The MindEd e-Portal for children and young people's emotional health and well-being

Final evaluation report

Cathy Street and Amanda Mainey

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Contents

Executive summary

- MindEd aims to provide a comprehensive but simple and easy to use online resource about children and young people's mental health, well-being and development that can be used by any adult working with children and young people aged 0-18 years and their families or carers.

- The National Children's Bureau (NCB) evaluation of MindEd draws together a range of data including: key stakeholder perspectives both before and following MindEd's launch; feedback from early users of the portal (through a user feedback survey and through case studies in a number of organisations); and national usage data.

- Data from Royal College of Paediatrics and Child Health (RCPCH)/e-LfH shows nearly 19,000 e-sessions have been completed since the launch of the programme, with the most frequently completed session being *Introduction to MindEd Core Content.*

- Stakeholders' awareness of MindEd varied before its launch, but most stakeholders welcomed its aim, indicating it may be particularly useful in raising knowledge of mental health in universal sectors such as the police, housing and education.

- It was suggested that the portal has the potential to voice a 'common language' and accepted understanding across different professional groups and levels of service. Participants in the evaluation agreed there is a real need for knowledge and training around children and young people's mental health and well-being. However, for MindEd to in any way address this need, it was emphasised that it is key that MindEd is 'current' and provides the latest thinking, for example, on evidence-based practice, and must not simply be like a library otherwise its use by practitioners will soon drop away.

- Those working in mental health felt it could be of benefit for newly qualified or non-specialist staff, for instance within induction programmes but suggested that for more experienced or senior staff, its use may be more limited since these practitioners need more 'experiential' learning. Nevertheless, MindEd appeared to fit well with some organisations' business areas and developing areas of work and in a context of budget cuts and restrictions on training budgets, it was felt that free online resources like MindEd would be very welcome and useful.

- MindEd needs to be both accessible and comprehensive to be of value for practitioners. Some stakeholders from the mental health sector, whilst broadly welcoming the portal, also warned that MindEd must be clear about its limitations and

reach, and emphasised that it must not be used to the detriment of other appropriate training.

- However, as long as it is used appropriately, stakeholders felt online resources had some clear advantages over other training methods, and welcomed MindEd as a free to access resource which could be used flexibly. A few stakeholders queried whether firewalls and limited computer systems may prevent some organisations, particularly small voluntary ones, from accessing MindEd effectively.

- Knowledge of children and young people's mental health and emotional well-being varies within sectors, and appears mainly dependent on practitioners' roles and level of exposure to these issues. However, even in specialist fields some practitioners may have gaps in their knowledge, for instance if their work is not youth focused. Many stakeholders felt if MindEd is regularly used, it could improve many practitioners' knowledge simply by providing information and promoting discussion and evidence-based practice.

- Consultation with stakeholders some months after its launch found MindEd has the potential to be useful for a range of practitioners, especially those new to mental health or to working with children and young people, whether in health or universal settings. In particular, there was a view that there is an increasing need for practitioners in the voluntary and community sector (VCS) and in schools, to have knowledge of children and young people's mental health and wellbeing.

- There is some evidence of plans for MindEd to be built into existing health education programmes, induction packages, commissioning contracts and continuing professional development (CPD) systems. Stakeholders felt MindEd could be very useful for these purposes, but would require top down endorsement, links with training departments, great accessibility, and quality assurance or accreditation systems to be in place.

- Some stakeholders indicated they had been promoting MindEd widely to colleagues and peers, but that it did not appear to be widely used as yet.

- Respondents to the user survey on the portal rated highly the modules they had completed, and felt the level of information provided was appropriate for their roles. The majority indicated MindEd had introduced them to new topics on children and young people's mental health and emotional well-being and nearly all suggested they would use MindEd again in future. They would also recommend it to colleagues.

- Survey respondents made a number of suggestions to improve MindEd; these mainly addressed technical difficulties, navigation, additional content and features such as chat forums and downloads.

- Case study sites, or 'early adopters' were selected to reflect a range of sectors and topics areas within MindEd, and included representatives from the health and universal sectors. Although numbers of respondents were small in each site, they provided a picture of how MindEd can be used within organisations with different needs. Some approached the task as a team, agreeing which modules to complete and sharing some of the learning in team meetings. Others explored MindEd as individuals, some in remote working models of practice.

- Early adopters highly valued MindEd's content, and identified modules they found particularly useful for their roles. Many found its flexibility particularly useful; completing modules as time allowed, resuming incomplete modules later and its bite-sized format. Some were exploring ways of embedding MindEd within learning and development frameworks in future, particularly in induction programmes for new or trainee staff, or in existing education programmes or CPD frameworks.

- However, the data also indicates some key barriers to MindEd's use and these include a lack of practitioners' time and accessibility. Poor navigation prevents people working on it regularly: if time is limited, it is even more important that functionality works smoothly without delays or errors. Inadequacies in the portal's search function also prevent easy practitioner access to topics of specific interest or relevance to their work, resulting in only intermittent or infrequent use and the risk of losing practitioners to alternative online information sources.

- Even in the case study sites in the evaluation, which were small self-selected sites with dedicated professionals who were very keen to use MindEd, issues with navigation were reported. In addition, just over a fifth of respondents to the user survey also found navigation difficult or very difficult. However, users responding to the survey on the portal valued the learning path and 'My MindEd', features designed to make navigation easier.

- Furthermore, stakeholders suggested while the breadth of content in MindEd is valuable, it may also be off-putting for some, and may not lead to real change in practice. Proposed solutions to these issues included clearer direction on which modules are useful for different users; better and more detailed information about the level of content in specific e-sessions; improved search and e-session descriptions and high quality navigational function and features.

Evaluation conclusions and suggestions for the development of MindEd

Overall, one of the evaluation's key conclusions is that MindEd has been generally welcomed across sectors and is seen as a resource that has the potential to build knowledge and understanding of children and young people's mental health and emotional wellbeing across all services that work with children and young people. However, as to be expected in a new resource, there are aspects of MindEd that require improvement and further development if it is to become something that is regularly used. The following recommendations are made with this in mind.

Embedding MindEd in practice within organisations

There is evidence that MindEd has potential to be used within a number of different professional groups. It can be used within existing education programmes, induction packages, commissioning contracts and CPD frameworks. Links with academic communities are promising, with several respondents planning to include MindEd in course requirements to fill a current gap in provision. Stakeholders suggested that links with the academic community could get MindEd on the agenda at an early stage in professionals' practice.

Recommendations

1. Work should continue to build strong links with the academic community to support the inclusion of MindEd within their curricula, including in fields such as teacher and social work training, also the training of police officers. As part of this work, those developing MindEd should consider targeting specific roles/those within sectors who may be able to influence or promote Minded across practitioner groups – for example, library staff, local authority training leads or those responsible for workforce development within schools.

2. 'Top down endorsement' is required, also for quality assurance processes of site content (that it is kept 'refreshed', up-to-date and evidence-based, alongside removal of duplicated or unclear material) to be implemented.

Utility for universal and health audiences

Prior to its launch, stakeholders felt MindEd would be most valuable for staff in universal professions which traditionally lack training in mental health. In reality, the activity data compiled by RCPCH/e-LfH indicates that most users are from the mental health sector, particularly counselling staff. Feedback from some universal staff, including some 'early adopters' provides valuable insights into possible reasons behind this, including views that much of the language used in the portal is "too medical", that some of MindEd's topics seem irrelevant to universal practitioners and/or may not fit with the training needs of organisations outside of health. Some interviewees also mentioned differences between medical and universal practitioners' understanding or approaches to some topics.

Recommendations

3. Clearer information about session content needs to be developed, with better targeting and explanations about its relevance to different professional groups.

4. Some content of MindEd needs to be revised to make it more appealing to the desired universal audience, for example, the inclusion of practice examples from a variety of settings and fewer being drawn from child and adolescent mental health services (CAMHS).

Breadth of content

The extensive amount of material on MindEd makes navigation more problematic and the provision of easy to use search functions more critical. While users and stakeholders generally welcomed the range of sessions in the portal, it was also felt that the extensive amount of information detracted from the value of the content, deterring some potential users, and preventing others from fully accessing areas that might be most useful to them.

Recommendations

5. The search function of the MindEd portal needs to be improved, alongside developing better descriptions of the individual sessions including their level of specialism and who they are aimed at.

6. Different ways of clustering e-sessions into smaller 'bite-sized' topics or themes, alongside improved targeting and session descriptions, may also be advisable (rather than promoting the whole site).

Marketing and PR

Many of the evaluation interviewees indicated that achieving widespread use of MindEd would require "powerful PR" far beyond a good launch, with effective marketing and rollout continuing beyond this, otherwise it will "*fall by the wayside like so many of these initiatives*" *(mental health sector interviewee).* Others suggested that those managing MindEd need to develop and promote the portal by being specific about "what is the carrot for doing MindEd", i.e. what knowledge will be gained by practitioners.

Recommendations:

7. There is a need for ongoing dissemination and publicity, or "constant re-launching" of MindEd, which might include: press notices; regular newsletters on issues, e-bulletins, tweets and updates when new modules, information or policies are added.

8. It is suggested that those running MindEd investigate further options for high-level external endorsement – for example, acknowledgement and recommendations from

the Department of Health, NHS England and Health Education England to help establish credibility, and recommendations from professional bodies like RCPCH. Opportunities for promoting MindEd's potential to help services meet national drivers – for example, to be compliant with NICE (National Institute for Health and Care Excellence) guidelines, should also be explored.

Technical difficulties and navigation of the site

Users from across all threads of the evaluation experienced technical difficulties when using MindEd. These ranged from difficulties in registration and therefore access, missing learning paths, modules repeatedly not being shown as completed in 'My MindEd', to being as one portal user described, "kicked out" of the site in mid-use. While technical issues clearly impact on users' ability to find their way through the site and keep track of their progress, evidence from the evaluation points to the need to significantly improve navigation more broadly, in order to make the site as useable and user-friendly as possible.

Recommendations

9. There is a need to address the various technical and navigation issues that have been highlighted in the evaluation and also reported directly to e-LfH over the last year. These include: reworking the structure and pathways for moving from the curriculum listing or a Learning Path to a module and then to a session; improving the search function and developing new short cuts in order to help users move around the site without having to repeatedly return to the home page or to re-enter the portal.

10. Options to allow MindEd to be accessible on smartphones and tablets should be progressed since this is likely to considerably improve its accessibility to practitioners, in particular those without ready access to desk-based/office computers.

1. Overview

1.1 Background

The MindEd e-portal was developed by a Consortium of organisations with money from the Department of Health, made available in 2012 as part of additional funding to extend the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme. The Consortium is made up of the following members: the Royal College of Paediatrics and Child Health (RCPCH); the Royal College of Psychiatrists (RCPsych); the Royal College of Nursing (RCN); the Royal College of General Practitioners (RCGP); the British Psychological Society (BPS); the National Children's Bureau (NCB) and YoungMinds (YM). Key partners are the British Association for Counselling and Psychotherapy (BACP); HEE e-Learning for Healthcare and The Association for Child and Adolescent Mental Health (ACAMH).

Currently, MindEd provides around 260 free to access online e-sessions across seven different curriculums. Its aim is to provide a comprehensive but simple and easy to use resource about children and young people's mental health, well-being and development that can be used by any adult working with children and young people aged 0-18 years and their families or carers. For this reason, the portal's e-sessions range from more general information through to specialist topics, for example, mental health legislation, the processes involved in specialist Child and Adolescent Mental Health Services (CAMHS) assessments and the use of outcomes tools to monitor progress in mental health treatment and care. The portal also provides e-learning to support three specialised training programmes:

- *Counselling MindEd,* which provides a curriculum to support the training of school and youth counsellors and their supervisors and which supports the BACP approved training for counsellors working with children and young people up to the age of 25 years.

- *The Healthy Child Programme Mental Health Framework* which is primarily aimed at medical staff such as doctors.

- *Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)* which provides sessions to support the CYP IAPT training programmes delivered by the various collaborating higher education institutions (HEIs) in the CYP IAPT five learning collaboratives.

1.2 The NCB evaluation of MindEd

The portal is managed by a team from RCPCH and Health Education England (HEE) e-LfH with support from a technical partner CGKineo. In January 2014, the NCB Research Centre was commissioned to work with the RCPCH from the initial stages of MindEd's operation to capture early experiences of people using the portal, alongside stakeholder perspectives from a range of organisations as to the portal's potential to become a key learning resource about children and young people's mental health and emotional well-being, including whether and

how MindEd could become embedded within training courses and HEI curricula and CPD avenues for professions such as school nurses, health visitors and teachers.

The evaluation aimed to gather both qualitative and quantitative data and to explore the impact on practitioner learning and confidence to support children and young people's mental health and emotional development; it also aimed to understand how and why different professional groups might use MindEd and to gather ideas and suggestions for how the portal might be refined and developed in the future in order to support its widespread and regular use across all professional groups working with children and young people.

2. Methodology

The evaluation, based on a mixed methods process design, draws on a range of data collected by both NCB and Consortium partners at different stages of the project, including: views from a range of stakeholders (including Consortium members) prior to and following MindEd's launch; usage data; a user feedback survey; and case studies in a number of organisations where it was intended that MindEd would be used within practitioner teams. Table 1 provides a summary.

Table 1: Data gathered in the evaluation

Source and data gathered/number of respondents	
National data	Usage data collected by eLfH (including technical incidents, session feedback, user data)
Stakeholder consultation	Initial consultation with key stakeholders from across the children's workforce on expectations and perceived usefulness of MindEd prior to its launch (22 interviewees) Follow- up consultation with some of the original cohort of stakeholders, plus additional stakeholders, once MindEd had been operational for some time (23 respondents)
User survey on the e-portal	– 74 respondents
Early adopter case studies	– 110 baseline surveys on levels of knowledge and confidence, and expectations of MindEd, in eight sites – 31 follow-up surveys from five sites – interviews with leads in case study sites – two additional case studies

2.1 Stakeholder consultation

Data for this phase was gathered in two stages. Firstly, telephone interviews[1] were carried out with a range of professionals from the children's workforce to explore their views on the MindEd concept. All those who took part were invited to complete a brief follow- up survey[2] once MindEd had been operational for some time. Eight of the original group of respondents completed the survey. An additional 15 stakeholders in the children's workforce also took part in interviews or completed surveys[3].

2.2 National data

The evaluation has considered a variety of data compiled by the team at RCPCH and by e-LfH including the total number of session completions, the numbers of sessions completed by different professional groups and also analysis of what have been the most frequently or least frequently completed e-sessions. Analysis of patterns of use of MindEd by different professional groups over time has also been considered. Some of these data are presented in Section 3 to provide a 'snapshot' of the overall use of MindEd to date.

2.3 User survey

The user survey on the MindEd e-portal aimed to gather basic feedback from users on navigation, access, learning pathways, functionality, usefulness, intentions to use again or recommend to colleagues etc. It was operational on the site from its launch until end of February 2015. A total of 74 surveys were completed in this time.

2.4 Case studies

Initially nine sites were recruited to take part, although this changed over time. Feedback from the lead contacts was that time constraints, work pressures and in some cases lack of interest prevented practitioners from using MindEd beyond initial exploration, resulting in them feeling that they were unable to complete modules within the evaluation timeframe.

3. The national data

Data from RCPCH indicates that to end of March 2015, a total of 24, 653 MindEd e-sessions have been completed; and that the site had 14, 477 registered users.[4] In January 2015, it was report that over 160 sessions had been completed over 2000 times, giving an average of 12.5 completions per session. Illustrating the span of usage, however, around 70 sessions have been completed less than 10 times. The 'top ten' most completed MindEd e-sessions are shown in Figure 1; 6 of these come from MindEd core content and four from Counselling

[1] Interviews were semi-structured and took approximately 25-40 minutes each. See Appendix A for the interview schedule.

