work with children and young people whose needs are outside the formal scope of the service (for example, who have mental health problems that are more serious than 'mild to moderate')?

[open text box]

[Training and supervision \[project/site leads and MHST managers only\]](#)

23. Please say whether you agree or disagree with each of the following statements in relation to MHST staff skills, training and supervision:

[Strongly disagree, disagree, neither, agree, strongly agree, don't know/not applicable]

- The training for Educational Mental Health Practitioners (EMHPs) in my team(s) is sufficient for them to undertake their role effectively
- Other MHST team members (non-EMHPs) have sufficient skills and training to fulfil their role effectively
- EMHPs are receiving an appropriate level of clinical supervision to support them to undertake their role effectively
- MHST(s) are receiving appropriate clinical supervision that is supporting them to undertake their work effectively.
- Clinical supervisors have the appropriate skills and experience to effectively support the MHSTs

24. Have any MHST staff received additional training since they qualified and/or were appointed?

[Dropdown list: Yes/no/don't know]

25. If yes to Q24: Please briefly describe the additional training that MHST staff undertook and which roles were involved

[free text box]

26. Is there any additional training that MHST staff (at any/all levels) would benefit from that they have not yet been offered?

[Dropdown list: Yes/no/don't know]

27. If yes to Q26: Please briefly describe the additional training you think MHST staff could benefit from

[free text box]

#### Governance and stakeholder involvement

28. Please say whether you agree or disagree with the following statements in relation to the governance of the MHSTs in your area

[Strongly disagree, disagree, neither, agree, strong agree, don't know/not applicable]

- Local partners are working together effectively to implement the MHSTs
- Health and education stakeholders are equally represented in the governance and management of the programme
- There is a shared understanding of what a 'whole school approach' means across key stakeholders
- MHSTs are tailoring the support they provide to the needs of each educational setting they work with
- There are clear mechanisms in place for educational settings to provide feedback on the MHSTs
- There are clear mechanisms in place for children and young people to provide feedback on the MHSTs
- There are clear mechanisms in place for parents/carers to provide feedback on the MHSTs
- There is a process in place for reviewing and acting upon feedback on the MHSTs
- There is a clear commitment to service and quality improvement

29. Are there any stakeholders who you think should be involved in local governance arrangements but currently aren't?

[free text box]

30. Please describe how educational settings are represented in governance and management arrangements

[free text box]

31. Please describe how children, young people, parents and/or carers are involved in the design, delivery and/or evaluation of the MHSTs

[free text box]

#### Resources and capacity

32. [project/site leads and MHST managers only] Please say whether you agree or disagree with each of the following statements in relation to the resourcing and capacity of the MHSTs

[Strongly disagree, disagree, neither, agree, strongly agree, don't know/not applicable]

- MHSTs have sufficient financial resources to perform their core roles and responsibilities
- The MHST(s) have sufficient capacity to deliver their core roles and responsibilities effectively
- Educational settings have sufficient resources, including staff, to take full advantage of the opportunities that the MHSTs offer

33. Please say whether you agree or disagree with each of the following statements

[Strongly disagree, disagree, neither, agree, strongly agree, don't know/not applicable]

- In educational settings, mental health services and support for children and young people have changed/are changing as a result of the MHSTs being in place
- In the wider local system, mental health services and support for children and young people have changed/are changing as a result of the MHSTs being in place

34. If agree is selected in Q33: Please briefly describe how existing services in educational settings in your area have changed as a result of the MHSTs being introduced

- [free text box]

35. If agree is selected in Q33: Please briefly describe how the wider mental health services in your area have changed as a result of the MHSTs being introduced

- [free text box]

36. Are there any issues with recruitment and capacity in your MHSTs at present?

- [yes/no/don't know]

37. If yes to Q38: Please briefly describe the recruitment/capacity issues your MHST(s) are facing (including the roles affected).



- [free text box]

Programme monitoring and data collection [project/site leads and MHST managers only]

38. For each of the following MHST activities, please tick the box if you agree with the statement.

	My MHST area collects data on this activity	Is it clear <u>what</u> type of data for this activity should be routinely collected and reported by MHSTs	Is it clear <u>how</u> data for this activity should be routinely collected and reported by MHSTs	It is easy to gather data on this activity	There are processes in place for regular MHST service reviews and/or audits for this activity
Providing direct support to children and young people with mild to moderate mental health issues					
Supporting educational settings to introduce or develop their whole school or college approach to mental health and wellbeing					
Giving advice to staff in educational settings and liaising with external specialist services to help children and young people to get the right support and stay in education.					

39. Please describe what processes are in place for regular service reviews and/or audits.

- [free text response]

40. How are the data for each activity collected (e.g. what metrics/data are collected, how often, and by who)?

- Data on delivery of interventions: [Free text response]
- Data on developing the Whole School/College Approach: [Free text response]
- Data on giving advice to educational settings: [Free text response]
- Data on liaising with other services: [Free text response]

41. What, if any, issues have you experienced in collecting and/or reporting data?

- [Free text response]

42. What, if any, support do you need (e.g. from regional/national programme team) to gather and/or report data?

- [Free text response]

#### Outcomes of the MHSTs

43. Please say whether you agree or disagree with each of the following statements in relation to the intended outcomes of the MHSTs. As a result of the MHSTs...

[Strongly disagree, disagree, neither, agree, strongly agree, too soon to tell, don't know/not applicable]

- Children and young people are seeing improvements in the mental health and wellbeing goals that they set for themselves
- Children and young people's understanding of mental health and wellbeing and how to access support is improving
- Educational settings are adopting and improving their Whole School/College Approach to mental health and wellbeing
- Staff in educational settings are more knowledgeable and confident about mental health and wellbeing issues
- Educational setting staff are better able to respond to children and young people's mental health needs
- The mental health and wellbeing of educational settings staff is improving
- Parental knowledge and confidence to support their children's mental health and wellbeing is increasing
- MHSTs are becoming an embedded element of the health and education systems they work in
- There is better joint working between educational settings, mental health services and other local partners (e.g. local authority, voluntary sector)
- There is faster referral and access to specialist mental health support, where needed

44. Are there any other early impacts of the MHSTs that you have seen that are not included in the previous question? If so, please describe them below.

- [free-text response]

45. What are the gaps in mental and emotional support for children and young people in your area, and what (if any) role could MHSTs play in filling these gaps?

- [free-text response]

46. [project/site leads and MHST managers only]: Please briefly describe your future plans for the development of the Trailblazer wave of the MHST(s)

- [Free text box]

#### Impacts of Covid-19

47. Which of the following changes did your area make to the implementation of the Trailblazer programme in response to Covid-19? Select all those that apply

- Provision of online/remote support for children and young people
- Provision of online/remote support to educational settings
- Provision of online training and/or supervision for MHST staff
- Offering flexible working for MHST staff (i.e. working from the office and home)
- Provision of mental health support to educational setting staff (where this wasn't offered pre Covid-19)
- Provision of mental health support to parents/carers (where this wasn't offered pre Covid-19)
- Offering additional resources for educational settings to support children and young people's mental health
- Offering additional resources for education settings to introduce or develop a whole school/college approach to mental health and wellbeing
- Don't know
- Other (please specify)

48. How would you rate the experience of the MHSTs using digital/remote methods to provide their services and support during the Covid-19 pandemic?

[dropdown list: very positive, somewhat positive, neither positive nor negative, somewhat negative, very negative, don't know/not applicable]

49. Which of the following changes that your site may have made in response to Covid-19 do you think will be maintained after the pandemic? Select all those that apply

- Provision of online/remote support for children and young people
- Provision of online/remote support to educational settings
- Provision of online training and/or supervision for MHST staff
- Offering flexible working for MHST staff (i.e. working from the office and home)
- Provision of mental health support to educational setting staff
- Provision of mental health support to parents/carers
- Offering additional resources for educational settings to support children and young people's mental health
- Offering additional resources for education settings to introduce or develop a whole school/college approach to mental health and wellbeing
- Don't know
- Other (please specify)

### Reflections on later MHST waves

This survey has focused on asking you questions about the Trailblazer wave of MHSTs (i.e. the first set of teams launched in 2018/19). We'd now like to ask you to reflect on your responses to this survey and whether these are also applicable to any later waves of MHSTs your area may have funding for.

50. Please say whether you agree or disagree with the following statement:

[Strongly disagree, disagree, neither, agree, strongly agree, don't know/not applicable]

- The experience of implementing the Trailblazer wave of MHSTs has been similar to that of the later waves.

51. If disagree selected in Q50: Please describe up to three key differences you have experienced in implementing the Trailblazer wave of MHST compared to later waves

- Factor 1: [open text box]
- Factor 2: [open text box]
- Factor 3: [open text box]

### Conclusion

52. What advice would you give to other areas embarking on designing and implementing their own MHSTs?

[free-text response]

## Document 3: Regional and National interviews topic guides

### Regional lead interviews topic guides

#### Introduction

##### Before the interview begins

- Introduce yourself and briefly give an overview of the evaluation, reiterating the purpose and approach of the study, and who is funding it and why. Reminder: our evaluation is focused on the 18/19 trailblazer sites.
- Ensure the participant has received, read and understood the participant information sheet and any other relevant study information.
- Ensure the participant feels able to ask any questions about the evaluation (or any other related matter) including issues about confidentiality, the findings and/or dissemination.
- Explain that they do not have to answer all the questions just because they have consented to the interview, and that they can take a break or stop the interview at any time.
- Written consent should have been received prior to the interview by e-mail. If written consent via email has not been received prior to the interview, researchers will take verbal consent going through each statement on the consent form. Before turning the audio recorder on, researchers will ask participants if they are happy to be audio recorded (using the wording in the consent form). If participants say yes, researchers will then turn the audio recorder on and ask the participant to repeat that they consent to take part in the study and be audio recorded for the purposes of the tape.
- If the participant does not consent to being recorded ensure written notes are taken instead.
- Start audio-recording and begin the interview.