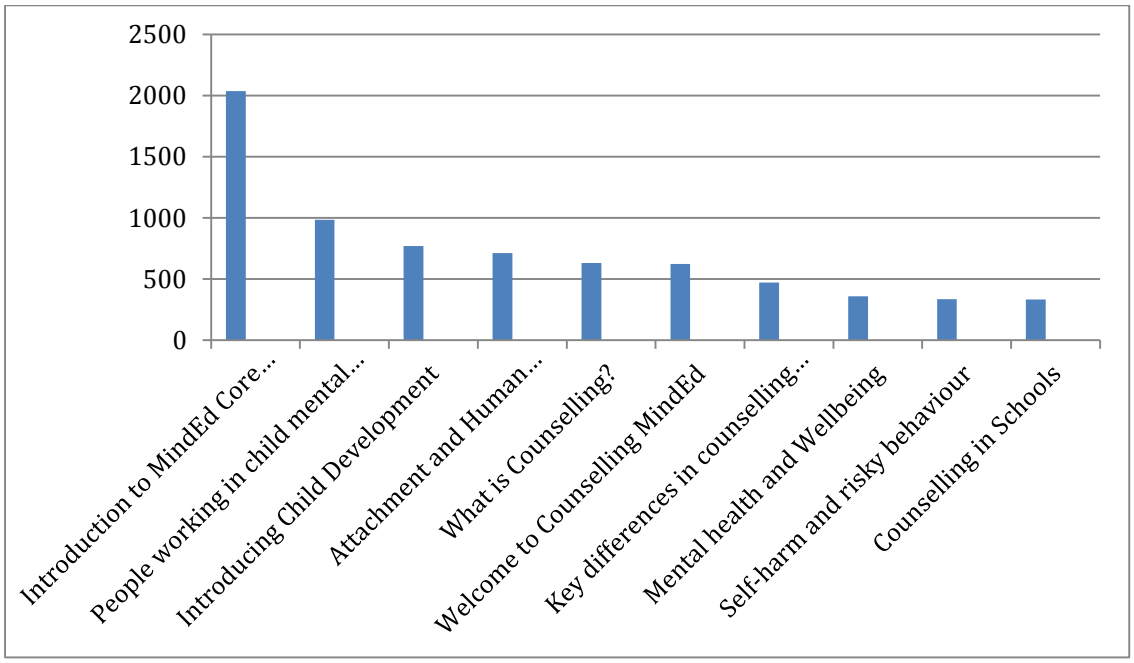
[2] The survey is provided in Appendix B.

[3] The second round of data gathering from stakeholders took place between October 2014 to January 2015.

[4] In March 2015, session completions are the highest to date – 3227 sessions were completed by 1484 users.

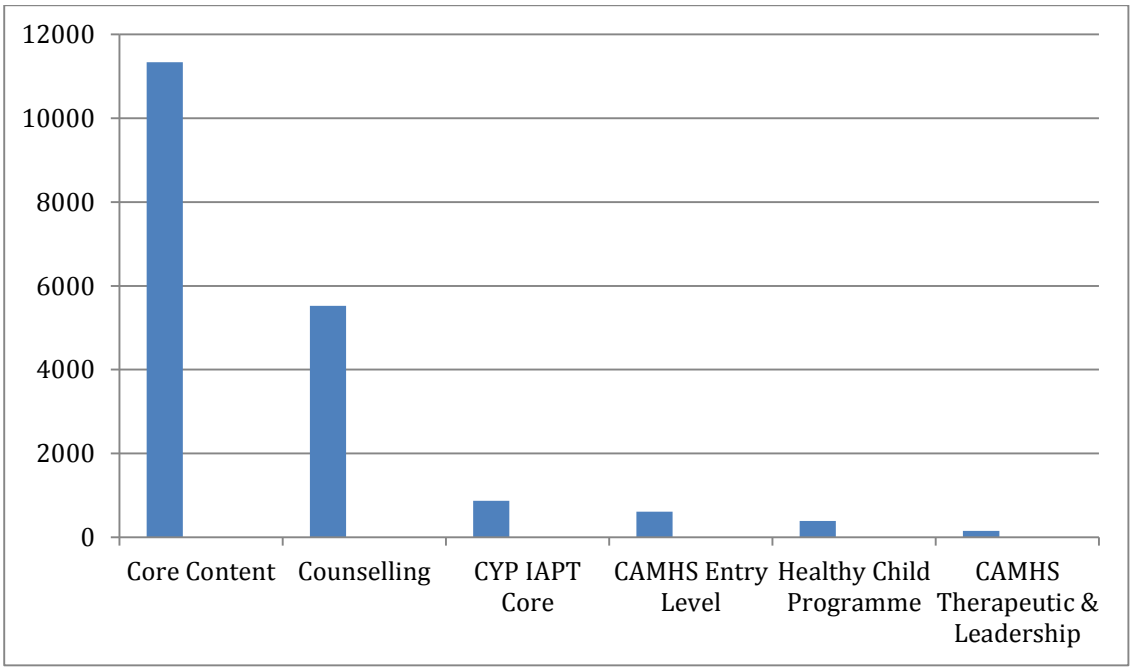
MindEd, with the most frequently completed (Introduction to MindEd Core Content) being completed 2038 times.

Figure 1 MindEd most frequently completed e-sessions (RCPCH 2015)



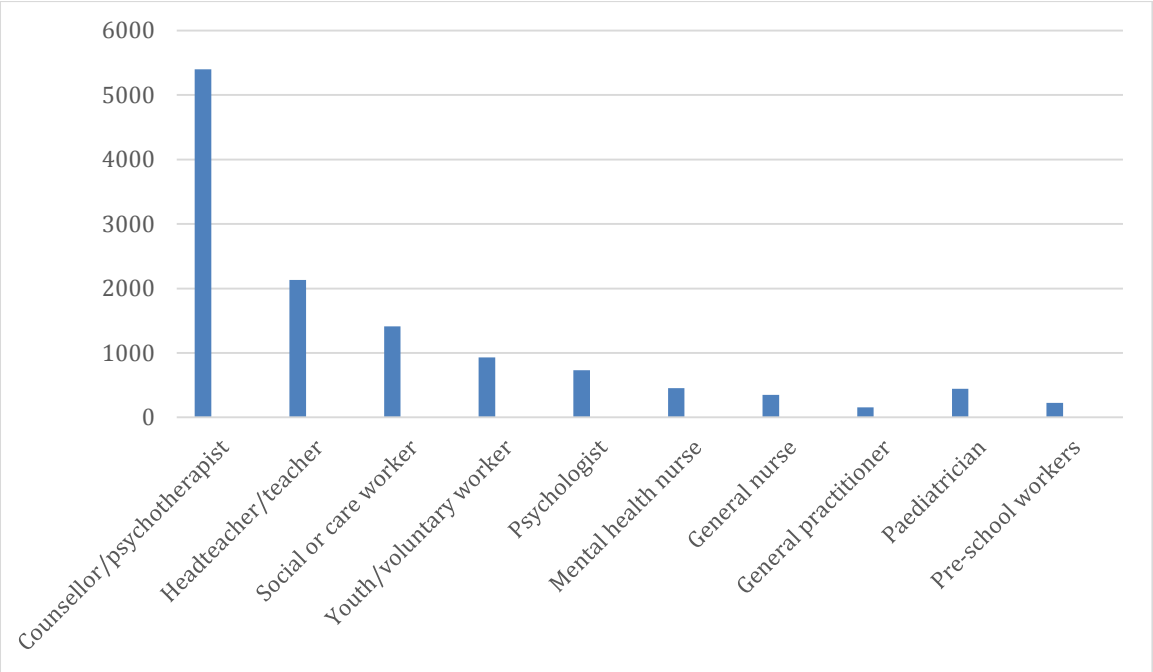
Data on session completions for the period March 2014-January 2015 indicates that MindEd Core Content has the highest number of session completions – out of 18, 886 completed sessions, approximately 60% of these (11, 339) were from Core Content. Figure 2 provides a breakdown across the main domains of MindEd.

Figure 2 MindEd session completions by main portal domains (RCPCH 2015)



Data provided by RCPCH illustrates the wide range of professionals accessing the portal. Figure 3 provides an overview of some of the key user groups for the period May 2014 – January 2015.

Figure 3 Different professional groups accessing MindEd (RCPCH 2015)



The graphs below, drawn from RCPCH data, show the number of professionals from selected groups accessing MindEd by month in the period March 2014 – January 2015.

Figure 4 Community practitioners and health visitors

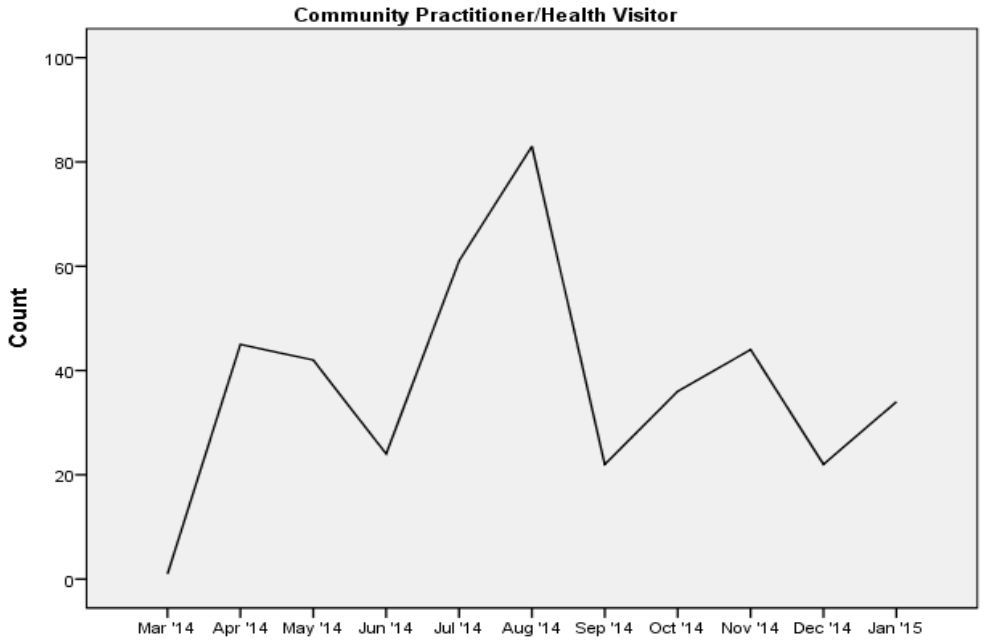


Figure 5 General Practitioners

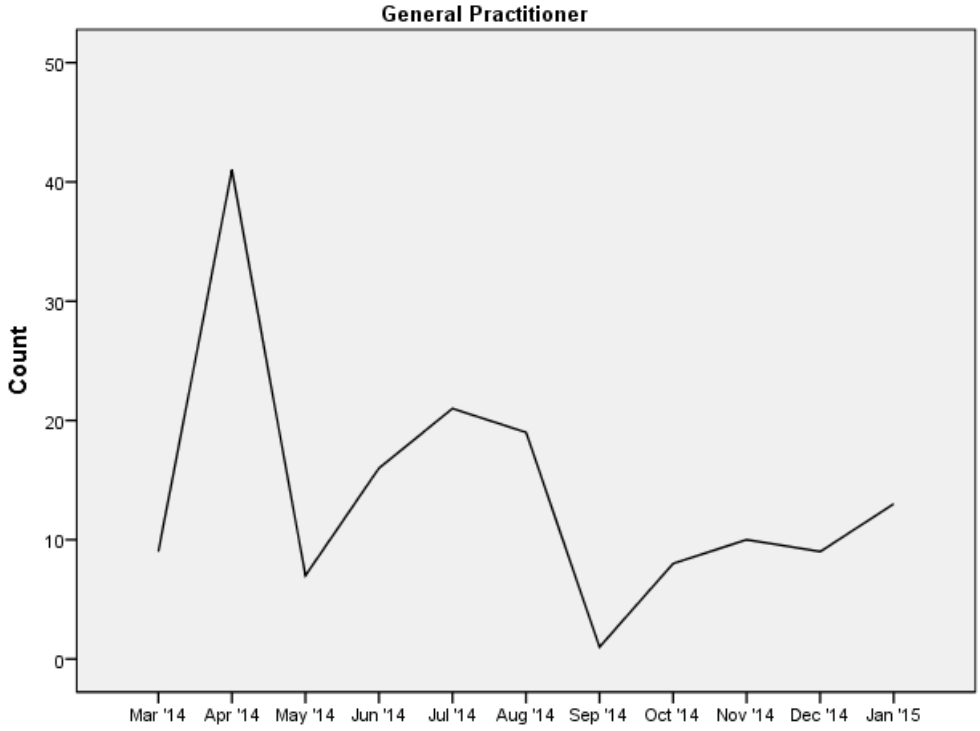


Figure 6 Children's nurses

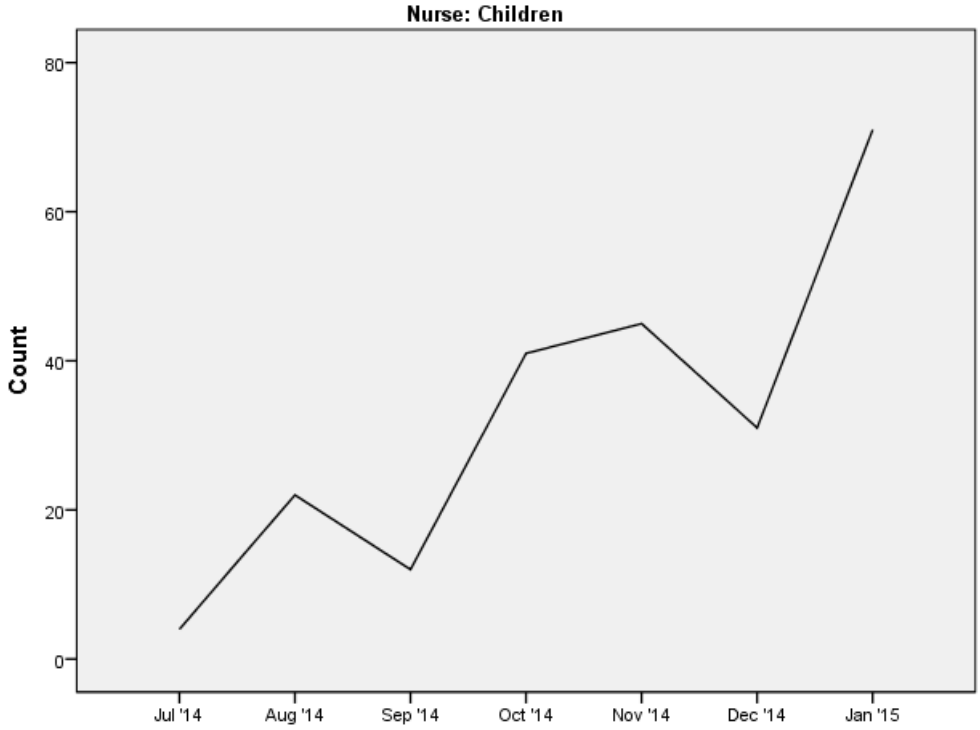
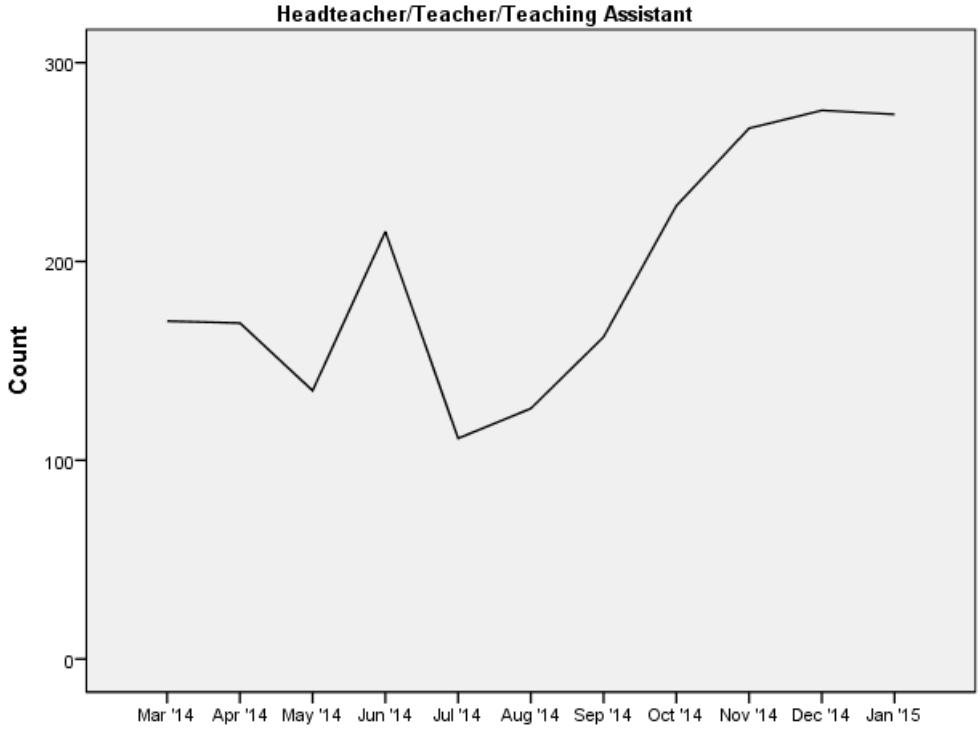


Figure 7 Professionals working in schools



4. Consultation with key stakeholders in the children's workforce

4.1 Overview

The stakeholder consultation aimed to explore understanding and expectations of the MindEd portal and views about its potential to support practitioners' professional development. It took place in two parts: the first just prior to MindEd's launch and the second some six to 11 months later.

Initial stakeholder consultation prior to MindEd's launch

A total of 22 respondents took part in interviews between February and April 2014. Respondents came from a range of sectors and professions, including representatives from across the children's workforce and those engaged as part of the development process of MindEd. Interviewees represented a total of 21 organisations, spanning social services, education, health, child and adolescent mental health services (CAMHS), justice, and the voluntary sector (including two providers of youth counselling services). See Appendix C for a list of participants.

Most respondents (77%) had not been involved with MindEd before interview and had little or no prior knowledge of it, apart from what they had been told during the evaluation

invitation process. A few had looked at the website prior to the interview. Two respondents had participated in consultation events during MindEd's early development, and so were aware of its proposed content.

The remaining five respondents who had been involved previously, had all contributed to the development of MindEd as authors and sub-editors of modules, and/or membership of the core planning group and Programme Team. This included two representatives from the British Association for Counselling and Psychotherapy (BACP).

Second round of consultation with stakeholders

Follow-up data were collected from the same group of stakeholders, plus additional professionals some time later. In total 23 practitioners took part in the second round of consultation: 15 of these had not contributed earlier. See Appendix D for a list of participants.

Data from both rounds of the stakeholder consultation are reported here, but the first section focuses primarily on those interviews carried out before MindEd was launched, exploring expectations, awareness and needs. As discussion moves onto perceived impacts and integrating MindEd into professional frameworks, the data from the second round of consultation (when MindEd was operational) is woven through where applicable.

Where comparison is useful, this report also includes reference to two other documents: a users' survey from BACP undertaken during the development of Counselling MindEd (BACP, 2013), and the MindEd marketing strategy report (Marketwise Strategies Limited, 2014). We are grateful to the BACP for allowing us to include their research.

This part of the report is structured into the following sections:

- Stakeholders' awareness of MindEd before its launch
- Stakeholders' views of MindEd's aim
- Perceived relevance of its objectives and what would be needed to achieve them
- Existing resources
- Expected content
- Using online resources
- Practitioners' current levels of knowledge about children and young people's well-being and mental health and how MindEd could improve this

- Integrating MindEd into organisations' continuing professional development (CPD) frameworks

- How MindEd may be used and views of its impact

- Key barriers and suggestions for improvement

- Variation by sector.

4.2 Awareness of MindEd before its launch

Given the variations in level of involvement with MindEd ahead of the interviews, not surprisingly, respondents' knowledge of MindEd varied considerably at the time of the interviews. Most understood it is an online resource on mental health and young people, and five recognised it was for use by a range of practitioners. However, there was a small amount of confusion with *Mindfull,* a new online counselling service launched by the Beat Bullying (BB) Group around the same time as MindEd, with a couple of respondents mentioning this. Two other participants thought the portal was predominantly for use by mental health professionals, or in one case, young people. Those who had drafted or edited modules were aware of MindEd's approach and content in their particular areas of expertise but were less familiar with its other domains.

4.3 MindEd's aim

MindEd aims to improve awareness and knowledge of best practice in supporting the development of young healthy minds, reducing stigma, enabling "first aid" knowledge and the confidence to refer to more specialist help when necessary.

The majority of respondents welcomed MindEd's aim, claiming that anything that promotes mental health and raises awareness is useful, since understanding varies and is "very patchy". One mentioned that having a shared evidence-based understanding would be very useful. Many thought its aim was broad and questioned how achievable it was: "brilliant but tough" was one description. In particular, individuals supported the aim to reduce stigma and improve awareness and knowledge for those working with children and young people. One charity hopes that MindEd's more prominent position will enable it to achieve its aim, which is one the charity shares.

Several respondents identified elements of MindEd's aim as particularly pertinent to practitioners' current needs. The police, for example, saw 'first aid' or early identification of mental health as important when supporting young people in custody, many of whom have a mental health issue:

> "*...early identification of mental health - the police service are not good at identifying mental health with children and young people. No training is provided on this."*

This supports findings from Marketwise Strategies (2014:147) which reported that:

"*Mental health was seen as very important in youth justice contexts, since those involved would encounter a much higher proportion of young people with mental health conditions than within the general population."*

Raising knowledge among staff was generally welcomed. It was suggested that MindEd could be very relevant for staff in housing association hubs since they are increasingly dealing with young people with complex mental health needs. The probation service too could use MindEd for goal setting with individual young people.

- While generally supportive of MindEd's aim, a small number of respondents expressed reservations or identified some barriers to MindEd achieving its aim/success:One questioned the term 'first aid' which she felt was for acute conditions only and might create an inappropriate expectation of a "quick fix" *(Education/voluntary sector).*

- Another felt MindEd's training could not demonstrate the complexities of mental health, where presentations co-occur and cannot be treated as isolated entities *(Social Services/Education sectors).*

- One respondent, working with voluntary and community sector agencies, felt that to increase knowledge of best practice MindEd needed to include local information for signposting to local services, rather than more general mental health information.

Several questioned whether it was possible for an online resource to challenge/change people's fear of mental health or shift their thinking in how they manage it. One of these respondents outlined schools' "reactionary way of working" where children exhibiting potentially mental health related behaviour are referred on (to pupil referral units or to CAMHS) as the focus is on teaching targets rather than working holistically. She did not feel an online resource could achieve the shift in thinking required.

One respondent also commented that MindEd might not achieve its aim unless it was fully integrated into training and CPD processes across the sectors. This is discussed further in section 4.12.

4.4 Relevance of MindEd's objectives

Respondents were asked to comment on the relevance of MindEd's objective to be the preferred and essential resource on children's mental health and well-being for all involved with children and young people, in universal as well as specialist health settings.

Most thought that in principle this objective could be relevant for their profession or the types of practitioners they work with, though many also felt it was difficult to know without seeing MindEd in practice.

Respondents' main caveat was that MindEd's content would have to be comprehensive in order to address various respondents' particular needs. Specific comments included that it should not be too medically focused, should encourage mental health promotion rather than only address treatment, and contain examples and evidence relevant to their profession or particular target group e.g. research on self-harm among young Asian women.

Different stakeholder groups identified varying needs for the type of learning MindEd could offer. Respondents working within the mental health sector indicated that MindEd would be relevant only for newly qualified or non-specialist staff, as they believed existing staff are highly skilled or already struggle to find the time to complete mandatory online training. Three felt MindEd could therefore be useful within induction programmes. A voluntary sector respondent also felt the aim was most appropriate for novices/newly qualified staff rather than those with any specialist knowledge of mental health.

In contrast, those in more universal services felt MindEd could be an essential tool for practitioners. Three respondents in the education sector said there was a great need for this kind of knowledge within schools given the diverse needs of young people they work with - "schools are hungry for knowledge." Another suggested best value might be gained through MindEd targeting universal services e.g. building into the induction training of teachers. This is discussed further in section 4.13.

According to two respondents from the voluntary sector, a major strength is MindEd's plan to target and share information about children and young people's mental health with 'non-traditional' groups like the police. Similarly, a mental health practitioner felt that MindEd's aim was most useful and achievable with small voluntary sector organisations which lack their own training departments. She felt large organisations might not see MindEd as relevant to their risk and performance management issues, governance and national priorities, and suggested that those developing and implementing the portal might need to explore how MindEd might be made to be relevant to/fit with performance targets.

Several respondents reported that MindEd could potentially be very useful in supporting their organisations' existing or developing areas of work in children and young people's mental health. One charity reported plans to develop its mental health services and so would need to offer its new advocates training in this area. MindEd may be included in this as part of induction training, as well as within staff appraisals. Another respondent thought MindEd had the potential to be very relevant since the service was undergoing a major restructuring and remodelling, e.g. developing new areas of work in schools and with new groups of children and young people.

Respondents from the justice sector (police and probation services) were also enthusiastic about MindEd fitting into their agreed business areas to improve services for children and young people. As outlined above, MindEd is relevant to the increasing need for mental health awareness in housing association hubs. Marketwise Strategies (2014:146) found that mental

health was a key element of developmental programmes in the youth justice and social work sectors and in the NCB consultation, only one respondent thought MindEd would not be relevant to her colleagues in social work and education. This respondent cited variation in boroughs' referral routes making generic information not useful and also suggested that money could be more usefully spent on other initiatives targeting 16-18 year old mental health promotion.

Several mentioned that MindEd's potential to voice a common language or accepted understanding throughout professions and tiers would be very useful. One respondent from a charity commented that cutbacks in training budgets would make free online resources like MindEd very welcome/useful. Similar findings were noted by Marketwise Strategies (2014:145) who reported that the third sector's lack of in-house training facilities meant it was happy to engage with external training opportunities. The majority of BACP members surveyed during the development of Counselling MIndEd indicated they would be encouraged to use an online resource if it were free (77% yes, and a further 20% maybe).

4.5 What would MindEd need to be the number one resource?

As would be expected, respondents felt that MindEd would have to be both accessible and comprehensive in order to be the preferred and essential resource on children's mental health and well-being for all those involved with children and young people.

Respondents' criteria included being:

- Easy to access, preferably with links from within practitioners' organisations
- Available 24 hours
- Regularly updated
- Accommodate users' feedback to meet their needs
- Known to be objective and 'catch-free'
- Comprehensive.

One respondent in education commented that, in order to be comprehensive, MindEd should reflect all young people in the sessions, rather than having separate sessions on children with special educational needs. Two respondents said it would need to contain links to other resources, or include localised information such as joint protocols in local boroughs.

If it met these requirements, respondents thought it could become the number one place for this information.

The critical factor in achieving its objective however was visibility: "the trick will be making it known" *(Voluntary Community Sector (VCS) with education focus)*. Respondents from across sectors emphasised that MindEd would not be used if it was not known about and this needed to come through endorsement from both within and outside organisations, as well as through PR and marketing. Respondents made a number of suggestions on how to achieve this, as discussed in some depth in section 7.

Accreditation was also seen as a way to encourage significant use of MindEd, but there were mixed views on whether it was suitable. While some felt accreditation was essential to justify users' training time, as "everything has to count"*(Mental health sector);* others expressed reservations that accreditation may not be appropriate given online courses lack a reflective practice element. This is discussed further in section 4.8.

This is linked to another reservation about MindEd's aim to be the preferred resource. Several respondents in the mental health and education fields expressed concern that MindEd must be very clear about what it can deliver, its reach and limitations so that users are neither left vulnerable, nor mistakenly believe themselves qualified as mental health practitioners as a result of using MindEd. They emphasised that MindEd is potentially very useful, as long as it is not seen as the answer to all training needs. Users should be supported to understand roles and responsibilities, which these respondents perceived as problematic within an online resource. In addition, employers should not use MindEd to the detriment of other appropriate training.

According to one respondent, its content will be especially welcome for counsellors who have not had any training in relation to some areas relevant to children and young people – e.g. autism, developmental disorders/issues but a major risk is that:

"*a little knowledge is a dangerous thing and some people may use MindEd and think that by doing a few sessions, that is all that's needed to work with children and young people… particularly commissioners looking to save money…"* [*Mental health sector*]

Two respondents felt MindEd would not become the preferred resource in their professions. Lack of time for training would discourage mental health practitioners, who are likely to use it only if it was mandatory or they were looking for a specific topic, according to one respondent. Another, working with various small voluntary organisations, felt MindEd would be too 'medical' to be the first port of call for them. In contrast, they would need evidence of what works within small organisations or within certain groups.

4.6 Existing resources

Respondents were asked where practitioners would currently go first for written information if they were concerned about a child or young person's mental health. Most thought practitioners would want to talk to someone in this scenario, such as their line manager, SENCO, mental health worker, head-teacher, Education Psychology service, CAMHS, Inclusion

Lead, NSPCC or social services: "*a team member or external professional with expertise in mental health*". Several mentioned staff would follow a set protocol or look at in-house guidance.

However, if seeking written information respondents identified a number of potentially useful resources, all of which are available online:

- NHS direct and other websites known in the mental health field – e.g. Royal College of Psychiatrists, Mind and (particularly) YoungMinds, which are familiar and viewed as "safe and trustworthy"
- NSPCC and Childline website
- Youth Space: *Where's your head at?*
- Patient.co.uk
- Psychiatry online
- Changing Minds in Camden – resource for use with children and young people.

A good illustration of the comments noted included:

"*If I was a sport coach I would probably read something on a specialist mental health or children's website like YoungMinds rather than do a 30 minute e-learning session*" *(Mental health sector).*

4.7 MindEd's Content

Understandably, there were gaps in existing resources and certain topics which respondents felt MindEd should address in order to improve knowledge in their respective fields. Those who had been involved in the development of MindEd felt the core topics had been included. One objected to the separate module on learning disability and SEN, commenting that this was not a helpful approach and would be better incorporated into all modules where relevant.

A clear majority (86%) of BACP members given the opportunity to comment on Counselling MindEd content felt the topics included in the modules/sessions covered the key areas of knowledge for counsellors of children, young people and young adults (BACP, 2013).

Because interviews were carried out before MindEd was launched, many other respondents had little knowledge of the proposed content and so listed a wide range of topics they hoped will be included:

- General introductory information on mental health, including: what good mental health looks like; development; what is 'normal'; what behaviour could indicate; and common mental health conditions experienced by young people key policies and law about children and young people with mental health problems.

- Specific behaviours or presentations, including: development/delayed maturity; drugs/alcohol misuse; self-harm; how to work with young people with suicidal ideation. Three topics were noted to be areas of increasing need: bullying, especially online bullying for younger children; eating disorders, including complex eating disorders; autism, Asperger's and Autistic Spectrum Disorders (ASD).

- Other needs or environmental factors, such as: identity (racial, sexual, asylum); BME communities; disability issues; Looked After Children; parental mental health; bereavement and loss; and family breakdown.

- Identifying when to act, including: early identification skills; early intervention in psychosis; managing early signs of a mental health issue; and escalation - knowing when to act/when to refer on.