##### Interviewee

1. Please tell us your name, organisation and role in relation to the Trailblazer programme [only if relevant e.g. there are new stakeholders involved or stakeholders have changed focus of their role during the year etc.]

##### Progress and implementation

2. [We interviewed you in late 2020/early 2021 as part of the evaluation] how have things been progressing since then?

*Prompts: e.g. progress and changes in engagement and working with schools, senior lead training, joint working between health and education, retention/recruitment of EMHPs, role changes, referrals, digital working, working together as regional teams, Trailblazer sites working together.*

3. To what extent is the programme/are the MHSTs addressing issues of inequality and disadvantage, and how?

4. Since the programme started, much has changed in the wider environment (including the impact of Covid-19), has the programme adapted or changed in response to changes in wider environment?

*Prompts: how has the programme changed and to what extent? What is different? Why has this changed? E.g. impact of Covid-19, in response to need, other external factors. Has the scope changed? Reflections on how the programme focus/aims have evolved over time – remained the same/stable or moved on? If so, how?*

5. Do you feel that the programme has managed to keep both prevention and early intervention at the forefront?

*Prompts: are they balanced alongside one another? How does this work in practice? How was the programme designed with this in mind, what was the anticipated focus on early prevention and intervention*

6. One of the biggest issues that schools and other stakeholders reported in the first phase of fieldwork is that there continues to be a gap in services/support for children whose needs are not 'mild to moderate' but also not serious enough to meet the threshold for specialist mental health support. What are your views on this gap, and if and how it could be addressed?

*Prompts: What are the expectations for MHSTs in relation to CYP with more complex needs? Are needs being addressed by the programme and which needs are being addressed? Changes in severity and volume of needs. Is there any evidence of scope creep in the teams/programme? Views on any gaps in support or if anything is missing?*

7. DfE stakeholders: How do you envisage the new model of training for senior leads to work?

*Prompts: Anticipated uptake of the training in that region. How will this be sustained within schools? E.g. school staff turnover. Has the delay in training had any impact on implementation or outcomes?*

8. What are the key differences between the MHSTs/sites in your region? How does the work of the Trailblazers differ from subsequent waves?

*Prompts: how do approaches differ, focus, resources, size, coverage of schools, team composition, progress, how distinctive are the Trailblazer sites.*

#### Wider context

9. What are your reflections on how governance and partnership working is working, both regionally and locally?

*Prompts: Experiences of working together? Have different partners/stakeholder groups become more or less involved? Are health and education equal partners? How do partners work together – health, education, social care, voluntary sector. Were there changes in how the partnership was managed / governed, and why? Have there been any challenges?*

#### General reflections

10. Looking back on the Trailblazer Programme, what has gone well? Was anything easier than expected?

*Prompts: different ways of children and young people receiving support, engagement and working with schools, communication, health inequalities, gaps in support/suitability of model, joint working between health and education, involvement of CYP/parents/carers, training, EMHP role, MHST functions, recruitment/retention (EMHPs, supervisors, specialist posts), referrals and criteria, resource availability, digital working.*

11. What has gone less well/what have been the main challenges? Did anything prove to be more challenging than expected?

*Prompts: as above*

12. There are three key objectives for the programme – “better mental health and wellbeing amongst children and young people; children and young people feel better equipped and supported; schools and colleges feel better equipped and supported.”  
To what extent is the programme making progress towards these objectives?

*Prompts: Overall goal of the programme is that “Children and young people have better mental health and wellbeing, supported and promoted by schools, colleges, parents/carers and the health system. When children and young people experience poor mental health, this is recognised, and appropriate support is identified and provided quickly”.*

Future working

13. How do you see the programme/MHSTs developing in the future?

*Prompts: reach/coverage, focus, resourcing, links with other mental health services/wider system.*

14. Lastly, are there any topics you would like to raise that I haven’t asked you about?

Thank the interviewee for their time, offer the participant an opportunity to ask any questions and remind them they are able to get in contact with the project team if required.

## Questionnaire for TB regional leads

An evaluation of the CYPMH Trailblazers programme is being carried out by researchers from the BRACE Centre (a collaboration between the University of Birmingham, RAND Europe and the University of Cambridge) and the Policy and Evaluation Research Unit (PIRU) at the London School of Hygiene and Tropical Medicine. They are being funded by the National Institute for Health Research (NIHR). The primary aim of the study is to examine the development, implementation and early progress of the CYPMH trailblazers. Our study is focused on Wave 1 sites, so we would like you to specifically reflect on wave 1 in your responses.

As a regional lead for the programme, we would like to hear more about your views on the local context, your experiences of setting up and delivering the new services and approaches, what is working well and what is not, and barriers and enablers to successful implementation.

Do you have any questions before we start?

Are you happy for me to record this interview? [If confirms yes, start recording]

*Italics indicates prompts*

1. Can I ask you what your job title is? (if more than one participant ask to each in turn)
  - *How long you have been in post?*
  - *Can you tell me what sorts of things you do day to day in your role in relation to the trailblazers (TB) programme?*
2. To start off with can you tell me about the local context of mental health provision in educational settings prior to the TB programme in your region?
  - *Does the programme build on any other previous work locally on mental health within educational settings (e.g. previous pilots/programmes)?*
3. Thinking about how the programme has developed so far in your area – obviously COVID-19 has been a huge factor in the last 6 months. How has COVID-19 affected the programme?
  - *Will any changes made to the programme during COVID-19 be maintained after the pandemic, or will you return to your original programme plan?*
4. How has the programme progressed in your area?
  - *When did the MHSTs first 'go live' in your area?*
  - *Where you able to recruit to all the roles that you had planned? Have there been any staffing challenges?*
  - *How are MHSTs operating now – do you have an idea of the number of referrals being made?*
  - *Are MHSTs seeing pupils alone or with supervision?*
  - *How is the 'whole school' approach progressing in your locality?*
  - *How do you feel the programme is integrating with other initiatives in the local area?*
5. What activity has happened to date?
  - *Is progress in your local area on track for the programme?*



6. Can you explain how the governance of the programme is organised in your region?
  - *Are other organisations involved in governance of the programme - e.g. charity sector?*
  - *Does governance of the programme include representation from across education and health?*
  - *How do you feel governance of the programme is currently working?*
7. How were educational settings recruited to be TB sites?
  - *How were educational settings selected for inclusion?*
8. Thinking now about the implementation of the TB programme to date. How have you found working with educational settings in your role?
  - *Have any educational settings faced challenges – e.g. by type of educational setting/ primary/secondary schools?*
9. Talking now about the Mental Health Support Teams (MHSTs). How has your local area developed the MHST model and who has been leading that approach?
  - *Where are the MHST roles based, where are their offices?*
  - *On average how many days a week do schools have a MHST worker? Is there much variation between schools?*
10. As you will be aware, the programme is aimed at young people with low to moderate mental health and emotional needs. How has this group been identified or defined locally?
  - *Are you aware of differences between how local areas are doing this?*
11. Are you in contact with regional leads from other TB sites?
  - *Are you working together at all?*
  - *Are you aware of similarities or differences in the way in which regions have implemented the programme?*
12. We are aware that some regions use specific language and terms for their team or for the programme – are there particular terms you have chosen to use in this area?
  - *For example, we know that some areas have chosen not to call the role MHSTs.*
13. What is your view on the flexibility in local areas to 'tweak' the TB programme to reflect regional needs?
  - *Is the balance right?*
  - *Is there enough local flexibility?*
  - *Are there areas or issues for which more central direction would be helpful?*
14. Are you aware of any local evaluations of the TB programme?
  - *If yes – do you know who has funded this? Do you know who is leading the evaluation?*

15. Reflecting now on the programme in your area now, how are things progressing to date?

- *What has gone well so far?*
- *What has been challenging?*

16. Is there anything else about the TB programme or your local area which we have not asked you about today which you would like to add?

**Thank you for your time.**

## National interviews topic guide

### Introduction

#### Before the interview begins

- Introduce yourself and briefly give an overview of the evaluation, reiterating the purpose and approach of the study, and who is funding it and why. Reminder: our evaluation is focused on the 18/19 trailblazer sites.
- Ensure the participant has received, read and understood the participant information sheet and any other relevant study information.
- Ensure the participant feels able to ask any questions about the evaluation (or any other related matter) including issues about confidentiality, the findings and/or dissemination.
- Explain that they do not have to answer all the questions just because they have consented to the interview, and that they can take a break or stop the interview at any time.
- Written consent should have been received prior to the interview by e-mail. If written consent via email has not been received prior to the interview, researchers will take verbal consent going through each statement on the consent form. Before turning the audio recorder on, researchers will ask participants if they are happy to be audio recorded (using the wording in the consent form). If participants say yes, researchers will then turn the audio recorder on and ask the participant to repeat that they consent to take part in the study and be audio recorded for the purposes of the tape.
- If the participant does not consent to being recorded ensure written notes are taken instead.
- Start audio-recording and begin the interview.