- Treatment and therapies, including: medication and side effects; mindfulness and cognitive behaviour therapy (CBT), also the 'fundamentals' of online therapy – how to deliver/the risks to be aware of. One respondent saw participation and empowerment modules as very important in helping people to move to a more positive way of working with young people, recognising their skills and assets rather than as passive recipients of services.

- Guidance on practice, for example: topics about risk and promoting resilience; supporting young people at crisis point; referrals; support during service transition especially to adult services at 18; good practice in safeguarding; communication with young people and parents, including those with mental health issues; outcome measures; 'top tips' for practice or agreed ways of working – the evidence base of what works best in certain age groups or circumstances.

One respondent made the point that the content itself should be evidence led i.e. include issues the evidence says are particular concerns for young people or recent areas of development in the evidence base.

In terms of how the content is delivered, it was suggested that MindEd could develop a "training passport" of the 'must-do's' in terms of key topics. Another noted that information must be tailored to suit different levels.

Stakeholders in the second round of consultation, having seen MindEd's content, identified a few resources they felt were most useful, but recognised that this is very dependent on users' needs. Nevertheless, they identified the following modules and learning as especially useful:

- Specific presentations
- Processes
- Roles
- Eating disorders
- The importance of mind body connection
- CAMHS
- Introduction to therapies
- Confidentiality and consent
- Social and emotional development.

4.8 Using an online resource

Respondents reported that an online resource had some clear advantages over other training methods, most notably accessibility and the flexibility to use at any point or place, and length of time. Several identified that the capacity to dip in and out of MindEd modules would be useful. BACP members identified the main advantages of online resources as "being able to access at any time" (81%) and "allow me to work at my own pace" (68%) (BACP, 2013:3). In contrast to BACP members, nearly three-quarters (70%) of whom indicated they use online learning systems infrequently or never, many stakeholders reported that as practitioners now often use online training it is a familiar medium. Other positives mentioned included the potential for:

- Links to other websites
- An evidence base in one place for all practitioners
- Cost savings for organisations
- Being easily and regularly updated.

However, respondents did also have some concerns about online training, such as:

- Lack of face-to-face or group interaction
- Previous poor experience of online learning

- Limited IT systems and access

- Risk that its cost-effectiveness may undermine other available training.

Primarily the respondents felt the lack of face-to-face and group interaction could impact on the quality of learning. Face-to-face training may better suit some individuals, and can challenge thinking and attitudes. One interviewee from education felt the face-to-face dynamic was essential when discussing mental health as: "*this will bring up a rollercoaster of emotions for staff*" (Education sector).

Similarly, a representative from the counselling field reported that group reflection was especially liked by counsellors and required in order to replicate the counselling environment. Another questioned whether the lack of group element would make the training feel less real. Many felt the loss of the capacity to share multi-agency practice or peer-to-peer experiences was a definite disadvantage, as you "*lose the multi-agency perspective and the sharing of learning from practice"* (*VCS organisation*). Some supported incorporating alternative methods to develop a blended approach of online and face-to-face training, such as MindEd branded training days/events, or including e-chat or live chat as a feature. Others in the counselling field agreed. Over a third (37%) of BACP members felt that online learning systems should not be used as an alternative to face-to-face training, while nearly half (47%) did not feel that they learn from them as well as they would on a face-to-face CPD course (BACP, 2013:4). In the later round of consultation, one stakeholder from the mental health sector felt online learning is not appropriate for senior practitioners as their learning is more experiential.

As discussed earlier, stakeholders expressed concern that online learning could lead users to mistakenly thinking they were qualified or fully trained in an area so MindEd must be carefully delivered to avoid such scenarios.

While most felt previous experience with online training would encourage users to access MindEd, one respondent felt staff in children's services would be wary and that they would need some clear guidance of its relevance given their previous negative experiences with mandatory online training. Two respondents in the counselling field commented that online learning was not a preferred method for counsellors, not only because they like group learning, but also through distrust of technology, one suggesting this was a result of counselling's older age demographic. This is partly supported by findings from the BACP survey. While only seven percent of BACP members reported they were deterred from using online learning systems because of insufficient "confidence in my computer abilities", a quarter (25%) reported that they had never had the opportunity to use an online learning system (BACP, 2013:2).

Three respondents also mentioned that some organisations' access may be affected by a lack of sufficient computer equipment or reliable networks. This difficulty was thought to be most likely in small voluntary organisations. Technology may be a factor in police access to MindEd, according to a respondent, who felt MindEd must use a reasonable platform to avoid potentially problematic firewalls. One respondent suggested that small organisations might also find that printing costs limited their capacity to print out MindEd resources. In his experience, schools have objected to having resources online only, and would also like them printed.

Although an online resource's capacity to deliver free or low-cost training was seen as an advantage, two respondents were also concerned that employers might as a result become less likely to support staff requests for other training which may be beneficial, e.g. counselling training courses, thereby undermining those courses.

Other comments about online training included that it:

- Requires self-motivation
- Could be formulaic if completing several modules.

4.9 Current knowledge

The respondents were asked what they thought was the current level of knowledge in their field of how best to support children and young people's mental well-being and emotional health.

From the data gathered, knowledge appears to vary both within and across sectors, and ranges from those with very little knowledge to highly experienced practitioners. Levels of knowledge appear to be mainly dependent on the practitioners' roles, their level of exposure to children and young people and to mental health issues. Those working in children and young people's mental health were understandably thought to have high levels of knowledge in this field.

Practitioners who work with vulnerable children and young people were reported to be generally well informed; similarly those who work in mental health with adults. However, even in specialist fields, some practitioners may have knowledge gaps if their work is not youth-focused. One respondent in adult mental health services thought staff would probably not see MindEd as relevant to them and so would not access it. However, she also noted that local CAMHS staff may think they do not have gaps in their knowledge and therefore would not use MindEd either; she commented: "*so there are blind spots in both organisations but they are different*". Another respondent, in mental health training, suggested MindEd may be useful for those counsellors who wish to expand their practice from adult services to working with children and young people.

With regard to knowledge in social services, one respondent indicated that knowledge in the sector was very mixed despite a higher prevalence of mental health issues in the looked after children population. They commented that at the moment *"some areas are a bit grey and confused" (social services sector)* and they thought that MindEd could provide an evidence-based shared understanding to counteract current mixed messages and approaches.

Education respondents reflected mixed views about knowledge in the sector. It was suggested that teachers' awareness of mental health and well-being varies and although dealing with emotional resilience on a daily basis, they were unlikely to label it as a mental health issue. A focus on academic results was felt to sometimes limit schools' approaches to mental health; one respondent suggested MindEd could promote the link between good mental health and academic results too. It was felt that teaching assistants' knowledge was poor, with one education specialist suggesting teaching assistant often have their own mental health issues, making raising their awareness more problematic. Two respondents reported teaching staff in pupil referral units (PRUs) have high levels of knowledge.

Expertise in children and young people's mental health in the justice system was also seen to be limited. One respondent in probation explained that they have historically neglected the general needs of 18-21 year olds, alongside their mental health needs. This is now a target group about whom they wish to up-skill, particularly in the transition to adult services at 18 years. Knowledge in the police is also generally poor, with police reportedly often labelling potential mental health issues as antisocial behaviour as they are not skilled at identifying indicators. Marketwise (2014:146) also found that practitioners in the youth justice sector were interested in learning "around "softer" mental health issues where there may not necessarily be a diagnosable condition." Stakeholders reported that while practitioners are developing their understanding through some local pilot projects where police are working with mental health practitioners, in general, knowledge is "patchy." In the words of one police respondent:

"*There's definitely a willingness to change but it's a big wheel to turn*".

Other groups identified with poor levels of knowledge were:

- Paediatricians
- Accident and Emergency (A&E) staff
- Social workers (particularly as caseloads are thought to prevent reflective practice).

One respondent agreed that knowledge varied greatly within her third sector organisation. More problematic however, is that for many, mental health is synonymous with mental illness which is "*deficit based and doesn't promote resiliency… and a focus on identification, diagnosis, recognising symptoms and so on, only continues this…." (Voluntary sector)*

4.10 How could MindEd improve this knowledge?

Many respondents felt that as long as the portal is actually used, MindEd will improve many practitioners' knowledge simply by providing information and promoting discussion. It was felt that any discussion of mental health is a positive thing, in that it may help to reduce stigma and place mental health on the same footing as physical health. Overall it was also felt that MindEd could play a valuable role in raising awareness.

Several respondents spoke of MindEd's potential to increase practitioners' confidence, which in turn may lead to more interaction with young people and different ways of working. It could challenge people's thinking e.g. to identify an issue thought to be a behavioural problem, as long as this is backed up with information. Key to this is the type of information available; evidence based, up to date, specialist knowledge on young people for those who need it, including those who think they do not. As one respondent from a young people's charity explained, as long as MindEd provides the "*latest thinking based on evidence-based practice*" then it will be useful; if it is more like a library, use will soon drop away.

Most respondents discussed MindEd's capacity to improve knowledge for universal or non-specialist staff. One respondent expressed concern that the greater the focus on universal audiences, the less useful it will become to counsellors working with children and young people. Some practitioners in other fields also thought MindEd on its own may not automatically improve knowledge. For example, one respondent felt to improve knowledge within schools there needed to be a culture change away from an academic and Ofsted focus.

Another voiced worries about the MindEd portal being very 'traditional and medical' whereas her organisation works from the stance of "*advantaged thinking which focuses on the positives and young people's assets"*. Again, concerns about the efficacy of online training lead one respondent to recommend that MindEd should be part of a menu of resources e.g. reflective practice sessions and face-to-face top up sessions.

Overall, it was highlighted that to have any possibility of improving knowledge, MindEd must be used regularly, and for this reason, it needs to be interesting and kept up-to-date.

4.11 MindEd in practice

Consultation with stakeholders some months after its launch reflected their greater experience with the portal. The 23 respondents in this data phase reflected mixed use of the MindEd portal: all had at least explored it and most had recommended it to others, or introduced it to staff teams. Some were in the process of using it to plan staff or student training and others had also completed a range of modules themselves.

The vast majority of respondents felt MindEd has the potential to be a very useful resource for a range of practitioners. Respondents from the health sector, including counselling, tended to believe MindEd was most appropriate for new or assistant practitioners rather than experienced staff, although, for instance, experienced counsellors new to working with

children and young people would also benefit. One stakeholder intending to use MindEd as a resource for student nurses believed it would act as a very useful introduction to the area, filling a gap created by the lack of capacity of CAMHS staff to contribute to students' education. She intended to back up students' use of MindEd with speakers and tutorial discussion. However, another health sector respondent explained that a web-based resource, even if it contains advanced material, is not useful for senior health practitioners where learning is more "experiential":

"Web-based resources are good for knowledge-based learning but it's not everything" (Health sector)

Overall, stakeholders from across sectors could see MindEd being useful for all staff working with children and young people, whether in health or universal settings. A few felt it was not relevant for their particular field (e.g. special schools, interventions around health promotion rather than treatment), or needed adjustment in order to be useful (e.g. more guidance, resolving technical issues around accessibility) but could still be of use to others. These concerns and suggested improvements are discussed in section 4.15.

Several respondents claimed to have been signposting colleagues and peers to the MindEd portal, but reflected that while initial feedback on its potential was positive, it did not appear to be in wide use as yet.

A sample of comments included:

"I really love it" (VCS with education focus)

"It's excellent. The pitch varies but it's very good considering the range of its audience" (Health sector)

"A fantastic starting point with bucket-loads of information" (Health sector)

"It should be useful but needs to broaden to be effective – needs to be part of blended learning, and needs specific guidance to prioritise areas for different roles" (Mental health sector)

A health commissioner reflected that MindEd was particularly timely given reduced budgets for training and decreased capacity to release staff for training, as it seemed 'time-efficient with bite-sized modules' (*Health sector*). While seen as useful in this instance to reach staff across service provision, this seems to confirm others' concern (outlined in section 4.5) that MindEd may be used as a cheaper or free alternative to the detriment of other forms of training.

4.12 Integrating MindEd into organisations' continuing professional development (CPD) frameworks

Having explored MindEd, nearly all stakeholders from the second round of consultation felt MindEd could be appropriate within organisations' or professions' CPD or learning

frameworks. Those who felt this was not the case reported that MindEd's perspective did not fit with their work. For instance, a respondent working with special schools objected to MindEd's "health centric approach to issues such as autism and learning disability where they are seen as medical conditions in their own right rather than enduring conditions where a child may also experience mental health difficulty at some point". Another education sector respondent felt MindEd did not fit with their focus on promoting health rather than treating illness, and being primarily aimed at professionals was also not suitable for their work with parent carers. In addition as mentioned previously, one respondent felt MindEd was not appropriate within CPD for psychiatrists as their learning needed to be more practical.

However, even if not appropriate within their particular fields most stakeholders saw potential benefits for others:

"For the right people and the right agencies, MindEd might well be extremely useful for professional development " (VCS organisation)

Integrating MindEd into continuing professional development processes was widely seen in the first stakeholder consultation as key to achieving widespread use of the portal. Overall, stakeholders agreed that this would entail meeting a number of factors:

- ***Top down endorsement***

Firstly, it would require endorsement from above. MindEd would need to be endorsed firstly by the Department of Health, and subsequently by organisations' highest management structures. It was clear from interviews that this can only be achieved by MindEd's fit with organisational business areas and priorities. For example, if MindEd: "*taps into both the police priority to reduce harm and police and crime commissioners determine it is linked to priorities..." (Youth justice sector).*

This supports findings from the Marketwise Strategies, 2014, which also found that support from the Association of Chief Police Officers (ACPO) and Police and Crime Commissioners (PCC) would be needed to integrate it into local forces' continuing professional development. MindEd would have to be in line with the ACPO business areas if these national policing bodies were to get on board.

Across sectors including social work, education and the third sector, MindEd would need to be promoted to and accepted by leaders or senior management teams in the first instance. As mentioned, specifying particular outcomes for different groups may be a useful incentive. 'Buy-in' from senior management is key. MindEd has "got to be really good and endorsed from the top" if people are going to use it *(VCS organisation).*

- ***Links with training departments***

While decisions about CPD frameworks are usually made at the highest levels, several respondents indicated direct contact with training departments was also important. Several

respondents recommended MindEd promoters talk to the training department rather than relying on other forms of communication.

A small number of respondents expressed concern that while accreditation may be useful to increase practitioners' use of MindEd, this may not be appropriate for an online training resource. This reflects a general reservation about the efficacy of online learning given its innate lack of a reflective practice element, as discussed earlier.

❖ ***Communication channels***

The logistics would have to be in place for practitioners to be able to use MindEd as part of their continuing professional development. Respondents mentioned it would need to be accessible in different formats e.g. iPhone and iPad, available on staff intranet and desktops, and compatible with different IT systems.

❖ ***Recognised as useful***

While difficult to establish at the early stage of its development, MindEd's usefulness would determine if practitioners would look to embed it within their organisations and recommend to others. One commented this would be particularly easy to do in a small team. As one respondent indicated, "*once the message is out there that it's good quality it will gain momentum.*" *(Health sector)*

❖ ***Accreditation and supervision***

Using MindEd within CPD frameworks would require systems to be developed around quality assurance or accreditation. A health commissioner felt those undertaking training would need to be monitored for quality assurance purposes and was unsure that the capacity to print certificates on completion would be sufficient evidence for this purpose. Organisations would also need to build in an audit system to ensure staff undertook subsequent refresher training. Another felt the accreditation process would need to ensure assessment was captured under controlled conditions. Several respondents stated use of MindEd would need to be supported by supervision and further training. Furthermore, respondents reiterated that MindEd could be best used alongside other forms of training but not as a stand-alone resource, envisioning blended learning and using MindEd within small groups to back up or introduce other training.

4.13 Stakeholders' views on how practitioners might use MindEd

If it proves to be useful, respondents in the first consultation reported that they would recommend MindEd to staff, including it, for instance, within training to tier 1 practitioners, or embedding it within counselling supervision processes, especially for those new to youth counselling. Many respondents, across all sectors, indicated it might be included within induction packages. Respondents in the second round of consultation confirmed this, with several (from across sectors, including counselling and VCS) finding MindEd appropriate for

induction of new staff, and announcing plans to incorporate it into existing induction packages.

Overall, respondents predominantly envisaged MindEd being used by individual practitioners; its perceived flexibility enabling access at a convenient time, to dip in and out, for general information or when curious about a specific issue. However, in some situations they envisaged MindEd forming a part of group training delivery. For example, in the education sector, it might be possible to use some of the e-modules within INSET and other sectors might look at incorporating what they identified as the most useful e-modules into group training sessions. One educationalist suggested signposting students to MindEd within teacher training, as well as incorporating parts of MindEd into training they deliver to teachers. He also saw potential for use of MindEd in similar scenarios abroad. While welcoming MindEd as an information source, several respondents commented that it is not a stand-alone resource:

*"It's a useful resource but I wouldn't put too much burden on it" (*Education sector)

Now that they have seen MindEd in practice, some respondents from health education institutions indicated there is a place for MindEd within their existing programmes. As mentioned, one child nursing degree programme is looking to use MindEd as an introduction to children and young people's mental health and emotional well-being, as well as to introduce students to a resource it was felt they may require in their future careers. MindEd is felt to address a real need for mental health training which is otherwise difficult to come by:

"It's a great resource as we struggle to address mental health training. We have tried to get a CAMHS lecturer for years, we draw on colleagues' mental health expertise and a CAHMS practitioner from the community. Some get a CAMHS placement but not all. This helps to fill that gap." (Health education sector)

A representative from another health education institution also felt embedding MindEd in the curriculum would be useful although it would take time.

As discussed many respondents felt MindEd was appropriate for CPD purposes, and some had made moves in this direction within their organisation. A decision on how to do this in one VCS education provision has reportedly been delayed by management restructuring, but will be revisited in future. Another VCS organisation is incorporating it into training for all staff. The health commissioner mentioned earlier is very keen to require completion of certain MindEd modules in all service contracts as well as embedding it within the wider workforce continuing professional development programme. It is felt particularly relevant to those practitioners working with vulnerable communities with higher risk factors for mental illness, and is in line with the local authorities' early intervention model: "MindEd is the perfect fit.

4.14 Potential impact

While it is too early to establish MindEd's impact, stakeholders were asked what they thought of the potential impact on the children's workforce. Respondents, based on what they knew of MindEd before its launch, indicated that they thought it could improve the level of basic knowledge of mental health, if it contains the relevant information. Its impact will be directly related to its content.

Potentially they felt that MindEd could inform practice, for example, by practitioners no longer "assuming it's just poor behaviour" (*Youth justice sector*). While generally respondents were welcoming of MindEd, those in the non-health professions (the youth justice, education and charity sectors) were more optimistic than mental health practitioners. They hoped it would be widely used, stimulate discussion and be a place to share positive practice and enhance awareness and understanding for all staff, thereby making early identification more common and improving the quality of intervention. One respondent particularly hoped it would raise the value of preventative approaches.

A mental health sector respondent suggested that MindEd might even help parents to have a better understanding of their child's needs, "*an unintended but welcome outcome*". However she was not sure it would appeal to the intended audiences, questioning whether universal practitioners such as the police or sport/leisure coaches would find the time or inclination to use online e-sessions. She expressed the view that MindEd seems to: "*fall between different needs and different audiences and doesn't quite deliver to any one audience as a consequence."* As noted earlier, a VCS stakeholder in the later group found MindEd's content and approach aimed at professionals made it unsuitable for use with parent carers.

Some of the reservations already discussed are relevant here. In the earlier consultation, two respondents from the education and mental health sectors stressed that MindEd may increase knowledge and awareness, but given its limitations on reflective practice, it may not raise skill levels:

"*It is dangerous to think it will increase skills" (Education sector)*

Early respondents expressed other reservations about MindEd's potential to change practice, primarily around its format. Online learning is not a preferred medium for some (notably counsellors) and several were worried that the limited reflective practice possible within online learning might contribute to some users feeling they have skills and knowledge that they don't really have. However, as long as it is not seen as a replacement to face-to-face learning, one described MindEd overall as: "*feeling like a really good start… it complements existing training and will help people to develop their practice"(Mental health sector).*

Those in the second round of consultation indicated MindEd had the capacity to increase knowledge and understanding of a range of issues, thereby also raising practitioners' confidence and awareness of the need for specialist interventions. Respondents hoped this will lead to better practice and earlier referrals. One respondent reported that her extensive use of MindEd had helped in her dealings with young people, improving communication and confirming her approach is good practice. Respondents indicated that this may have knock-on effects for children and young people and their families, including:

- Reduced stress
- Better services, with more informed staff
- Increased understanding of mental health services, processes and language
- Faster access to support and reassurance while waiting
- Improved access to good quality information to better understand issues, and learn how to cope
- Improved outcomes, and reduction in long-term damaging conditions.

4.15 Key barriers and suggestions for improvements

However, some respondents also indicated MindEd requires some adjustments in order to make it as useful as possible to the range of practitioners it targets.

❖ ***Relevant content***

While MindEd has the capacity to be a valuable and comprehensive information resource, how it could achieve this for a range of different groups worried some. They suggested individuals' needs may be best met by using it on a topic basis, and that content would need to be relevant to local needs to persuade local staff to use it. One respondent from the charitable sector recognised that some sessions may not be useful to all, but believed MindEd should provide something for everyone.

❖ ***Clearer direction/identification of modules for specific professions***

Several respondents in the second round of consultation pointed out that the breadth of information in the site is so vast that it is difficult to determine exactly how to use it, or to identify which modules will address practitioners' needs. This may be off-putting to new users, especially those with limited time. One respondent explained that while she knew from experience how useful MindEd is for her role, colleagues were deterred from using it because of its design and breadth of content:

"It's not obvious that it will be of use, the site is a bit off-putting – it looks like it will take a long time".

One suggested the range of modules should be reduced to focus the content and clearer guidance be provided in order to secure its use across different professional groups, and identify what suits particular roles:

"It still seems a little ad hoc as to whether anyone should use it" (VCS organisation)

A mental health respondent agreed that more direction for various professions is needed suggesting the learning path built into MindEd may not provide clear enough direction, or may not be used by practitioners as some may not want to register:

"It's the nature of the web - they want instant information"

The overall approach of MindEd was a concern for one respondent, who while greatly valuing the resources, felt they were too complex and would not transform practice:

"It needs to be about transformative practice not just information – developing practitioner skills to deal with mental health issues rather than just raising their awareness … You need simpler material – it's all brilliant but too much and too complicated – they need quick tools to use not lots of information." (Health sector)

While noting that there are "few incentives to use it currently" one respondent suggested clearer direction and regular reminders that it is available would prompt practitioners to use the site.

- ***Navigation***

As well as providing clearer identification of suitable modules for various roles or professional groups, some respondents suggested general navigation of the site could be improved, claiming it is difficult to find specific topics, and is not user-friendly. For example, one respondent said the landing page is "confusing" calling for a redesign so it clearly and easily directs users to appropriate areas.

Several respondents also suggested the availability of keyboard shortcuts (e.g. arrows) would make it easier to use in practice, especially when using non-desk-based devices. Another respondent requested that 'Counselling MindEd' be made accessible though one click.

- ***Technical issues***

A small number of stakeholders mentioned technical glitches which made using MindEd less satisfactory. Primarily these were about registration, missing occupations on the specified list for registration, inability to find a learning path for a particular profession, difficulties logging on and what one respondent called "a cumbersome design."

❖ ***Lack of time and capacity to use MindEd***

A number of respondents in the second consultation reported that their ability to use or explore MindEd had been severely inhibited by their lack of time and high workloads. Indeed, five respondents from the first consultation decided they were not able to contribute to the follow-up consultation because they had not had time to use MIndEd in the way that they had initially intended.

Several respondents who had hoped to introduce MindEd to their staff teams when it was launched had found this difficult to do so within the timeframe. Sometimes external factors combined to make this harder e.g. new computer systems introduced at a time when staff may have had capacity to use MindEd, restructuring, changes in roles with additional responsibilities, and vacant posts with responsibility for mental health. Others found it hard to find time within their own busy schedules to use MindEd.

❖ ***Medical approach***

As mentioned earlier a small number of respondents felt MindEd's approach was not suitable for all, in that it reflects a medical treatment model rather than health promotion, and that medical and other sectors may view certain topics differently

❖ ***Additional topics***

Stakeholders who had seen the content made a small number of suggestions for additional topics, including:

- More about transition – a 'life course approach' i.e. say consciously that when a child is at point of being treated as an adult everything needs to continue
- Anger management – more detail than is currently covered in the 'Aggressive child' module
- Self-help strategies for young people to use, and tools for access by young people and their families on how to develop a healthy mind e.g. NLP techniques, underlying principles of how the brain works
- Adolescent health
- Ways of having conversations with young people e.g. video clips of closed and open conversations reflecting a more transformative approach
- Online chat system so users can ask questions.

❖ ***Sustainability***

Some stakeholders in the early consultation felt MindEd would only succeed with the buy-in of senior management. Several respondents also commented that MindEd would need to be regularly updated in order to remain useful, which may require funding to be extended.

4.16 Variation between sectors

The following draws out some of the differences in views apparent between stakeholders from different sectors. Overall, those whose work is focused on children and young people were more enthusiastic than others and generally MindEd was seen as most useful for those new to working with children and young people or novices within professions.

❖ ***Mental health sector***

- Overall, mental health practitioners felt MindEd is more useful for professions other than for those in the mental health sector, suggesting the key target is universal services.

- However, several felt that MindEd could be useful for those moving to work with children and young people rather than adults, especially as working with children and young people was seen as very different e.g. relevant policies/law/development. Others felt that certain topics would be especially relevant given counsellors are not usually trained in them, e.g. autism and specific presentations.

- Those working within the counselling sector reported online learning was not a preferred medium; blended approaches were the preferred option. There were some concerns about the lack of reflective practice in the online format. Respondents questioned whether such learning could "feel real", and if it risked practitioners feeling able to work in an area where they have only been given a little knowledge.

Given that initial interviews took place prior to MindEd's launch, there was no discussion of the content of Level 2 sessions or how these may be relevant for those within the mental health sector[5].

❖ ***Charity/voluntary sector***

- Respondents from the voluntary sector spanned youth advice/advocacy and counselling services, adult mental health, and housing services. Some but not all worked within youth-focused organisations.

[5] The evaluation intended to explore this in follow-up interviews, but delays to the development of the Level 2 modules meant this was outside the evaluation timeframe.

- Knowledge of mental health and emotional well-being was seen to vary among staff in the sector. Those working with children and young people were thought to have generally quite high levels of knowledge, others not. This discrepancy is usually project/role dependent.

- Those that already provide counselling or advocacy service, whether to children and young people or to adults, felt MindEd would be useful for newly qualified staff only. Those whose remit was broader welcomed the potential increase in knowledge for all staff, and identified increasing needs around mental health. They also welcomed MindEd for new recruits, seeing it fitting well into induction processes. Marketwise Strategies (2014) also found that mental health is seen as increasingly important issue for the third sector.

- Voluntary sector respondents reflected the same concerns as the wider mental health/counselling sector about online learning's lack of reflective element, with associated concerns about the appropriateness of accreditation.

- There was some concern that MindEd could potentially undermine established counselling training/courses if commissioners chose MindEd because it was cost-effective rather than 'best' course in terms of learning outcomes.

- Time pressures and lack of resources across the voluntary sector mean training is a 'luxury'. As mentioned earlier, Marketwise Strategies (2014) reported that the third sector's limited in-house training facilities mean they are often open to external training opportunities.

❖ ***Justice sector***

- Respondents from the justice sector were especially keen on MindEd. Given that interviews took place prior to its launch they were "cautiously enthusiastic" before seeing its content in detail. Marketwise Strategies (2014) also found that the youth justice sector were "keen to engage with the MindEd e-portal".

- Increasing knowledge on children and young people's mental health was seen as particularly relevant for the youth justice sector, given that children and young people in trouble with the law have a higher incidence of mental health issues.

- MindEd's aim to increase knowledge of children and young people's mental health mirrors current business areas in the justice sector, to improve interaction with children and young people, with a focus on youth mental health. MindEd's development is potentially very timely for the sector, and it could be integrated into

organisational continuing professional development frameworks if it meets the requirements of senior management.

- This echoes the findings of Marketwise Strategies (2014) whose report stated that MindEd would need to assure users of the quality of learning. Stakeholders in this consultation insisted it is senior management in this sector which must be convinced.

- Respondents stated that staff in the sector currently have poor levels knowledge of youth mental health. There is reportedly no known training available on mental health or general developmental stages. This is in contrast to findings from Marketwise Strategies (2014:141) which reported that the youth justice organisations tended to have some provision in place for mental health training.

❖ ***Education sector***

- Schools are reportedly "hungry for knowledge" and respondents suggested that school staff deal with a high level of need in children and young people but they have little knowledge and often fear doing "the wrong thing". One respondent suggested this lack of knowledge results in children and young people being referred out of school (to PRUs for instance) rather than supported within the school.

- Teaching Assistants were generally thought to have a very poor level of knowledge of mental health, and possibly a higher prevalence of mental health issues themselves, raising questions on how to deal with this within online training.

- Respondents indicated a misfit between the mental health needs of children and young people and an existing focus by schools on Ofsted requirements and academic results. They questioned whether an online resource could bring about much improvement in how children and young people are supported in schools, stating that this would require a more significant "culture change". One therefore suggested that making clear to schools the positive link between good mental health and good academic results could be a useful strategy.

- Nevertheless, they felt MindEd could be useful for school practitioners, though pressure on staff time was a barrier. Marketwise Strategies (2104) also found "significant interest" in MindEd within the education sector but achieving 'buy-in' would need clarity around the nature and content of the curriculum.

- In terms of content, the topics identified by respondents are included in MindEd. However, one respondent stated that SEN issues should be incorporated into each module rather than as a separate topic with MindEd.

- It was not clear how to try to embed MindEd into schools. Respondents did not know or indicate how training is usually commissioned. Respondents suggested targeting Special Educational Needs Co-ordinators (SENCOs), Inclusion Leads and Head-teachers. Marketwise Strategies (2014:144) suggested many teachers identify learning opportunities through organisation websites, particularly their training and development sections. They suggested the key points of contact within education organisations are Heads of training and Development and Communication Managers.

❖ ***Social services sector***

- MindEd is potentially useful for cross-sector working. Social work roles increasingly require knowledge around mental health and CAMHS, however, within knowledge was thought to vary considerably and often to be patchy. MindEd may also have value for partnership working with a range of other practitioners including looked after children (LAC) nurses, teachers and carers. It was felt that an accepted understanding for all professionals in one place could be very useful. However, there are some challenges to this. A respondent whose role involves partnership working with schools outlined similar reservations to those discussed above by others in education, e.g. challenges with schools' focus on Ofsted criteria.

- While local authorities are reportedly moving towards online training, one respondent questioned whether the variation and co-occurring nature of mental health presentations could be adequately covered in an online resource. Another felt good design and on-going updates following users' feedback could overcome the loss of interactive element which is otherwise a disadvantage.

- Given close working relationships with CAMHS, one respondent felt that the local CAMHS would need to be familiar with and endorse MindEd if it were to be embedded as part of the LA training and development plan.