#### Interviewee

1. Please describe your role in relation to the Trailblazer programme

#### Progress and implementation

2. Overall, what are your views on how the programme is progressing?

*Prompts: What has worked well. What has worked less well?*

3. Since the programme started, much has changed in the wider environment (including the impact of Covid-19), has the programme adapted or changed in response to changes in wider environment?

*Prompts: how has the programme changed and to what extent? What is different? Why has this changed? E.g. impact of Covid-19, in response to need, other external factors. Has the scope changed? Reflections on how the programme focus/aims have evolved over time – remained the same/stable or moved on? If so, how?*

4. How have equality and diversity considerations influenced the national design and implementation of programme?

5. One of the biggest issues that schools and other stakeholders reported in the first phase of fieldwork is that there continues to be a gap in services/support for children whose needs are not 'mild to moderate' but also not serious enough to meet the threshold for specialist mental health support. What are your views on this gap, and if and how it could be addressed?

*Prompts: What are the expectations for MHSTs in relation to CYP with more complex needs? Are needs being addressed by the programme and which needs are being addressed? Changes in severity and volume of needs. Is there any evidence of scope creep in the teams/programme? Views on any gaps in support or if anything is missing?*

6. What impact do you think the delay to the senior leads for mental health training has had on the programme?

### General reflections

7. There are three key objectives for the programme – “better mental health and wellbeing amongst children and young people; children and young people feel better equipped and supported; schools and colleges feel better equipped and supported.”

To what extent has the programme achieved these objectives so far?

*Prompts: Overall goal of the programme is that “Children and young people have better mental health and wellbeing, supported and promoted by schools, colleges, parents/carers and the health system. When children and young people experience poor mental health, this is recognised, and appropriate support is identified and provided quickly”.*

8. What are the factors/dependencies that will have the strongest influence on whether the programme achieves these goals?
9. Reflecting on everything so far, what, if anything, would you have done differently?

### Future plans

10. What are your aspirations for the programme beyond 2023?

*Prompts: reach/coverage, focus, resourcing, links with other mental health services/wider system.*

11. What are the future risks / opportunities in relation to sustainability?

*Prompts: What would help to make changes more likely to last? Impact of short-term commissioning cycles on the programme? What does sustainability look like?*

12. Lastly, are there any topics you would like to raise that I haven't asked you about?

Thank the interviewee for their time, offer the participant an opportunity to ask any questions and remind them they are able to get in contact with the project team if required.

## vi. Preliminary scoping interviews: topic guide

### 1. Policy context and rationale

- What are the origins of the trailblazer (TB) programme/where did it come from?
- What is the purpose/goal of the programme? What is the problem that the green paper proposals are intended to address?
- Are there other similar or linked national programmes/initiatives we should be aware of?\*

\* Ask DfE about <https://www.gov.uk/government/news/one-of-the-largest-mental-health-trials-launches-in-schools>

### 2. Design of the trailblazers programme

- What factors and considerations have informed the design of the programme? Why did they pick this particular model/approach?
- What is the evidence base for the programme?
- Are TBs expected to implement a defined (protocolised) intervention/approach, or is there local flexibility in what is implemented and how?
- Have (and how have) stakeholders been involved in the design and early development of the programme, including children and young people?
- Can they tell us about the four week wait aspect of the programme – what do they envisage local areas will be doing to try and achieve the target? How does the 4WW element fit into the wider programme?
- How is the money being spent? Do schools/local NHS receive money to support implementation?
- How was the timetable for implementation determined?
- Do they plan to bring together all the TBs together at any point during the programme?

### 3. Trailblazer: selection, governance and implementation

- How were the TBs selected? Will future TBs be selected in the same ways?
- What does the local leadership and governance of TBs look like? Which organisations are involved in delivery?
- What model(s) of leadership is expected – at the overall TB level, within participating schools?
- Who are the TB leads – i.e. what is their role/level/organisation?
- How were schools selected, what steer did DfE provide? Will the process be the same for future waves?
- Do they foresee any challenges for the TBs?

### 4. Mental health support teams (MHSTs)

- Is this a completely new role, or one that already exists?
- Who have they got in mind to recruit to these roles: backgrounds, experiences etc?

- What level/grade are they being appointed at?
- Who will they be employed by?
- What will be the career prospects for the MHST staff?
- Who is providing the training? What tools/approaches are they being trained to use?
- Will there be specialisation of/within teams?
- When will the teams start delivering (December 2019 or before then)?

## 5. Progress to date

- What implementation/delivery work is already underway – at programme level, within the TBs? How is it progressing?
- How is the MHST recruitment and training going so far?
- Where will the evaluation team get our progress updates from?

## 6. Support

- What support is DfE/DHSC providing to designated school leads (DSLs), schools/colleges, MHSTs, CAMHS, TBs etc?
- What other support will TBs and local teams have access to?
- What support will the national programme team have access to, and from where/whom?

## 7. Outcomes

- What are the main outcomes they are hoping will be achieved by the TBs/what will success look like? [We'll then need to probe their assumptions about how these outcomes will be achieved, what factors need to be in place for them to be achieved]
- What will early signs of progress look like?

## 8. Monitoring and evaluation

- Are there some do's and don'ts for the evaluation team?
- What advice can they give about i) how to engage with the schools/colleges; ii) how to research with CYP?
- Any advice about how we can understand the historic context in the case study sites?
- What key areas/issues would they like this early evaluation to focus on?
- What monitoring data are TBs being asked to collect/report?
  - a. Do they foresee any challenges with data collection and reporting?
  - b. Will the programme team be routinely analysing these data?
  - c. Are sites going to be expected/supported to use the data collected, and how?
- What other data should we be able to access locally for the purposes of evaluation?
- Do they foresee any challenges for the evaluation?
- Can they suggest any good people for our independent advisory group?

#### 9. Other questions

- Are there any important documents they can send us?
- Who else should we talk to?

## Document 4: Case study interview topic guides

### Case study local informants topic guide

#### Note to interviewer

This document contains multiple topic guides. Select the guide that best fits your interviewee:

1. EMHP staff
2. MHST staff member (not EMHP)
3. Educational setting representative
4. Governance/management/strategy staff

Given the range of roles we are interviewing, you will need to be flexible in adapting the language in the questions to fit your interviewee.

### 1. EMHP topic guide

#### Background

1. Can you please describe your current role in relation to the trailblazer programme, and how long you have been in it?  
*Prompt: What was your previous role?*
2. What made you want to be part of the MHST?

#### Training

1. How did you find the initial training you received to do your role?  
*Prompts (if applicable): Experience of university teaching course and placements, sufficiency of training to do the role, support/contact with senior people e.g. supervisions, what went well/not so well?*
2. How well do you feel the training equipped you for your role?  
*Prompts: What was transition from training to working in schools like? Was there anything it did not cover which you would have liked it to have done?*
3. What training and support have you been offered since your initial training?  
*Prompts: Has this support been helpful, why? What additional support would you like and why, if any?*
4. Do you have other training/development needs which are not yet met?  
*Prompts: What are these?*
5. Who is your supervisor and how does the supervision process work?  
*Prompts: How often do you meet your supervisor? How well is this arrangement working, do you feel adequately supported in your role? Has this changed at all since you started your role?*

#### Activities and progress

1. Could you talk us through a typical week for you?  
*Prompts: What sort of things do you do in your role?*
2. How do you split your time between different activities?



*Prompts: Delivering interventions/ supporting whole school approach/ helping school staff and liaising with specialists to help CYP get the right support and stay in education? (Note: 3 roles of the MHSTs) How do you organise and prioritise your workload?*

3. Thinking about the CYP who you deliver interventions to, can you talk me through how a CYP is identified to you and how decisions are made about the best way to support them?

*Prompts: How are CYP prioritised for support? How are the needs of a CYP assessed? What happens with CYP who fall outside of the mild/moderate criteria? How are decisions made about which interventions/approaches to use and by whom? For how long is a young person typically seen by an EMHP? How do you prioritise need, and who gets support first?*

4. Who do you deliver direct interventions to?

*Prompts: CYP, parents, school staff, others?*

5. What data gathering/reporting is required as part of your role?

*Prompts: What sort of data is gathered and how? Does data gathering help you to do your job? What is the volume of work associated with data gathering/reporting? How are you measuring outcomes for those CYP receiving direct support, if at all?*

#### Partnership working and support

1. Thinking now about the educational settings that you are working with, how many settings do you cover in your role?

*Prompts: Primary/secondary, are schools similar/different to each other?*

2. How are you finding working with educational settings?

*Prompts: Do educational settings differ in their approach/expectations of the EMHP role? How easy/difficult has that been? How has the programme been received by school staff?*

3. What are you doing to support schools with developing a whole school approach?

*Prompts: How is this going? Where are schools focusing their efforts in terms of developing a whole school approach?*

4. Are you working with other services, e.g. other providers of CYP mental health services already working within schools; with NHS CAMHS services; other MHSTs; wider services.

*Prompts: How is this going?*

5. Obviously Covid-19 has been a significant factor over the last year, what are the main ways in which Covid-19 affected your work?

*Prompts: Any pauses in delivery, delays? Did demand for support change?*

6. What are the plans for digital delivery going forward?

*Prompts: How did it compare with face to face work? Will the use of digital platforms continue after the pandemic? Any learning from Covid-19 that has changed delivery for the future?*

7. Are there any groups of CYP who you feel aren't yet fully accessing/benefitting from the MHST, why?

*Prompts: Any groups of CYP it is more challenging to reach or get referrals from, e.g. CYP at risk of health inequalities/vulnerable children/children with special educational needs and disabilities? Why, reluctance to speak out, issues identifying CYP in need of support, capacity to support CYP, consent and informing parents.*

8. Are you seeing any evidence of early impacts from the work so far? If so, what?

## Reflections

1. Looking back on everything so far, what has gone well?  
*Prompts: different ways of delivering support, engagement and working with schools, communication, joint working between health and education, involvement of CYP/parents/carers, training, EMHP role, MHST recruitment/retention (why), referrals and criteria, resource availability, digital working, MHST capacity. Any examples of good practice?*
2. Looking back on everything so far, what has gone less well?  
*Prompts: See prompt above*

## Future plans

1. How do you see yourself developing in this role?  
*Prompts: What are you hoping your career progression will look like?*
2. Is there anything else you'd like to mention that we haven't already talked about?

Thank the interviewee for their time, offer the participant an opportunity to ask any questions and remind them they are able to get in contact with the project team if required.

## 2. MHST staff member topic guide (e.g. service manager and senior therapist) topic guide

### Background

1. Can you please describe your current role in relation to the trailblazer programme, and how long you have been in it?
2. What made you want to be part of the MHST?

### Training

1. Did you have any specific training when you took on this role?  
*Prompts: Has this support been helpful, why? What additional support would you like and why, if any?*
2. Can you describe the team composition and what are their respective roles and responsibilities?  
*Prompts: What staff make up the team? Do you work closely with other MHSTs in the area?*

### Activities and progress

1. Could you talk us through a typical week for you?  
*Prompts: What sort of things do you do? Do you provide interventions directly to CYP in your role? Do you work directly with educational settings?*
2. How do you split your time between different activities?  
*Prompts: Delivering interventions/ supporting whole school approach/ helping school staff and liaising with specialists to help CYP get the right support and stay in education? (Note: 3 roles of the MHSTs) Managing staff and others? How do you organise and prioritise your workload?*
3. Does your role include supervising others, how has that gone?

*Prompts: Who do you supervise? What support and advice are they needing? How frequently do you meet with them?*

4. Does your role include recruiting staff to the MHST, how has that gone?  
*Prompts: How has recruitment gone? Are some roles harder to recruit to than others? How has the retention of staff been in your team?*
5. Thinking about the CYP the team deliver interventions to, can you talk me through how a CYP is identified to you and how decisions are made about the best way to support them?  
*Prompts: How are CYP prioritised for support? How are the needs of a CYP assessed? How are decisions made about which interventions/approaches to use and by whom? For how long is a young person typically seen by an EMHP? How do you prioritise need, and who gets support first?*
6. As the intervention is designed for CYP with mild to moderate mental health issues, how have you identified 'mild to moderate' mental health need in your area?  
*Prompts: Is there a measure in use? What happens with those with higher needs? What happens for CYP who do not meet the threshold for mild to moderate?*
7. Who does the team deliver direct interventions to?  
*Prompts: CYP, parents, school staff, others?*
8. What data gathering/reporting is required from you and the team?  
*Prompts: What sort of data is gathered and how? Does data gathering help you to do your job? What is the volume of work associated with data gathering/reporting? How are you measuring outcomes for those CYP receiving direct support, if at all?*
9. Are you formally auditing how the service is working?  
*Prompts: What data are you collecting to do that? What happens with that information – is there a focus on service improvement? Are there data you are not currently collecting which you would like to in the future?*
10. Partnership working and support
11. How are you finding working with educational settings?  
*Prompts: How easy/difficult has that been; educational settings' capacity and willingness to engage; extent and visibility of leadership support for the programme within settings; presence/absence of shared language; how has the programme been received by school staff?*
12. Are you working with other services, e.g. other providers of CYP mental health services already working within schools; with NHS CAMHS services; other MHSTs; wider services.  
*Prompts: How is this going?*
13. Have CYP or parents/carers been involved in shaping and delivering the programme?  
*Prompts: Who has been involved, how, how successful has this been?*
14. Obviously Covid-19 has been a significant factor over the last year, what are the main ways in which Covid-19 affected your work?  
*Prompts: Any pauses in delivery, delays? Did demand for support change?*
15. What are the plans for digital delivery going forward?  
*Prompts: How did it compare with face to face work? Will the use of digital platforms continue after the pandemic? Any learning from Covid-19 that has changed delivery for the future?*
16. Are there any groups of CYP who you feel aren't yet fully accessing/benefitting from the MHST, why?

*Prompts: Any groups of CYP it is more challenging to reach or get referrals from, e.g. CYP at risk of health inequalities/vulnerable children/children with special educational needs and disabilities? Why, reluctance to speak out, issues identifying CYP in need of support, capacity to support CYP, consent and informing parents.*

17. Are you seeing any evidence of early impacts from the work so far? If so, what?

## Reflections

1. Looking back on everything so far, what has gone well?

*Prompts: different ways of delivering support, engagement and working with schools, communication, joint working between health and education, involvement of CYP/parents/carers, training, EMHP role, MHST recruitment/retention (why), referrals and criteria, resource availability, digital working, MHST capacity. Any examples of good practice?*

2. Looking back on everything so far, what has gone less well?

*Prompts: See prompt above*

3. Is there anything else you'd like to mention that we haven't already talked about?

Thank the interviewee for their time, offer the participant an opportunity to ask any questions and remind them they are able to get in contact with the project team if required.

## 3. Educational setting representative topic guide

### Background

1. Can you please describe your current role (in relation to both the educational setting and Trailblazer programme, if applicable) and how long you have been in it?

2. Have you received any training to undertake your role in the programme?

*Prompt: If yes: was training useful? If no: would you like some training?*

3. Trailblazer governance and management

4. Could you briefly tell me a bit about the support your setting provided for mental health before the programme?

*Prompts: Sources of support, availability, funding for support, involvement in other programmes/initiatives, gaps in provision/unmet need, links with wider services e.g. voluntary sector, experiences working with CAMHS.*

5. How did the school come to become part of the programme?

*Prompts: Did school apply to be part of the programme? Were they invited to be part of the programme?*

6. Do you think your educational setting was prepared for working with MHSTs? If not, what would have helped with this?

*Prompts: Capacity, resources, clear communication, awareness of programme, guidance, training.*

7. How has your school been involved in decisions about what the MHST would offer and how the team will work?

8. How have CYP and parents/carers been informed about the MHST in your school and what they will do?

*Prompts: What have they been told and how? Have CYP and parents/carers been involved/consulted about the work of the MHST at all? If so, how and about what? If not, why not?*

9. What are your reflections on the resources/capacity required from educational settings to set up and deliver the programme?

## Implementation

1. What are the MHSTs/EMHPs doing in your setting?

*Prompts: Delivering interventions/ supporting whole school approach/ helping school staff and liaising with specialists to help CYP get the right support and stay in education? (Note: 3 roles of the MHSTs)*

2. As you will be aware one of the key roles of the EMHPs is supporting the 'whole school approach' to mental health how do you feel that is going in your school

*Prompts: Has whole school approach been developed? Role of EMHP in that?*

3. As the intervention is designed for CYP with mild to moderate mental health issues, how have you identified 'mild to moderate' mental health issues?

*Prompts: What happens with CYP who fall outside of the mild/moderate criteria? What happens with those with higher needs? What happens for CYP who do not meet the threshold for mild to moderate?*

4. What are your views on the interventions and approaches delivered by the MHSTs?

*Prompts: Types of approaches? Suitability? Views on the approach delivered by NHS funded MHSTs?*

5. Is there anything that the teams are not currently doing, which would be helpful (or you had expected to be provided)?

*Prompts: particular support/services offered, content/focus of work?*

6. How does MHST support fit with other support for CYP mental health in the setting?

*Prompts: Is there other support within the school? How do MHSTs integrate with other support provided? Has previous support changed/adapted due to the MHST?*

7. Obviously Covid-19 has been a significant factor over the last year, what are the main ways in which Covid-19 affected your work?

*Prompts: Any pauses in delivery, delays? Did demand for support change?*

8. What are the plans for digital delivery going forward?

*Prompts: Will the use of digital platforms continue after the pandemic?*

9. Are there any groups of CYP who you feel aren't yet fully accessing/benefitting from the MHST, why?

*Prompts: Any groups of CYP it is more challenging for MHSTs to reach?*

## Outcomes/aspirations

1. What would you hope to be achieved by the end of the programme? What would success look like?

*Prompts: increased awareness of CYP MH, increased access to support for CYP with MH needs, reduction in CAMHS waiting times/fewer CYP requiring specialist support, joined up working across the system, presence of resilient whole school approaches, CYP/parent/carer satisfaction.*

2. Has the programme made it possible for your educational setting to do things you couldn't do or were finding it very challenging to do previously?  
*Prompts: Has the programme made things any easier? Has it opened up any new opportunities? Have any new innovations not previously present been brought in through the programme?*
3. Are you seeing any evidence of early impacts from the programme? Are you formally monitoring any of these?  
*Prompts: Changes to partnership working/relationships between health and education, changes in awareness of CYP MH, changes in access to support, changes in demand for support, changes in waiting times, CYP/parent/carer satisfaction.*
4. Is there anything else you'd like to mention that we haven't already talked about?