5. Feedback from the user survey on the MindEd e-portal

5.1 Overview

Alongside stakeholder consultation, data was collected through the open users' survey on the MindEd e-portal, exploring why users were accessing the programme, what they thought of it and how it could be improved. Data was collected from its launch to 28 February 2015.

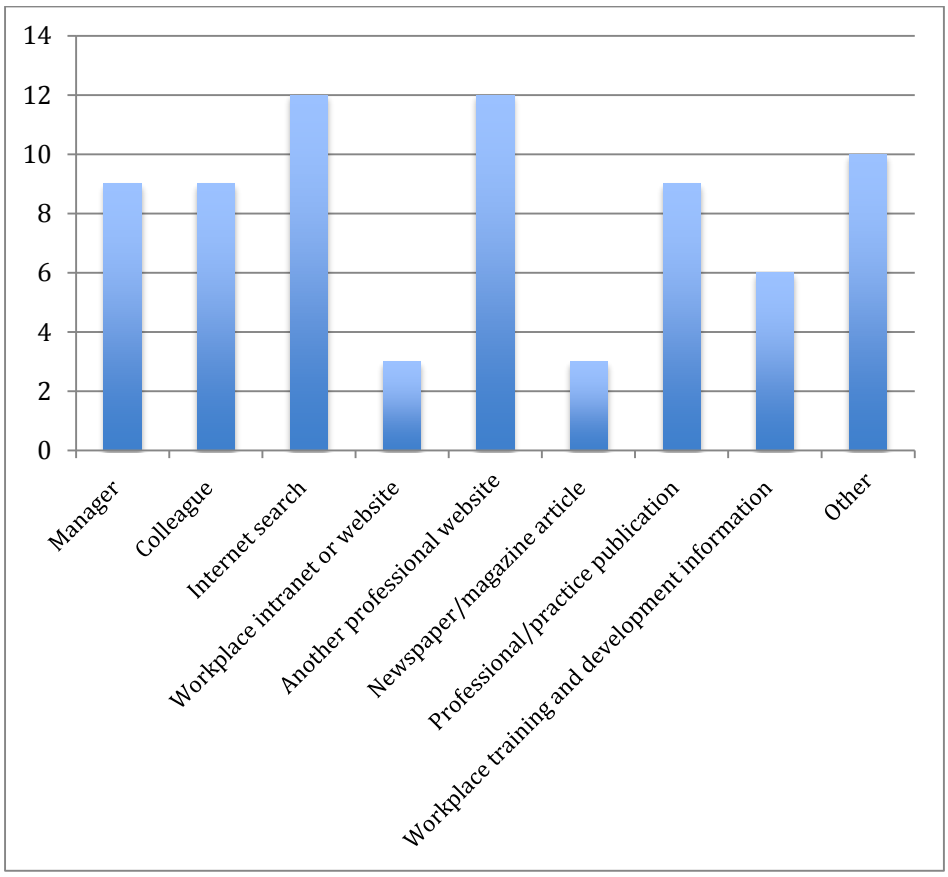
There were 74 respondents from a cross section of roles in the children's workforce. Nearly two thirds (65%) were from the health sector; most of these (27 respondents) were

counsellors, with nine other mental health professionals and 12 from the non-mental health sector. The remainder included those from the social care, education and voluntary sectors.

5.2 Expectations and reasons for looking at the MindEd portal

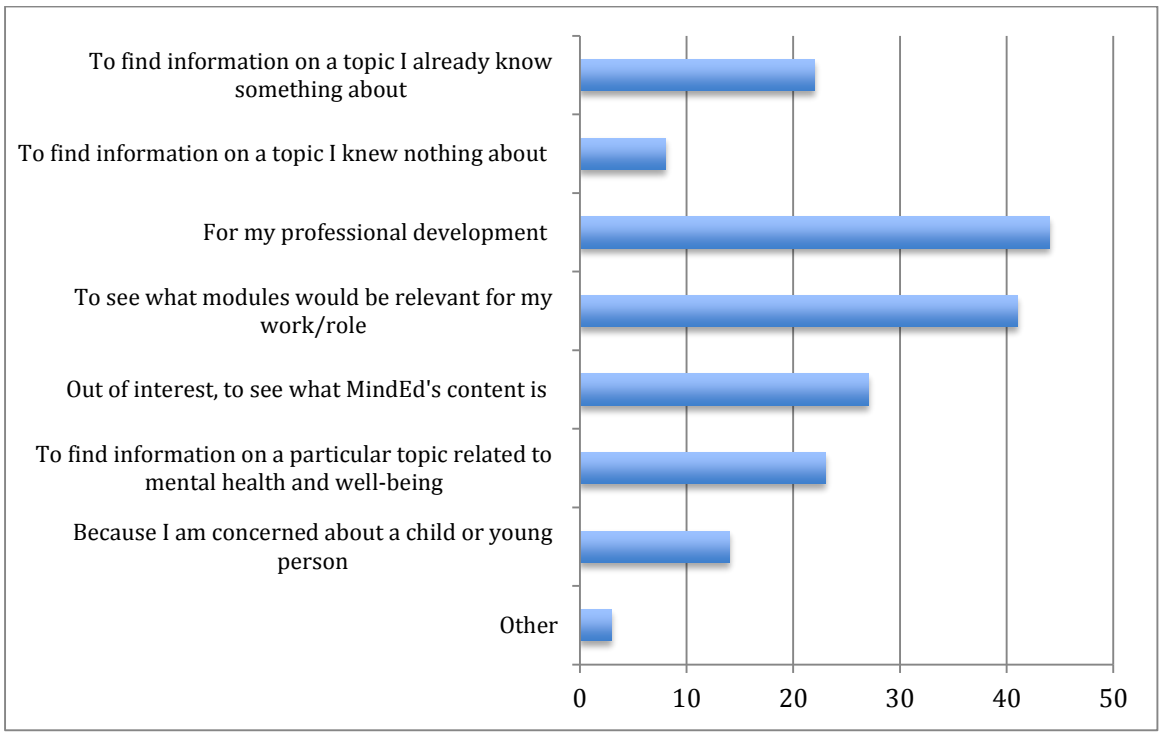
Users had first heard about MindEd in a variety of ways, predominantly through internet searches or other websites, including workplace intranet systems, as shown in Figure 4. Eleven of these respondents reported hearing about MindEd from the BACP website. 'Other' sources included conferences and events, university courses and Twitter.

Figure 8 Where did respondents first hear of MindEd (N=73)



Respondents' reasons for accessing MindEd were multiple, with more than half (59%) indicating more than one reason, but predominantly reflecting respondents' wish to improve professional practice. The most common reasons were for respondents' professional development or to see what modules would be relevant for their work/role.

Figure 9 For what purpose did respondents access MindEd today? (n=73)



5.3 Content

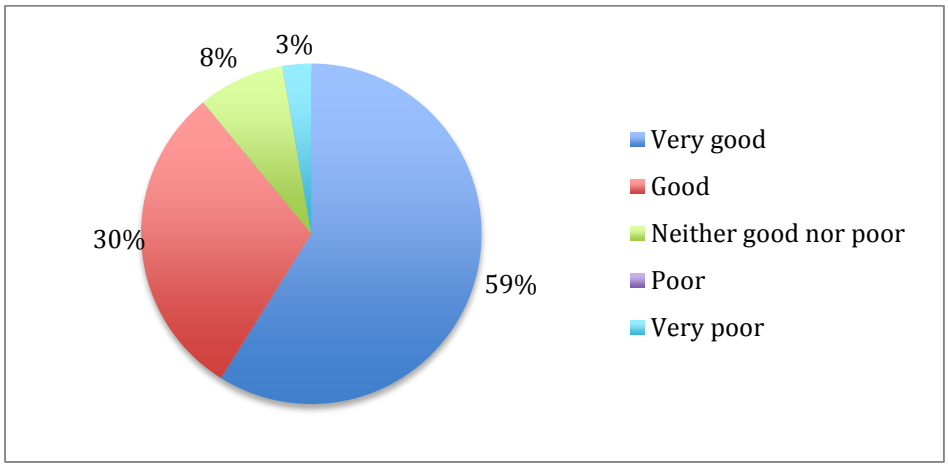
Respondents indicated that they had looked at a very wide range of modules by the time they completed the survey[6]. Seven respondents indicated that their visit at the time they completed the survey was just one of many, having looked at a number of modules so far, and intending to work through more in future. Overall they rated the modules highly with nearly 90% rated as good or very good; these data are presented in Figure 6.

The level of detail and range of information covered appears to be appropriate for the majority of users.

As outlined in Table 2 half of the respondents agreed the level of information was appropriate for their roles, with an additional 34% strongly agreeing with this statement. This is further supported by the 79% disagreeing that the information provided within topics was too detailed.

[6] Appendix E provides the list of modules as provided by respondents.

Figure 10 How respondents rated the modules (n=73)



In addition to summarising the evaluation findings as to views towards the level of MindEd content, Table 2 also shows that the vast majority (94%) agreed or strongly agreed that the range of topics was comprehensive. The majority of respondents (62%) neither agreed nor disagreed with the statement that there were topics not covered within MindEd that should be included, just over a fifth indicated there are missing topics. However, respondents generally indicated satisfaction with the range of topics covered and nearly two thirds reported that MindEd had introduced them to new topics around children and young people's mental health and emotional well-being.

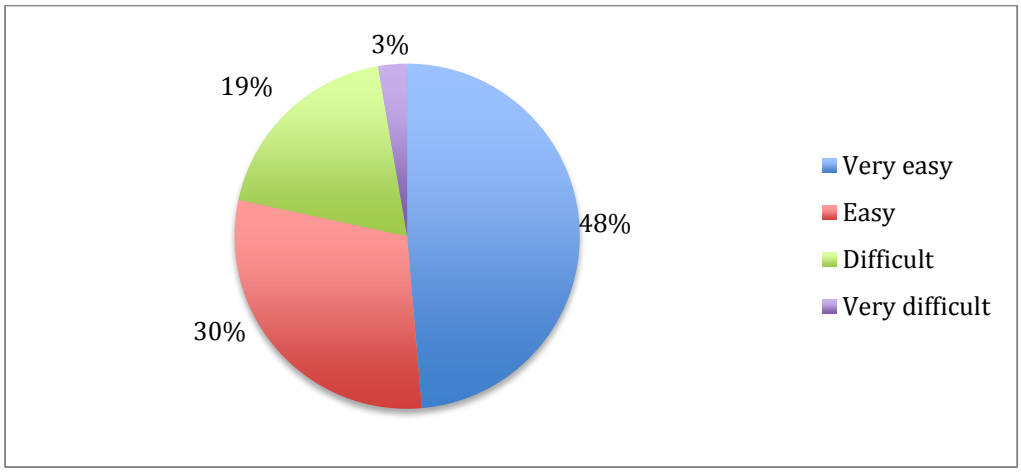
Table 2 MindEd content (n=74)

	Strongly agree %	Agree %	Neither %	Disagree %	Strongly disagree %
The range of topics was comprehensive	43	51	6	0	0
The level of detail of information within topics was appropriate for my role	34	50	12	4	0
MindEd has introduced me to new topics concerning children and young people's mental health and emotional well-being	26	39	30	3	3
There were topics not covered within MindEd which should be included	5	11	62	20	1
The information given in topics was too detailed	0	5	16	57	22
A suggested learning path missed some important topics for my practice	1	5	58	30	5

5.4 Navigation of the MindEd portal

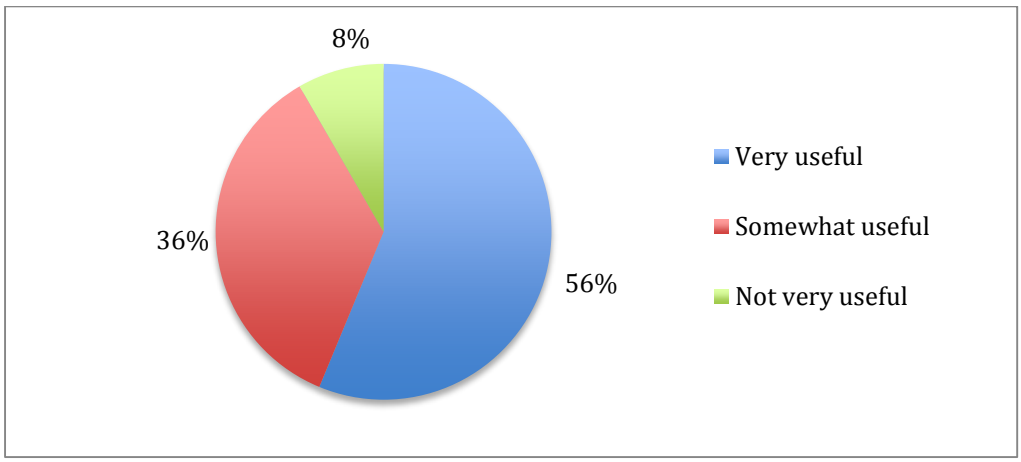
While the majority of respondents (79%) indicated it was easy or very easy to navigate the MindEd portal and find the topics they were looking for, the remaining 21% found it difficult or very difficult.

Figure 11 How easy was MindEd to navigate and find the topics? (n=74)



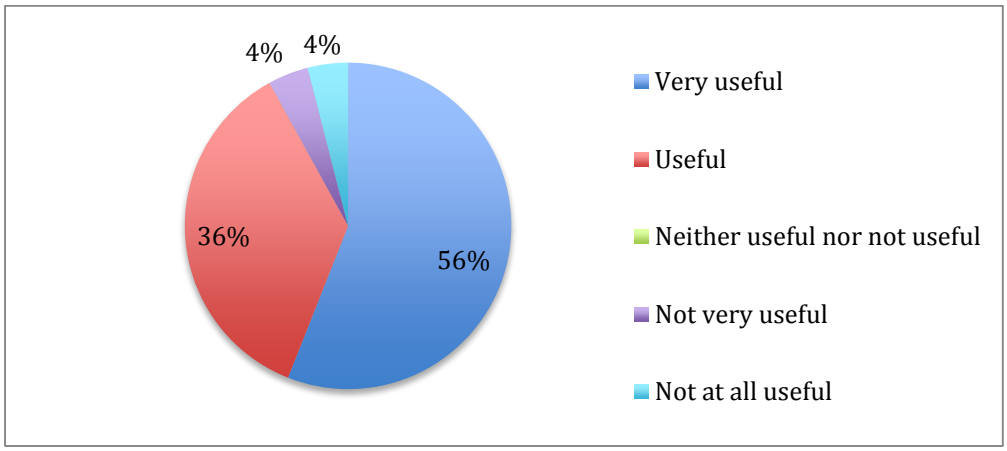
The survey asked respondents about two aspects of the portal designed to make navigation easier: the learning path and the 'My MindEd' facility (a 'shopping list' function). The majority of respondents (65%) reported they had been given a learning path, showing the modules thought to be most relevant to that individual's profile; 16% responded they had not been given a learning path and 10% were unsure. The vast majority (92%) of those who received a learning path found it useful, with 56% indicating it was very useful. No one indicated it was 'not at all useful'**.** Respondents indicated general satisfaction with the topics suggested within learning paths. Only 6% agreed with the statement that a suggested learning path 'missed some important topics for my practice', with more than a third of respondents disagreeing or strongly disagreeing with this (as outlined in Table 2).

Figure 12 How useful was the learning path (n=48)



Similarly the 'My MindEd' facility received slightly less favourable ratings, with just over half (55%) of respondents reporting they had used it. Of these 56% found it very useful and 35% useful.