Thank the interviewee for their time, offer the participant an opportunity to ask any questions and remind them they are able to get in contact with the project team if required.

#### 4. Governance/management/strategy representative topic guide

##### Background

1. Can you please describe your current role in relation to the Trailblazers programme and how long you have been in it?

##### Trailblazer governance and management

1. *If interviewee was in role at start of prog:* What was the rationale for applying to be part of the trailblazer programme?
2. How is governance and management of the programme working locally?  
*Prompts:.. What is working well/less well?*
3. Have CYP or parents/carers been involved in shaping the local model of working?  
*Prompts: Who has been involved, how, how successful has this been?*
4. How did you recruit education settings to the programme?  
*Prompts: Were any types of schools given priority – if so which? Were education settings receptive to being part of the programme?*
5. How do you view the MHST within the broader landscape of services for CYP with mental health issues in the area?, e.g. other providers of CYP mental health services already working within schools; with NHS CAMHS services; voluntary organisations?
6. What are your reflections on the resources required to set up and deliver the programme locally?  
*Prompts: What was provided? Was this enough? How have resources been allocated? Alternative resources, in-kind costs.*
7. What are your views on the support provided by the regional and national trailblazer teams?  
*Prompts: Extent of support from being awarded to operational in first 12 months? How has support been since then?*
8. To what extent have you been guided by national ways of doing things, or been able to design and deliver services in a way specific to the local region?

### MHSTs model and activities

1. Could you please describe the local model(s) set up for your MHST(s)?  
*Prompts: Team composition and staff mix?, Employing organisations?*
2. As the intervention is designed for CYP with mild to moderate mental health issues, how have you identified 'mild to moderate' mental health need in your area?  
*Prompts: Has defining what is meant by 'mild to moderate' needs been challenging?*

### Implementation

1. Obviously Covid-19 has been a significant factor over the last year, what are the main ways in which Covid-19 affected the Trailblazer programme?  
*Prompts: Any pauses in delivery, delays? Did demand for support change?*
2. What are the plans for digital delivery going forward?  
*Prompts: Will the use of digital platforms continue after the pandemic? Any learning from Covid-19 that has changed delivery for the future?*
1. To what extent did considerations about diversity, diverse needs or underserved groups inform the design of MHSTs?  
*Prompts: Are there any groups of CYP that it is more challenging to reach or get referrals from, e.g. CYP at risk of health inequalities/vulnerable children/children with special educational needs and disabilities? Why, e.g. reluctance to speak out, issues identifying CYP in need of support, capacity to support CYP, consent and informing parents.*
2. How do you think the programme is doing in terms of addressing the needs of CYP in these under-served groups?

### Reflections

1. Has the programme made it possible for your area to do things you couldn't do or were finding it very challenging to do previously?  
*Prompts: Has the programme made things any easier? Has it opened up any new opportunities? Have any new innovations not previously present been brought in through the programme?*

### Outcomes/aspirations

1. Are you seeing any evidence of early impacts from the programme? If so, what?  
*Prompts: Changes to partnership working/relationships between health and education, changes in awareness of CYP MH, changes in access to support, changes in demand for support, changes in waiting times, CYP/parent/carer/school staff satisfaction?*

### Future plans and sustainability

1. How do you see the work of the programme developing in the future?  
*Prompts: Do you see any barriers to this being able to occur?*
2. Finally what advice would you give to other areas about to start the trailblazer programme?
3. Is there anything else you'd like to mention that we haven't already talked about?

Thank the interviewee for their time, offer the participant an opportunity to ask any questions and remind them they are able to get in contact with the project team if required.

### Case study local informants topic guide

This document contains multiple topic guides. Select the guide that best fits your interviewee:

1. EMHP staff
2. MHST staff member (not EMHP)
3. Educational setting representative
4. Governance/management/strategy staff

Given the range of roles we are interviewing, you will need to be flexible in adapting the language in the questions to fit your interviewee.

## Introduction

Before the interview begins

- Introduce yourself and briefly give an overview of the evaluation, reiterating the purpose and approach of the study, and who is funding it and why. Remind participants that: ***our evaluation is focused on the 18/19 trailblazer sites.***
- Ensure the participant has received, read and understood the participant information sheet and any other relevant study information.
- Ensure the participant feels able to ask any questions about the evaluation (or any other related matter) including issues about confidentiality, the findings and/or dissemination.
- Explain that they do not have to answer all the questions just because they have consented to the interview, and that they can take a break or stop the interview at any time.
- Written consent should have been received prior to the interview by e-mail. If written consent via email has not been received prior to the interview, researchers will ask for verbal consent for the participant to be audio recorded (using the wording on the consent form). If participants say yes, researchers will then turn the audio recorder on and researchers will take verbal consent going through each statement on the consent form.
- If the participant does not consent to being recorded ensure written notes are taken instead.
- Begin the interview.

## 1. EMHP staff topic guide

### Background

1. Can you please describe your current role in relation to the trailblazer programme, and how long you have been in it?  
*Prompt: What was your previous role?*
2. What made you want to be part of the MHST?

### Training

1. How did you find the initial training you received to do your role?



*Prompts (if applicable): Experience of university teaching course and placements, sufficiency of training to do the role, support/contact with senior people e.g. supervisions, what went well/not so well?*

2. How well do you feel the training equipped you for your role?  
*Prompts: What was transition from training to working in schools like? Was there anything it did not cover which you would have liked it to have done?*
3. What training and support have you been offered since your initial training? *Prompts: Has this support been helpful, why? What additional support would you like and why, if any?*
4. Do you have other training/development needs which are not yet met?  
*Prompts: What are these?*
5. Who is your supervisor and how does the supervision process work?  
*Prompts: How often do you meet your supervisor? How well is this arrangement working, do you feel adequately supported in your role? Has this changed at all since you started your role?*
6. Activities and progress
7. Could you talk us through a typical week for you?  
*Prompts: What sort of things do you do in your role?*
8. How do you split your time between different activities?  
*Prompts: Delivering interventions/ supporting whole school approach/ helping school staff and liaising with specialists to help CYP get the right support and stay in education? (Note: 3 roles of the MHSTs) How do you organise and prioritise your workload?*
9. Thinking about the CYP who you deliver interventions to, can you talk me through how a CYP is identified to you and how decisions are made about the best way to support them?  
*Prompts: How are CYP prioritised for support? How are the needs of a CYP assessed? What happens with CYP who fall outside of the mild/moderate criteria? How are decisions made about which interventions/approaches to use and by whom? For how long is a young person typically seen by an EMHP? How do you prioritise need, and who gets support first?*
10. Who do you deliver direct interventions to?  
*Prompts: CYP, parents, school staff, others?*
11. What data gathering/reporting is required as part of your role?  
*Prompts: What sort of data is gathered and how? Does data gathering help you to do your job? What is the volume of work associated with data gathering/reporting? How are you measuring outcomes for those CYP receiving direct support, if at all?*

### Partnership working and support

1. Thinking now about the educational settings that you are working with, how many settings do you cover in your role?  
*Prompts: Primary/secondary, are schools similar/different to each other?*
2. How are you finding working with educational settings?  
*Prompts: Do educational settings differ in their approach/expectations of the EMHP role? How easy/difficult has that been? How has the programme been received by school staff?*
3. What are you doing to support schools with developing a whole school approach?  
*Prompts: How is this going? Where are schools focusing their efforts in terms of developing a whole school approach?*

4. Are you working with other services, e.g. other providers of CYP mental health services already working within schools; with NHS CAMHS services; other MHSTs; wider services.  
*Prompts: How is this going?*
5. Obviously Covid-19 has been a significant factor over the last year, what are the main ways in which Covid-19 affected your work?  
*Prompts: Any pauses in delivery, delays? Did demand for support change?*
6. What are the plans for digital delivery going forward?  
*Prompts: How did it compare with face to face work? Will the use of digital platforms continue after the pandemic? Any learning from Covid-19 that has changed delivery for the future?*
7. Are there any groups of CYP who you feel aren't yet fully accessing/benefitting from the MHST, why?  
*Prompts: Any groups of CYP it is more challenging to reach or get referrals from, e.g. CYP at risk of health inequalities/vulnerable children/children with special educational needs and disabilities? Why, reluctance to speak out, issues identifying CYP in need of support, capacity to support CYP, consent and informing parents.*
8. Are you seeing any evidence of early impacts from the work so far? If so, what?

## Reflections

1. Looking back on everything so far, what has gone well?  
*Prompts: different ways of delivering support, engagement and working with schools, communication, joint working between health and education, involvement of CYP/parents/carers, training, EMHP role, MHST recruitment/retention (why), referrals and criteria, resource availability, digital working, MHST capacity. Any examples of good practice?*
2. Looking back on everything so far, what has gone less well?  
*Prompts: See prompt above*

## Future plans

1. How do you see yourself developing in this role?  
*Prompts: What are you hoping your career progression will look like?*
2. Is there anything else you'd like to mention that we haven't already talked about?

Thank the interviewee for their time, offer the participant an opportunity to ask any questions and remind them they are able to get in contact with the project team if required.

## 2. MHST staff member topic guide (e.g. service manager and senior therapist)

### Background

1. Can you please describe your current role in relation to the trailblazer programme, and how long you have been in it?
2. What made you want to be part of the MHST?

### Background

1. Did you have any specific training when you took on this role?  
*Prompts: Has this support been helpful, why? What additional support would you like and why, if any?*
2. Can you describe the team composition and what are their respective roles and responsibilities?  
*Prompts: What staff make up the team? Do you work closely with other MHSTs in the area?*

### Activities and progress

1. Could you talk us through a typical week for you?  
*Prompts: What sort of things do you do? Do you provide interventions directly to CYP in your role? Do you work directly with educational settings?*
2. How do you split your time between different activities?  
*Prompts: Delivering interventions/ supporting whole school approach/ helping school staff and liaising with specialists to help CYP get the right support and stay in education? (Note: 3 roles of the MHSTs) Managing staff and others? How do you organise and prioritise your workload?*
3. Does your role include supervising others, how has that gone?  
*Prompts: Who do you supervise? What support and advice are they needing? How frequently do you meet with them?*
4. Does your role include recruiting staff to the MHST, how has that gone?  
*Prompts: How has recruitment gone? Are some roles harder to recruit to than others? How has the retention of staff been in your team?*
5. Thinking about the CYP the team deliver interventions to, can you talk me through how a CYP is identified to you and how decisions are made about the best way to support them?  
*Prompts: How are CYP prioritised for support? How are the needs of a CYP assessed? How are decisions made about which interventions/approaches to use and by whom? For how long is a young person typically seen by an EMHP? How do you prioritise need, and who gets support first?*
6. As the intervention is designed for CYP with mild to moderate mental health issues, how have you identified 'mild to moderate' mental health need in your area?  
*Prompts: Is there a measure in use? What happens with those with higher needs? What happens for CYP who do not meet the threshold for mild to moderate?*
7. Who does the team deliver direct interventions to?  
*Prompts: CYP, parents, school staff, others?*
8. What data gathering/reporting is required from you and the team?

*Prompts: What sort of data is gathered and how? Does data gathering help you to do your job? What is the volume of work associated with data gathering/reporting? How are you measuring outcomes for those CYP receiving direct support, if at all?*

9. Are you formally auditing how the service is working?

*Prompts: What data are you collecting to do that? What happens with that information – is there a focus on service improvement? Are there data you are not currently collecting which you would like to in the future?*

### Partnership working and support

1. How are you finding working with educational settings?

*Prompts: How easy/difficult has that been; educational settings' capacity and willingness to engage; extent and visibility of leadership support for the programme within settings; presence/absence of shared language; how has the programme been received by school staff?*

2. Are you working with other services, e.g. other providers of CYP mental health services already working within schools; with NHS CAMHS services; other MHSTs; wider services.

*Prompts: How is this going?*

3. Have CYP or parents/carers been involved in shaping and delivering the programme?

*Prompts: Who has been involved, how, how successful has this been?*

4. Obviously Covid-19 has been a significant factor over the last year, what are the main ways in which Covid-19 affected your work?

*Prompts: Any pauses in delivery, delays? Did demand for support change?*

5. What are the plans for digital delivery going forward?

*Prompts: How did it compare with face to face work? Will the use of digital platforms continue after the pandemic? Any learning from Covid-19 that has changed delivery for the future?*

6. Are there any groups of CYP who you feel aren't yet fully accessing/benefitting from the MHST, why?

7. *Prompts: Any groups of CYP it is more challenging to reach or get referrals from, e.g. CYP at risk of health inequalities/vulnerable children/children with special educational needs and disabilities? Why, reluctance to speak out, issues identifying CYP in need of support, capacity to support CYP, consent and informing parents.*

8. Are you seeing any evidence of early impacts from the work so far? If so, what?

### Reflections

1. Looking back on everything so far, what has gone well?

*Prompts: different ways of delivering support, engagement and working with schools, communication, joint working between health and education, involvement of CYP/parents/carers, training, EMHP role, MHST recruitment/retention (why), referrals and criteria, resource availability, digital working, MHST capacity. Any examples of good practice?*

2. Looking back on everything so far, what has gone less well?

*Prompts: See prompt above*

3. Is there anything else you'd like to mention that we haven't already talked about?

Thank the interviewee for their time, offer the participant an opportunity to ask any questions and remind them they are able to get in contact with the project team if required.

### 3. Educational setting representative topic guide

#### Background

1. Can you please describe your current role (in relation to both the educational setting and Trailblazer programme, if applicable) and how long you have been in it?
2. Have you received any training to undertake your role in the programme?  
*Prompt: If yes: was training useful? If no: would you like some training?*

#### Trailblazer governance and management

1. Could you briefly tell me a bit about the support your setting provided for mental health before the programme?  
*Prompts: Sources of support, availability, funding for support, involvement in other programmes/initiatives, gaps in provision/unmet need, links with wider services e.g. voluntary sector, experiences working with CAMHS.*
2. How did the school come to become part of the programme?  
*Prompts: Did school apply to be part of the programme? Were they invited to be part of the programme?*
3. Do you think your educational setting was prepared for working with MHSTs? *If not, what would have helped with this?*  
*Prompts: Capacity, resources, clear communication, awareness of programme, guidance, training.*
4. How has your school been involved in decisions about what the MHST would offer and how the team will work?
5. How have CYP and parents/carers been informed about the MHST in your school and what they will do?  
*Prompts: What have they been told and how? Have CYP and parents/carers been involved/consulted about the work of the MHST at all? If so, how and about what? If not, why not?*
6. What are your reflections on the resources/capacity required from educational settings to set up and deliver the programme?

#### Implementation

1. What are the MHSTs/EMHPs doing in your setting?  
*Prompts: Delivering interventions/ supporting whole school approach/ helping school staff and liaising with specialists to help CYP get the right support and stay in education? (Note: 3 roles of the MHSTs)*
2. As you will be aware one of the key roles of the EMHPs is supporting the 'whole school approach' to mental health how do you feel that is going in your school?  
*Prompts: Has whole school approach been developed? Role of EMHP in that?*
3. As the intervention is designed for CYP with mild to moderate mental health issues, how have you identified 'mild to moderate' mental health issues?

*Prompts: What happens with CYP who fall outside of the mild/moderate criteria? What happens with those with higher needs? What happens for CYP who do not meet the threshold for mild to moderate?*

4. What are your views on the interventions and approaches delivered by the MHSTs?  
*Prompts: Types of approaches? Suitability? Views on the approach delivered by NHS funded MHSTs?*
5. Is there anything that the teams are not currently doing, which would be helpful (or you had expected to be provided)?  
*Prompts: particular support/services offered, content/focus of work?*
6. How does MHST support fit with other support for CYP mental health in the setting?  
*Prompts: Is there other support within the school? How do MHSTs integrate with other support provided? Has previous support changed/adapted due to the MHST?*
7. Obviously Covid-19 has been a significant factor over the last year, what are the main ways in which Covid-19 affected your work?  
*Prompts: Any pauses in delivery, delays? Did demand for support change?*
8. What are the plans for digital delivery going forward?  
*Prompts: Will the use of digital platforms continue after the pandemic?*
9. Are there any groups of CYP who you feel aren't yet fully accessing/benefitting from the MHST, why?  
*Prompts: Any groups of CYP it is more challenging for MHSTs to reach?*

#### Outcomes/aspirations

1. What would you hope to be achieved by the end of the programme? What would success look like?  
*Prompts: increased awareness of CYP MH, increased access to support for CYP with MH needs, reduction in CAMHS waiting times/fewer CYP requiring specialist support, joined up working across the system, presence of resilient whole school approaches, CYP/parent/carer satisfaction.*
2. Has the programme made it possible for your educational setting to do things you couldn't do or were finding it very challenging to do previously?  
*Prompts: Has the programme made things any easier? Has it opened up any new opportunities? Have any new innovations not previously present been brought in through the programme?*
3. Are you seeing any evidence of early impacts from the programme? Are you formally monitoring any of these?  
*Prompts: Changes to partnership working/relationships between health and education, changes in awareness of CYP MH, changes in access to support, changes in demand for support, changes in waiting times, CYP/parent/carer satisfaction.*
4. Is there anything else you'd like to mention that we haven't already talked about?

Thank the interviewee for their time, offer the participant an opportunity to ask any questions and remind them they are able to get in contact with the project team if required.

## 4. Governance/management/strategy representative topic guide

### Background

1. Can you please describe your current role in relation to the Trailblazers programme and how long you have been in it?

### Trailblazer governance and management

1. *If interviewee was in role at start of prog:* What was the rationale for applying to be part of the trailblazer programme?
2. How is governance and management of the programme working locally?  
*Prompts: What is working well/less well?*
3. Have CYP or parents/carers been involved in shaping the local model of working?  
*Prompts: Who has been involved, how, how successful has this been?*
4. How did you recruit education settings to the programme?  
*Prompts: Were any types of schools given priority – if so which? Were education settings receptive to being part of the programme?*
5. How do you view the MHST within the broader landscape of services for CYP with mental health issues in the area?, e.g. other providers of CYP mental health services already working within schools; with NHS CAMHS services; voluntary organisations?
6. What are your reflections on the resources required to set up and deliver the programme locally?  
*Prompts: What was provided? Was this enough? How have resources been allocated? Alternative resources, in-kind costs.*
7. What are your views on the support provided by the regional and national trailblazer teams?  
*Prompts: Extent of support from being awarded to operational in first 12 months? How has support been since then?*
8. To what extent have you been guided by national ways of doing things, or been able to design and deliver services in a way specific to the local region?