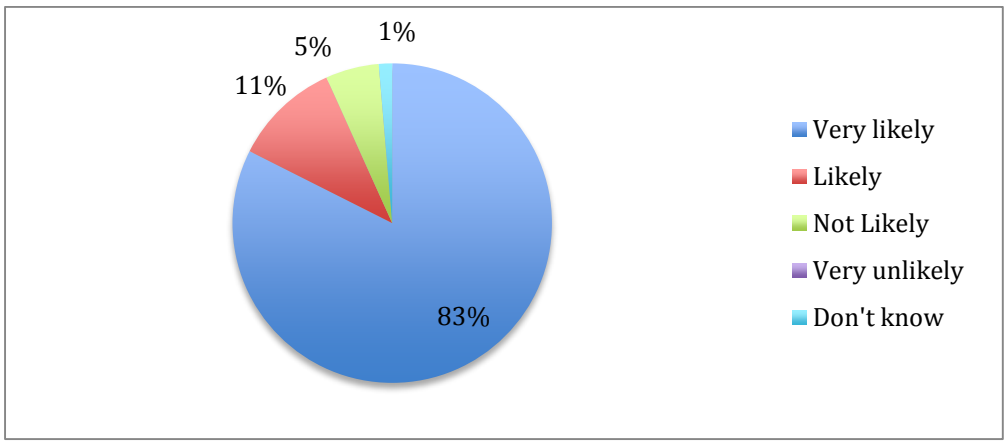
Figure 13 How useful was the 'My MindEd' facility? (n=25)



5.5 Future use of MindEd

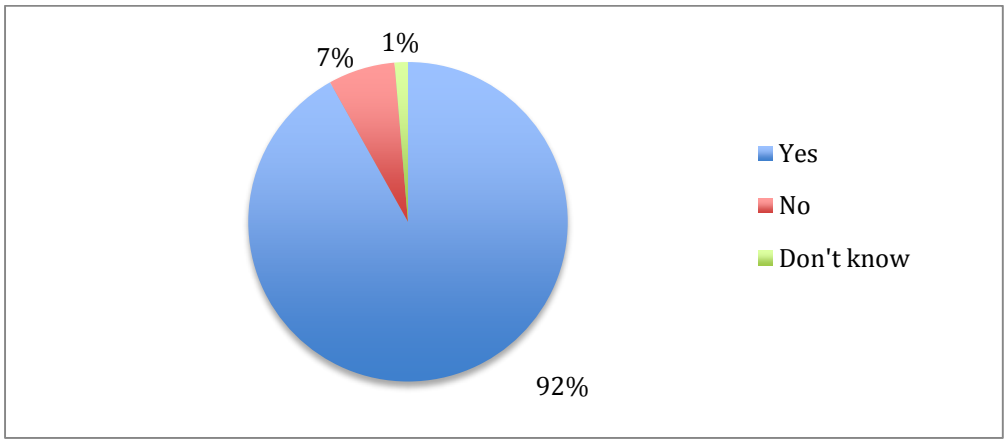
Nearly all respondents suggested they would use MindEd again in future, with 82% indicating this was very likely.

Figure 14 How likely are you to use MindEd again (n=74)



Respondents were also asked if they would recommend MindEd to colleagues or staff. 92% responded that would recommend MindEd to colleagues or staff; data relating to this question are shown in Figure 15.

Figure 15 Would you recommend MindEd to colleagues and staff? (n=74)



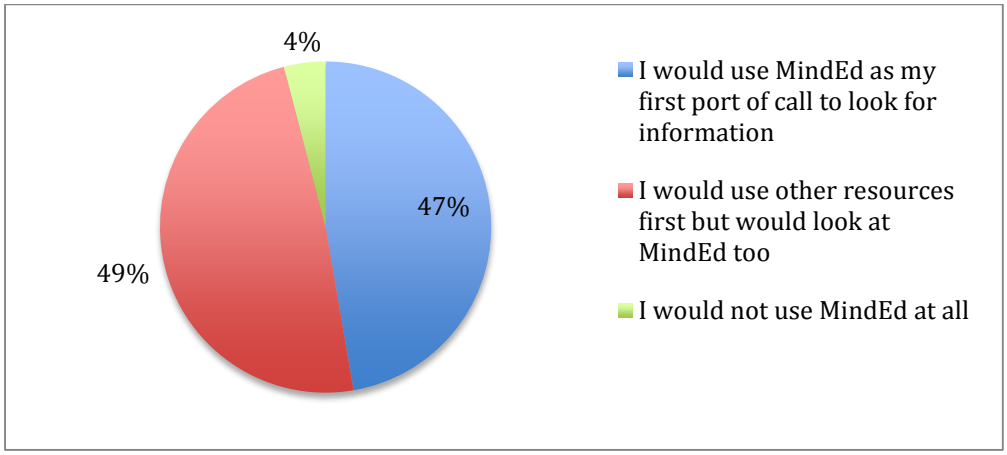
How would respondents use MindEd?

Exactly how or why respondents would use MindEd was interesting, given one of the aims of MindEd is to be 'the number one resource' for information on children and young people's mental health and well-being.

Respondents were split on whether they would use MindEd as the first port of call if they needed written information on these issues, with 47% suggesting so, and 49% saying they would use other resources first but would also look at MindEd.

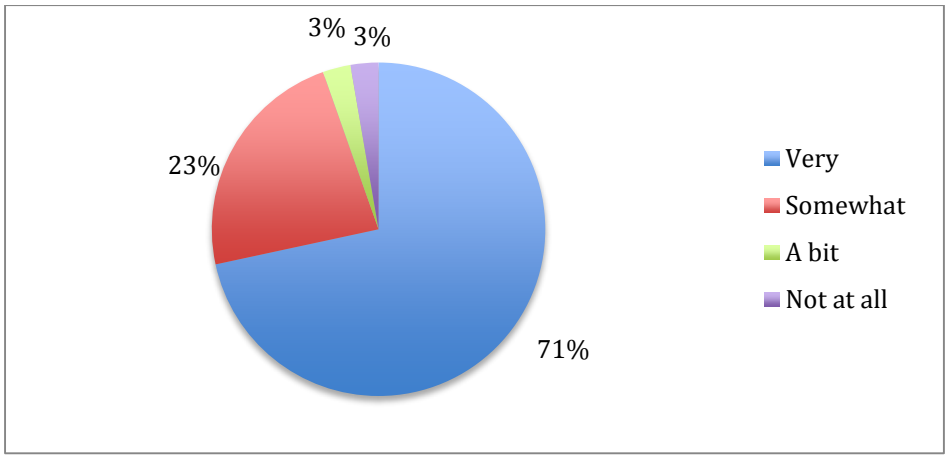
Three respondents reported they would not use MindEd at all, two outlining technical issues and poor functionality as major hindrances.

Figure 16 How would you use MindEd in future if you need written information? (n=74)



When asked how relevant they thought MindEd was to their organisations' CPD programme asked how relevant MindEd a staggering 97% thought it would be, with nearly three quarters saying it was very relevant, and another 23% somewhat relevant.

Figure 17 How relevant is MindEd to your organisations' CPD programme? (n=74)



5.6 Key areas for improvement

Respondents were asked if there was anything else they thought should be included or changed in the MindEd portal to make it more useful. While a number of respondents gave positive feedback on using MindEd, this generated a range of suggestions and comments. Table 3 outlines the key areas, and examples of comments are described after that.

Table 3 Key areas for improvement identified by survey respondents

Key areas	Number of respondents
Technical difficulties	17
Navigation	8
Content	9
Additional features	4
Roles to include in registration process	3
Assessment	2

Resolution of technical issues

- Difficulty returning to home page once completed modules
- Modules not registering as completed
- Functionality of quizzes not working i.e. not able to move options etc.
- Difficulties registering and getting into site
- 'My MindEd' doesn't include the suggested learning path
- 'My MindEd' doesn't enable users to delete saved modules or the learning path, saved courses deleted when others added
- Default date in learning path is in the past
- Crashes and pages going blank when try to move through site
- Being locked out of site during use, and then having to sign in repeatedly
- Takes several attempts to save a completed module
- Certificates not enabled to print
- Identical pages in the Culture session.

Easier navigation

- Keyboard shortcuts
- Inability to see the full page makes navigation difficult, need to move around the page to see full information or answer questions
- Difficulties returning to home page after completing modules
- Impossible to use from a mobile
- Difficulty finding specified sessions.

Content

- "A more balanced view"
- Inaccuracies e.g. different definitions of 'addressing' given.
- Additional or extended information on topics, including: substance misuse; ASD; ADHD; sexual abuse (not necessarily leading to PTSD), domestic violence; client reviews on whether counselling been beneficial and when to end; and advice on where to go after GP or health visitor.

Additional features

- Examples included online chat forum, links to further training, a Welsh language version and a section where users can download practical resources.

Roles to include in the registration process

- These included school nurses, CAMHS Practitioners, family support workers and parent carers. One respondent also commented that some users might have multiple roles for which they wish to explore modules.

Assessment

- Need a minimum pass rate - poor quality assurance when it is possible to print certificates without reading the modules.

6. 'Early adopter' case study sites

6.1 Recruitment

The next key phase of the evaluation involved 'early adopters' of MindEd; a sample of case studies where practitioners were using MindEd as part of their organisation's learning or development offer. The data gathered in this phase makes up the remainder of the report.

The evaluation team initially recruited nine organisations who planned to work with us in some depth to explore their use and experience of MindEd. These services were identified via contact with professional organisations, the key stakeholders consultation and expressions of interest from users completing the evaluation survey on the MindEd e-portal.

Table 4 describes the organisations, which were selected to reflect a range of sectors and topic areas within the MindEd content, as well as geographical spread. They included representatives from both the broad user group and healthcare professionals.

Table 4 Sites recruited as 'early adopters' of MindEd

Name	Description
NYAS	National Youth Advisory Service
Blackpool City Council Early Years	Early years practitioners, including childminders and practitioners in pre-school settings
Cumbria Early Years	Early years practitioners
Sussex Police	Youth safety and intervention team – officers who deliver the youth education programme within schools.
Xenzone	Online youth counselling service staff
Alliance Psychological Services Ltd	Independent provider of counselling and psychological services in schools
CAMHS in Cheshire	Inpatient CAMHS Unit
University of Worcester	Student occupational therapists and other allied healthcare staff
London South Bank University	Student school nurses, health visitors and graduate mental health practice teachers

Over time the group of 'early adopters' changed; contacts reported a number of factors which prevented their organisations from trialling MindEd as intended, including practitioners' lack of time to use MindEd, their own lack of time to drive its use within staff or student teams,

lack of interest from some teams, technical difficulties and changes in roles. The composition of those taking part therefore changed several times within the evaluation period. In the end, five case studies were completed, albeit with smaller numbers of participants than originally intended. One organisation returned baseline data only which is reported here as snapshot of practitioners needs.

In addition to the initial nine sites, two further groups were recruited to the evaluation in early 2015 – a second cohort of student school nurses at London Southbank University (LSBU) and a group of staff from children's services and both primary and secondary schools from across Somerset taking part in a programme of Emotion Coaching training. In these two additional groups, quick data collection tools were used, delivered through face-to-face meetings and follow up by email (rather than the longer baseline and follow-up online questionnaires given to the original early adopter sites).

Within each organisation, a number of practitioners agreed to use MindEd and discuss their experience with the evaluation team. Initially participants completed a short questionnaire to explore their level of knowledge about children and young people's mental health. This was followed by a more detailed online questionnaire to explore experience of using MindEd, and consider views of its impact on participants' organisation and practice[7].

Evaluation methods and actual timings for data collection were as flexible as possible in order to promote maximum engagement from practitioners. Delays in loading some MindEd sessions, and a number of reported technical issues affecting users' experience of MindEd increased the need for such flexibility. As to be expected given the range of practitioners within the recruited sites, they intended using MindEd at varying points e.g. students who would begin using it in September while schools officers planned to focus on MindEd in the school holidays. The main data collection was therefore undertaken on a rolling basis, to allow enough time for participants to become familiar with the site and complete a number of sessions.

6.2 Overview

While numbers of users were relatively small in each setting, the data they provided gives an important overview of how different organisations with practitioners with varying needs have attempted to introduce and trial MindEd. Key points are:

- Early adopter sites were selected to represent the range of sectors within the children and young people's workforce. The final sites include organisations from the early

[7] See Appendices F and G for copies of the surveys. Appendix H provides detail on the various stages of participation and data collection.

years sector, VCS, justice, mental health and those working within education settings (both schools and universities).

- Take-up of the opportunity to trial MindEd varied within organisations; most generating lower response rates than the lead contacts had anticipated. This was thought to be primarily because of practitioners' limited time, possibly exacerbated by initial impressions, lack of clarity around module content, and a lack of understanding of how MindEd may be useful in practice.
- Organisations had approached the task in different ways; from working together as a team to identify appropriate modules and working systematically through them to see what would best work for their organisations, to individuals working remotely using the modules as they see fit.
- Participant's prior levels of knowledge and confidence around children and young people's mental health and emotional well-being reflected their roles, with lower levels in universal roles than in the counselling field for instance.
- All have valued MindEd's content. Most have reported back on modules they have found particularly useful in their roles, indicating that using MindEd has impacted positively on their levels of knowledge and understanding around children and young people's mental health.
- Most of those who had used the learning path and 'My MindEd' functions found them useful, though some reported technical issues with completed modules not being recorded in 'My MindEd'.
- Similarly most reported learning outcomes were clear and interactive features had worked well and tested their knowledge.
- In all sites, at least one practitioner had struggled with navigation or the functionality of some of MindEd's features.
- Participants identified a key strength of MindEd is its flexibility to use as an ongoing learning tool.
- There are strong indications that organisations would like to embed MindEd into learning and development frameworks in future, usually in induction packages for new or trainee staff.

6.3 The case studies

Case Study 1 – Schools Policing (Youth Safety Intervention Team), Sussex Police

Description of organisation or service

A local Youth Safety Intervention Team working with children and young people who are not involved in offending or child protection. The lead works at a local, regional and national level. As well as leading the schools officers in force, she assists in leading the Police South East

Regional Forum and supports DCC Pinkney, the National Police Lead for the Policing of Children and Young People. She is very keen to improve training around mental health and children and young people across the wider police force.

Location

Lewes, Sussex.

Size

A team of approximately 30 schools officers.

Services offered

Some officers work full-time in classrooms delivering the education programme 'Inspire', which aims to prevent children and young people becoming victims or perpetrators of crime. Others work full-time in schools on low-level prevention, early help and signposting to other services.

Why and in what way was the organisation hoping to use MindEd?

Prior to MindEd's launch the lead contact was enthusiastic about a resource that might raise knowledge around children and young people and mental health. It is an area the police reportedly struggle with, and fits with the organisation's wish to improve knowledge generally around children and young people. She felt MindEd may be useful to increase officers' awareness of mental health and children and young people, particularly around recognising mental health issues within particular behaviours, how to intervene at crisis points with distressed young people as an alternative to restraint, and effective signposting for support and intervention.

The lead invited all 30 schools officers in the team to take part in the early adopter phase of the evaluation, completing a number of modules and surveys. Seven agreed to take part. The lead was surprised by how few schools officers took up the offer. She felt with hindsight this had been because of:

- Lack of time. Officers' schedules are busy, and any down-time is used to catch up on essential tasks core to their role rather than something which is "more on the side-line."

- Feedback from officers was that they were put off looking at it because "it looked a big deal." Once familiar with it they found it useful. The lead also felt that some of the language was "too medical" even in introductory modules.

- Limited time and drive from the lead, despite initial intentions. The lead took on a new role during the early adopter phase, and so was not as involved in encouraging the team to take part as she had intended. She had also intended to use MindEd herself but had not found time to date.

The participants

Seven neighbourhood schools officers completed the baseline survey before starting to use the MindEd e-portal. They indicated their levels of confidence and knowledge in this field were limited. When asked to rate their level of knowledge of children and young people's mental health and emotional well-being, only one indicated it was good, with four indicating it was neither good nor poor and two that it was poor. Similarly, most (five respondents) said they were not very confident in their ability to support children and young people's mental health and emotional well-being, with only two indicating they were confident. Knowledge about referral processes was more mixed. Four participants agreed with the statement 'I know how to refer a young person to more specialist help when necessary' while three disagreed. All participants had used online learning before.