### MHSTs model and activities

1. Could you please describe the local model(s) set up for your MHST(s)?  
*Prompts: Team composition and staff mix?, Employing organisations?*
2. As the intervention is designed for CYP with mild to moderate mental health issues, how have you identified 'mild to moderate' mental health need in your area?  
*Prompts: Has defining what is meant by 'mild to moderate' needs been challenging?*

### Implementation

1. Obviously Covid-19 has been a significant factor over the last year, what are the main ways in which Covid-19 affected the Trailblazer programme?  
*Prompts: Any pauses in delivery, delays? Did demand for support change?*
2. What are the plans for digital delivery going forward?  
*Prompts: Will the use of digital platforms continue after the pandemic? Any learning from Covid-19 that has changed delivery for the future?*

3. To what extent did considerations about diversity, diverse needs or underserved groups inform the design of MHSTs?

*Prompts: Are there any groups of CYP that it is more challenging to reach or get referrals from, e.g. CYP at risk of health inequalities/vulnerable children/children with special educational needs and disabilities? Why, e.g. reluctance to speak out, issues identifying CYP in need of support, capacity to support CYP, consent and informing parents.*

4. How do you think the programme is doing in terms of addressing the needs of CYP in these under-served groups?

### Reflections

1. Has the programme made it possible for your area to do things you couldn't do or were finding it very challenging to do previously?

*Prompts: Has the programme made things any easier? Has it opened up any new opportunities? Have any new innovations not previously present been brought in through the programme?*

### Outcomes/aspirations

1. Are you seeing any evidence of early impacts from the programme? If so, what?

*Prompts: Changes to partnership working/relationships between health and education, changes in awareness of CYP MH, changes in access to support, changes in demand for support, changes in waiting times, CYP/parent/carer/school staff satisfaction?*

### Future plans and sustainability

1. How do you see the work of the programme developing in the future?

*Prompts: Do you see any barriers to this being able to occur?*

### Finally

1. What advice would you give to other areas about to start the trailblazer programme?
2. Is there anything else you'd like to mention that we haven't already talked about?

Thank the interviewee for their time, offer the participant an opportunity to ask any questions and remind them they are able to get in contact with the project team if required.



## Document 5: Focus Groups With Children And Young People In Schools (Cyp) Topic Guide

These are the key areas we will cover in our focus groups with children and young people. We have produced a single topic guide that covers primary and secondary age children, as the topic areas we wish to cover are the same. However, we will:

1. Frame the questions in age appropriate ways, depending on the age groups recruited into the focus groups in the different educational settings.
2. Work within those educational settings to identify and use the correct terms to describe concepts based on the language used within those settings.

We will start the focus groups by introduce ourselves and check that all Children and Young People (CYP) are still happy to take part. We will revisit confidentiality, anonymity and disclosure in age appropriate language, and we will give CYP the opportunity to ask questions.

Once we have completed the introductions we will ask a series of questions and let the CYP discuss these.

1. Where do CYP go for support/help with emotional wellbeing within the educational setting?
2. Where else do CYP go for support/help with emotional wellbeing (outside educational setting)?
3. Do CYP know about Mental Health Support Teams (MHSTs)?
4. How does school promote wellbeing/a Whole School Approach?
5. What support has been available during covid-19? How has CYP mental health been supported during this time? What have educational settings provided?
6. What else might CYP like to support their mental health and wellbeing?

We will finish the focus groups with a brief summary of what we have learned from the CYP and thank them for participating. We will explain the next steps for the research and signpost them both within the school and back to the research team should they have further questions.

## Document 6: Qualitative analysis coding framework

Code	Description
Role	Description of participants role and what they do in relation to trailblazer (TB) programme. Understanding of their role.
setting up	Anything related to Trailblazer set up
motivations_role	Why participant wanted to do their role
Training_university <ul style="list-style-type: none"> <li>- training_positive</li> <li>- training_negative</li> </ul>	Participants views on training at university positives and negatives.
Training_on_job <ul style="list-style-type: none"> <li>- training_postive</li> <li>- training_negative</li> </ul>	Participants views on any training they have had on the job - positives and negatives
no_training	If participant has not had any training for their role, and views of that, or areas where they feeling training has been inadequate
training_wants	Training wishes of participants (what they would like, rather than what they have had)
receiving_supervision <ul style="list-style-type: none"> <li>- receiving_sup_nature</li> <li>- receiving_sup_views</li> </ul>	Supervision they are given in their role – nature and views on.
providing_supervision <ul style="list-style-type: none"> <li>- providing_sup_nautre</li> <li>- providing_sup_views</li> </ul>	Providing supervision for others – nature and views on.
MHST_composition	Information about the composition of the MHST in relation to the roles within the MHST. Any views on the team roles and make-up.
MHST_teamwork <ul style="list-style-type: none"> <li>- MHST_teamwork_postive</li> <li>- MHST_teamwork_negative</li> </ul>	How MHST is working together, how teamworking is going (positive and negative)
School_culture	How MHST staff have adapted to culture/ways of working in schools
recruiting_MHST <ul style="list-style-type: none"> <li>- recruit_MHST_success</li> <li>- recruit_MHST_challenges</li> </ul>	Views on recruiting staff to the MHST – challenges, successes
typical_week <ul style="list-style-type: none"> <li>- typical_wk_funct_1</li> <li>- typical_wk_funct_2</li> <li>- typical_wk_funct_3</li> <li>- typical_wk_other</li> </ul>	Roles undertaken in a typical week – including how time is split between roles and across the 3 functions Number of schools per EMHP

views_workload	Staff views of workload, including if workload is too high or too low. Views on the nature of workload, managing caseload, stress due to workload, but also if workload balance feels good and appropriate
cyp_referral	How CYP are referred to the service and how decisions are made about what is offered to them, including assessment. Includes prioritisation of who is seen/how/when
mild_moderate	How have they defined service scope, 'mild to moderate'?
CYP_MH_need	How are CYP managed who are outside of the 'mild to moderate' definition? (includes below or above the threshold). To include how staff feel when managing cases of lesser or greater need. Also includes discussion of CYP with needs EMHPs unable to meet (e.g. self harm, eating disorders)
MHST_interventions	Type of interventions provided by MHSTs (function 1) and any details of to whom they are provided (e.g. parents/CYP)
data_gathered	Information about any data gathering/reporting or auditing of TB work, including views on data gathering and advantages/disadvantages of gathering data
working_schools	Anything related to working with educational settings/schools to deliver the TB programme – how relationships with schools are going, support from senior staff in schools for the MHST, how integrated MHST is within school and how engaged school is with MH ( <i>code for use only with participants <b>not</b> from schools</i> )
expectations_schools	Expectations from schools of MHST and role
whole_school	Anything on the whole school approach (function 2)– inc. who is leading the content of the whole school approach
Working_with_others	Working with other teams e.g. voluntary sector, NHS CAMHS, other MHSTs etc, includes function 3, or anything related to boundary spanning. (Note – this does <b>not</b> include schools, separate code for working with schools)
advice_school_staff	Providing advice to school staff – to support CYP get support and stay in education (function 3)
senior_leads_training	Mention of senior leads training, or delays in the provision of senior leads training
role_CYP	How CYP involved in the TB programme
role_parents	How parents/carers involved in the TB programme
interventions_parents	Interventions delivered to parents
engagement_school_staff	Interventions delivered to school staff
covid_19 - c_19_team_adaptions - c_19_school_impacts - c_19_impacts - c_19_digital_delivery - c_19_other	Anything relating to Covid-19 and impacts it has had on MHSTs and the TB programme
CYP_not_benefiting	Any groups of CYP (who fall into the 'mild to moderate' definition) who are not accessing/benefiting from the TB programme. Including health inequalities/vulnerable CYP/SEN/disabilities etc.

inequalities	How do MHSTs explicitly design or deliver the service with inequalities in mind?
impacts_TB	Any evidence of early impacts of TBs? Implications for a future impact evaluation.
aspirations_TB	What participant would hope to be achieved by the TB or aspirations of programme in the future. What would success look like?
gone_well	Things that have gone well
less_well	Things that have not gone well
future_role	How does participant see future progression in their role inc. career progression
senior_MH_lead	Views on role of senior mental health lead (from schools or other participants)
adaption_local_needs	Changes to the approach or structure of MHST due to local need
application_TB	Decision to be a TB site and anything around application process
Governance	How governance and management of the TB programme is working locally
recruiting_schools	Anything on recruitment of schools to the TB programme (from participants not from schools)
resources_implement	Views on resources required locally to set up and deliver TB programme
regional_national_support	Views on regional/national support for TB programme. Extent to which programme is guided by national way of doing things or can adapt to local need
local_support	Views on local support for TB programme (partner organisations, boards, CCG etc.)
opportunity_TB	Has the TB programme enabled participant/their organisation to do things they wouldn't otherwise have been able to do?
future_TB	Views on future of the programme/ concerns about TB programme ending
advice_others	Advice to other areas wishing to be a TB
other_interesting	Anything else of interest which has not been captured in another code but is worthy of coding. (These may be things you wish to discuss in the case study meetings as potential additional codes or something different/interesting you have found in an interview).
school_before	Support provided to CYP by school prior to TB ( <i>code for use only with participants from schools</i> )
school_selection	How they came to be a school in the TB programme ( <i>code for use only with participants from schools</i> )
school_attitude	Attitude to TB within schools, including from senior leadership ( <i>code for use only with participants from schools</i> )
school_resources	Views on resources/capacity for schools to be part of TB ( <i>code for use only with participants from schools</i> )
school_changes_exisiting_services	Changing capacity/amending existing MH provision/roles in light of the MHST. To include withdrawing or repurposing resources, or providing additional resources. ( <i>code for use only with participants from schools</i> )

school_views_service	What are views on interventions delivered by MHSTs? <i>(code for use only with participants from schools)</i>
school_integration_other_services	How well does MHST fit with other support and services for CYP in schools (e.g. educational psychologists/school counsellors)? Including how school staff signpost/work with MHST <i>(code for use only with participants from schools)</i>
school_shape_role	Have school been able to shape how EMHPs work and the roles they do within the school? <i>(code for use only with participants from schools)</i>
school_parent	Have parents been informed about/involved with MHST in the school? <i>(code for use only with participants from schools)</i>
school_CYP	Have CYP been informed about MHST in the school? <i>(code for use only with participants from schools)</i>
school_role_EMHP - school_role_EMHP_p1 - school_role_EMHP_p2 - school_role_EMHP_p3	What roles MHSTs are doing in schools. Including views on MHSTs work, in relation to functions 1-3. <i>(code for use only with participants from schools)</i>
School_EMHP_notdoing	Anything MHSTs are not doing that the school would like them to do? <i>(code for use only with participants from schools)</i>
school_benefits	Benefits of MHST to schools – is school now able to do things it couldn't previously have done? <i>(code for use only with participants from schools)</i>
school_challenges	Any challenges of MHSTs in schools? <i>(code for use only with participants from schools)</i>
school_expectations	Expectations from school staff of what the TB programme and MHST role can achieve – are MHSTs living up to expectations? Are there things MHSTs are not doing which the school had expected them to do <i>(code for use only with participants from schools)</i>

#### Coding framework v0.4 (revised 3.11.21)

Note: Black codes are for all participants, blue codes are for participants from schools only, green is for information to be tabulated (but can code in nvivo any notable quotes under these codes).

Code	Description
role	Description of participants role and what they do in relation to trailblazer (TB) programme. Understanding of their role.
setting up	Anything related to Trailblazer set up
motivations_role	Why participant wanted to do their role
Training_university - training_positive - training_negative	Participants views on training at university positives and negatives.
Training_on_job - training_postive - training_negative	Participants views on any training they have had on the job - positives and negatives

no_training	If participant has not had any training for their role, and views of that, or areas where they feeling training has been inadequate
training_wants	Training wishes of participants (what they would like, rather than what they have had)
receiving_supervision - receiving_sup_nature - receiving_sup_views	Supervision they are given in their role – nature and views on.
providing_supervision - providing_sup_nature - providing_sup_views	Providing supervision for others – nature and views on.
MHST_composition	Information about the composition of the MHST in relation to the roles within the MHST. Any views on the team roles and make-up.
MHST_teamwork - MHST_teamwork_postive - MHST_teamwork_negative	How MHST is working together, how teamworking is going (positive and negative)
School_culture	How MHST staff have adapted to culture/ways of working in schools
recruiting_MHST - recruit_MHST_success - recruit_MHST_challenges	Views on recruiting staff to the MHST – challenges, successes
typical_week - typical_wk_funct_1 - typical_wk_funct_2 - typical_wk_funct_3 - typical_wk_other	Roles undertaken in a typical week – including how time is split between roles and across the 3 functions* Number of schools per EMHP
views_workload	Staff views of workload, including if workload is too high or too low. Views on the nature of workload, managing caseload, stress due to workload, but also if workload balance feels good and appropriate
cyp_referral	How CYP are referred to the service and how decisions are made about what is offered to them, including assessment. Includes prioritisation of who is seen/how/when
mild_moderate	How have they defined service scope, 'mild to moderate'?
CYP_MH_need	How are CYP managed who are outside of the 'mild to moderate' definition? (includes below or above the threshold). To include how staff feel when managing cases of lesser or greater need. Also includes discussion of CYP with needs EMHPs unable to meet (e.g. self harm, eating disorders)
MHST_interventions	Type of interventions provided by MHSTs (function 1*) and any details of to whom they are provided (e.g. parents/CYP)
data_gathered	Information about any data gathering/reporting or auditing of TB work, including views on data

	gathering and advantages/disadvantages of gathering data
working_schools	Anything related to working with educational settings/schools to deliver the TB programme – how relationships with schools are going, support from senior staff in schools for the MHST, how integrated MHST is within school and how engaged school is with MH ( <i>code for use only with participants <b>not</b> from schools</i> )
expectations_schools	Expectations from schools of MHST and role
whole_school	Anything on the whole school approach (function 2*)– inc. who is leading the content of the whole school approach
Working_with_others	Working with other teams e.g. voluntary sector, NHS CAMHS, other MHSTs etc, includes function 3*, or anything related to boundary spanning. (Note – this does <b>not</b> include schools, separate code for working with schools)
advice_school_staff	Providing advice to school staff – to support CYP get support and stay in education (function 3*)
senior_leads_training	Mention of senior leads training, or delays in the provision of senior leads training
role_CYP	How CYP involved in the TB programme
role_parents	How parents/carers involved in the TB programme
interventions_parents	Interventions delivered to parents
engagement_school_staff	Interventions delivered to school staff
covid_19 <ul style="list-style-type: none"> <li>- c_19_team_adaptions</li> <li>- c_19_school_impacts</li> <li>- c_19_impacts</li> <li>- c_19_digital_delivery</li> <li>- c_19_other</li> </ul>	Anything relating to Covid-19 and impacts it has had on MHSTs and the TB programme
CYP_not_benefiting	Any groups of CYP (who fall into the ‘mild to moderate’ definition) who are not accessing/benefiting from the TB programme. Including health inequalities/vulnerable CYP/SEN/disabilities etc.
inequalities	How do MHSTs explicitly design or deliver the service with inequalities in mind?
impacts_TB	Any evidence of early impacts of TBs? Implications for a future impact evaluation.
aspirations_TB	What participant would hope to be achieved by the TB or aspirations of programme in the future. What would success look like?
gone_well	Things that have gone well
less_well	Things that have not gone well
future_role	How does participant see future progression in their role inc. career progression

senior_MH_lead	Views on role of senior mental health lead (from schools or other participants)
adaption_local_needs	Changes to the approach or structure of MHST due to local need
application_TB	Decision to be a TB site and anything around application process
governance	How governance and management of the TB programme is working locally
recruiting_schools	Anything on recruitment of schools to the TB programme (from participants not from schools)
resources_implement	Views on resources required locally to set up and deliver TB programme
regional_national_support	Views on regional/national support for TB programme. Extent to which programme is guided by national way of doing things or can adapt to local need
local_support	Views on local support for TB programme (partner organisations, boards, CCG etc.)
opportunity_TB	Has the TB programme enabled participant/their organisation to do things they wouldn't otherwise have been able to do?
future_TB	Views on future of the programme/ concerns about TB programme ending
advice_others	Advice to other areas wishing to be a TB
other_interesting	Anything else of interest which has not been captured in another code but is worthy of coding. (These may be things you wish to discuss in the case study meetings as potential additional codes or something different/interesting you have found in an interview).
school_before	Support provided to CYP by school prior to TB <i>(code for use only with participants from schools)</i>
school_selection	How they came to be a school in the TB programme <i>(code for use only with participants from schools)</i>
school_attitude	Attitude to TB within schools, including from senior leadership <i>(code for use only with participants from schools)</i>
school_resources	Views on resources/capacity for schools to be part of TB <i>(code for use only with participants from schools)</i>
school_changes_exisiting_services	Changing capacity/amending existing MH provision/roles in light of the MHST. To include withdrawing or repurposing resources, or providing additional resources. <i>(code for use only with participants from schools)</i>



school_views_service	What are views on interventions delivered by MHSTs? <i>(code for use only with participants from schools)</i>
school_integration_other_services	How well does MHST fit with other support and services for CYP in schools (e.g. educational psychologists/school counsellors)? Including how school staff signpost/work with MHST <i>(code for use only with participants from schools)</i>
school_shape_role	Have school been able to shape how EMHPs work and the roles they do within the school? <i>(code for use only with participants from schools)</i>
school_parent	Have parents been informed about/involved with MHST in the school? <i>(code for use only with participants from schools)</i>
school_CYP	Have CYP been informed about MHST in the school? <i>(code for use only with participants from schools)</i>
school_role_EMHP - school_role_EMHP_p1 - school_role_EMHP_p2 - school_role_EMHP_p3	What roles MHSTs are doing in schools. Including views on MHSTs work, in relation to functions 1-3*. <i>(code for use only with participants from schools)</i>
School_EMHP_notdoing	Anything MHSTs are not doing that the school would like them to do? <i>(code for use only with participants from schools)</i>
school_benefits	Benefits of MHST to schools – is school now able to do things it couldn't previously have done? <i>(code for use only with participants from schools)</i>
school_challenges	Any challenges of MHSTs in schools? <i>(code for use only with participants from schools)</i>
school_expectations	Expectations from school staff of what the TB programme and MHST role can achieve – are MHSTs living up to expectations? Are there things MHSTs are not doing which the school had expected them to do <i>(code for use only with participants from schools)</i>
Gold_dust	Good quotes

**\*Three core functions of the MHST:**

1. Delivering evidence-based interventions to children and young people with mild to moderate mental health issues
2. Supporting the senior mental health lead in each education setting to introduce or develop their whole school or college approach to mental health and wellbeing
3. Giving timely advice to education setting staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.