Six participants returned the final evaluation survey providing feedback on their experience with MindEd.

Expectations

Participants primarily took part in the early adopter phase because they had been asked to by their lead, but acknowledged that MindEd's content seemed to fit with roles, and they wanted information on children and young people's mental health, particularly, as one participant noted, there seems to be little information available. In the baseline survey participants had listed what they hoped to learn:

More about how mental health issue affect young people and their actions
Access to information and practical application
Greater overall knowledge for referrals
To understand more about the real mental health issues rather than what is generally thought to be the issues. There is a tendency to label young people wrongly and generalisations are made
What other services offer and how I can help a young person
How to better support young people with emotional and mental health issues
Strategies to deal with young people

Navigation

All six participants had used MindEd occasionally rather than intensively or as a one-off session. All but one registered on the site, and received a learning path. These five reported the learning path was 'fairly useful', and were not sure if there were modules which should

have been included which had not been. All six participants had used the 'My MindEd' facility, most reporting it was 'fairly useful' and one 'very useful'. In most cases they used 'My MindEd' to pick up where had left off in an earlier session on MindEd and to check which modules they had completed.

Feedback on MindEd's features was positive, as outlined in Table 5. All respondents agreed that the objectives and learning outcomes were clear, and that interactive features such as quizzes and tests worked well and tested their knowledge of the subjects. There was slightlyless agreement about the navigation of the site; while four respondents agreed or strongly agreed that it was easy to find their way around the site, one participant disagreed and another neither agreed nor disagreed.

Table 5 Respondents' views of MindEd features and content

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The objectives/learning outcomes for each session were clear	2	4	0	0	0
The quizzes accurately tested my knowledge of the topic	2	4	0	0	0
The interactive features e.g. quizzes and videos worked well	1	5	0	0	0
The interactive features e.g. quizzes and videos contributed to my learning	1	5	0	0	0
I could find my way around the MindEd site easily	1	3	1	1	0
The topics were relevant my work with children and young people	1	3	2	0	0
There were topics not covered within MindEd which should be included	0	0	2	3	1

Content

Most participants had started between 6-10 modules, but with one starting between 0-5 modules and another over 21 modules. Overall respondents rated the modules positively, with two participants reporting they were 'very good' and the remaining four as 'good'. As

outlined in Table 5, the majority agreed that the topics were relevant to their work, and no one indicated that there were topics missing which should be included.

Unfortunately only one participant identified which module they had found most useful. This was *Children and young peoples' digital life*, selected because the participant wanted as much up to date information on this topic as possible. This respondent also identified *Mental health and well-being and Working with strong emotions* as particularly useful.

At the end of the early adopter phase, the lead recalled that feedback from the team at the time suggested the most useful material had been the sessions on specific presentations and conditions, what they are and how to respond to them. In particular many had said they found the information on autism and autistic spectrum very useful. They also valued learning about mental health more broadly, and what could be considered mental health issues.

Participants' perceptions of impact

Although not identifying which modules, participants reported that the most useful modules they had completed had developed their knowledge of the topic (three responses), provided new information (two responses) and made them think about their understanding (one response). Four claimed they would use this learning in their clinical practice with children and young people, while one thought it would be used within 'assignments and CPD'.

It appears using MindEd has somewhat increased participants' understanding. Participants were asked to indicate their response to a series of questions on a five-point scale, where 1 is 'greatly' and 5 is 'not at all'. When asked to what extent MindEd had changed their knowledge and understanding of children and young people's mental health and emotional well-being, two respondents rated this as a positive '2' and four respondents as a '3'. Similarly, respondents indicated a positive change in the extent MindEd has increased their understanding of how CAHMS works or what they offer, with four rating it a '2', while one gave a '3' and one a '4' on the five-point scale.

Respondents did not think MindEd had influenced change in practice to a great extent in their organisation, with three indicating a '3', and three a '4' on the five-point scale. They did not feel it had influenced team-working in the organisation.

However, when asked how MindEd had changed their attitude towards mental health issues among children and young people, four respondents reported that MindEd had given them more of an understanding about children and young people's mental health, one noting this will be of value if presented with a young person with any issues.

Key strengths and suggestions for change

When asked what had worked well in MindEd, respondents indicated they had valued the information in MindEd, and one mentioned the learning path had worked well. There were no suggestions for change.

Next steps

All six participants reported they would use MindEd occasionally in the future. The lead of the schools team remains committed to rolling MindEd out to the wider police force, and felt it would definitely support learning and development. However, having tested it with a small team she felt that while the resource can be very helpful, getting officers to look at it is a challenge:

> *"If we had taken part in something where we just got them to look at it we would have thought 'yeah it's great' and sent it out to everyone, but we know from this that it's not that simple – it's a challenge, we will have it work hard to pick this up."*

Taking part in the early adopter phase has illustrated to the lead that some thought will need to be put into how to effectively engage police officers with MindEd. Having felt enthusiastic and hopeful that it would provide a needed resource to fill gaps in officers' knowledge and understanding, she was disappointed that only seven officers took part initially, with six returning the final survey.

As mentioned lack of time was thought to be a big factor, but she also suggested officers' reluctance to recognise MindEd's potential to be useful was a key barrier. Once officers used MindEd they realised its value, but this was not apparent immediately. Furthermore, if schools officers were reluctant, officers in the wider force may be even less engaged, given their roles are less focused on children and young people.

The lead felt the early adopter phase had been a valuable learning process, indicating that rolling MindEd out to the police force will require strategic planning, greater leadership and drive, and will need to explore ways to get people to look at it and use it: *"what's the hook?"* In her national role, she is in contact with the MindEd team to begin planning for embedding MindEd within the police force.

Case Study 2 - Alliance Psychological Services Ltd

Description of organisation or service

A well established, independent provider of counselling and psychological services based in Stockton-on-Tees, delivering a diverse range of psychological therapies across Stockton and the North East since 1999. In 2012 it became the approved provider of psychological therapies on behalf of the NHS in Stockton, Middlesbrough, Redcar and Cleveland and Hartlepool.

Location

Stockton upon Tees.

Size

Fifteen therapists, both full-time and part-time.

Services offered

Psychological therapies delivered within 60 schools across the Stockton borough.

Why and in what way was the organisation hoping to use MindEd?

The service manager expressed interest in taking part in the early adopter phase of MindEd, to trial the package in the expectation that all staff would use it in future. The leadership team hoped to introduce MindEd to all staff within a group session, and to work it into continuing professional development for all staff.

The participants

Having expected all staff, "or at least ten", to take part in the early adopter phase, the service manager was disappointed that only four baseline surveys were received from child and families therapists. She felt that lack of time, multiple priorities and her unscheduled absence on leave for a long period, had combined to reduce take-up. The participation did not receive the drive she had intended, and with hindsight she felt there should have been a clearer expectation that staff take part, and print certificates to verify their use.

The four participants indicated a good level of knowledge and confidence around dealing with children and young people's mental health and emotional well-being. When asked to rate their level of knowledge on this, three indicated it was good, with one indicating it was neither good nor poor. All said they were confident in their ability to support children and young people's mental health and emotional well-being. All participants agreed or strongly agreed with the statement 'I know how to refer a young person to more specialist help when necessary'. All had used online learning before.

Expectations

Baseline survey responses listed what respondents hoped to gain from MindEd.

I am adult trained, so ideas about how to work differently with young people and particularly primary aged children
I would like to develop my understanding and skills in children and young people with mental health and emotional difficulties
Enhancing my knowledge of working with children and their emotional well-being
Anything to support my understanding of how to support families

Three practitioners completed the early adopter survey. Two gave a little more detail about their expectations. One wanted a reminder of the similarities and differences of working with

adults and children. Another sought "clarity in my own practice and gain further knowledge in how to manage a therapeutic stance within an education setting."

Navigation

While all three respondents had registered, only one recalled being given a learning path. This was reported to be very useful, with topics that were fairly relevant, and the respondent was not sure whether there were any modules on MindEd that were missing from the prescribed learning path. All three respondents found the facility fairly useful.

Two respondents had used it to continue where they had previously stopped, and two to check which modules they had completed. One respondent also created lists of modules to look at later. However one respondent reported that modules were not correctly recorded as completed within 'My MindEd', which made it difficult to keep track on progress:

"There appears to be a difficulty in knowing which topics I have completed, as when I have completed them this does not show (i.e. there is no tick by the completed module)"

The three respondents usually chose modules in three different ways, through the 'Browse all MindEd content' tab, the 'My MindEd' list of topics, and by searching for a specific topic respectively.

All three participants felt the objectives and learning outcomes for each session were clear and that quizzes accurately tested their knowledge, as outlined in Table 6. However, one strongly disagreed that the interactive features worked well, and only two felt they had contributed to their learning. Navigation seems to have been slightly problematic, with two respondents disagreeing that they could find their way around the site easily.

Content

Two of the participants had used MindEd occasionally, one starting 6-20 modules, the other five or less. The other respondent had used MindEd intensely over a few days or weeks starting between one and five modules. All rated the modules as 'good'. As outlined in Table 6 two respondents agreed the topics were relevant to their work.

Two respondents named the two most useful modules they had completed: both named *Counselling children and young people* and *Key differences between counselling adults and children*, although each differed in which they named as the most useful and as the next most useful.

Table 6 Respondents' views of MindEd features and content

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The objectives/learning outcomes for each session were clear	1	2	0	0	0
The quizzes accurately tested my knowledge of the topic	0	3	0	0	0
The interactive features e.g. quizzes and videos worked well	0	1	1	0	1
The interactive features e.g. quizzes and videos contributed to my learning	0	2	1	0	0
I could find my way around the MindEd site easily	0	1	0	2	0
The topics were relevant my work with children and young people	0	2	1	0	0
There were topics not covered within MindEd which should be included	0	0	3	0	0

Participants' perceptions of impact

The modules were identified as most useful because they provided new information (one respondent) and because knowledge checks made participants reflect on their understanding (two respondents). One also mentioned that the module clarified his/her current knowledge and understanding.

All three felt they would use the learning from the modules in their clinical practice with children and young people. Informing assignments and CPD were also indicated by two respondents.

When asked to what extent MindEd had changed their knowledge and understanding of children and young people's mental health and emotional well-being, one respondent rated this as a positive '2' and two respondents a '3' on the five-point scale where '1' is 'greatly' and '5' is 'not at all'. Unsurprisingly given their roles, respondents did not feel MindEd had greatly increased their understanding of how CAHMS works or what they offer, with two rating it a '3' and one a '5' or 'not at all'.

Similarly, respondents were evenly spread in their responses to how MindEd had influenced change in practice in their organisation, with one '3', one '2'; and one '4' on the five-point scale.

When asked how MindEd had changed their attitude towards mental health issues among children and young people, one suggested it had given him/her greater awareness, but two felt it had not challenged their attitudes nor provided any new knowledge. Therefore one of these respondents felt the modules completed, which were introductory ones, had not informed her/his practice as yet. The other however, felt it had increased his/her confidence in his/her own practice.

Key strengths and suggestions for change

Participants identified the wide range of topics, and flexibility in being able to access it whenever, had worked well, while another said "all of it".

One respondent suggested broadening the topics to cover more disciplines within CAMHS and academic counselling settings such as "art/drama/music therapists and play therapists etc". Another commented that the quality of the videos needs to be addressed:

"The sound quality on the videos is appalling. At times it is virtually impossible to hear what is being said."

Next steps

All three participants indicated they would use MindEd regularly in future. They all knew of others in their organisation using MindEd, and reported they had been encouraged to work together to complete modules. One noted that feedback from the team was mixed with some finding it useful and others feeling pressured to complete modules despite heavy workloads. The service manager reported that it was difficult for her team to use MindEd because of their workloads and lack of time. The contractual nature of their roles mean a prescribed number of clients per day with associated paperwork and travel time, so there was no leeway for "extras".

"Unless they were willing to access it in their own time they didn't have a chance to do it."

Although the leadership team had promoted it, encouraged staff to use it for CPD purposes and print off certificates, they were unfortunately not able to find time to take the staff team through it together as initially intended. Their usual four-weekly meeting was needed for everyday tasks and given the nature of roles it is challenging to arrange other times when the whole team can be together. Annual leave meant this unfortunately was not possible in school holiday time either.

"It is sheer workload, our staff are so busy they struggle to keep the everyday up to date. Most work more than their full day."

However, the organisation has been promoting MindEd heavily within schools in Stockton through provision of targeted training to its 'Champions group' of emotional health and well-being leads.

The service manager hopes to use MindEd in some way for staff in future. She felt on reflection that the modules were more appropriate for less experienced practitioners. Prompted by the evaluation she thought they might look at using modules as a requirement of student placements with them, but it would have to be strategic to make sure it was used regularly with a defined number of modules to be completed. It may also be appropriate for some support staff who do "mini-triage work".

"We'd have to revisit it. We are constantly fire-fighting, things go on the back burner, it's a shame, as we'd love to use it regularly."

Case study 3 - Xenzone

Description of organisation or service

Xenzone delivers KOOTH.com, an online counselling service for children and young people. Kooth provides 11-25 year olds with a free, confidential, safe and anonymous online counselling service.

Location

Xenzone is operational in 19 geographical areas in England and Wales. In four of these areas they provide blended services - both online and face to face.

Size

The team is made up of mental health therapists, counsellors, managers and IT specialists. There are currently 18 online counsellors, plus other therapists who work in the blended learning services. There are several office staff. The team of counsellors and therapists come from a variety of multi-disciplinary backgrounds and are all professionally qualified, managed and clinically supervised to deliver high quality mental health online counselling. The counsellors meet often and have regular training, online and face-to-face contact with their peers and managers.

Services offered

Kooth's service include:

- Drop in chats with counsellors; booked 1:1 chats with a counsellor; themed message forums; secure web-based email and an online magazine.

Why and in what way was the organisation hoping to use MindEd?

Prior to MindEd's launch Xenzone's leadership felt it might be useful in induction training for all counselling staff. As existing staff are all highly experienced, and take part in an extensive internal training programme, it was thought newly qualified staff would be the most suitable group to benefit from MindEd. Xenzone's leadership is strongly supportive of blended approaches to training staff (online and face-to-face) and felt MindEd would fit well as an addition to existing training if its content included areas becoming more common to counselling services as CAMHS thresholds get higher. This included areas that may be new to many counsellors such as autism, Asperger's, ASD and drugs misuse.

To incorporate use of MindEd into regular use within the organisation, the lead anticipated the clinical advisors would review it and then potentially include it in staff induction programmes. Once MindEd was launched Xenzone agreed to participate in the early adopter phase to trial MindEd within the organisation. The clinical lead took on the coordinating role and promoted MindEd within training and development. Unfortunately she left her role towards the end of the evaluation period and so it was not possible to follow up with her about how the process had worked. She had reportedly been using MindEd a lot within staff development and training. Fortunately the Service Manager was able to contribute to the evaluation in her absence, outlining how the process had been implemented.

As anticipated a small management team had reviewed MindEd and decided on practical arrangements for staff to take part, such as allocating them time to complete modules so no one needed to do this outside working hours. The chance to take part was offered to all online counselling staff via the intranet. Six staff agreed to take part, others said they did not have time. With managers, this made a total of eight participants. The management team asked participants to choose six modules each from a prescribed list, and managers completed those that had not been selected. Nobody did the same modules as managers wanted to explore MindEd as fully as possible, reflect the different interests of the team and maximise the feedback they provided for the evaluation. Staff were also given the chance to feedback on the learning within team meetings, so anything particularly useful was generally shared more broadly.

The participants

Eight practitioners returned baseline surveys. As expected given their roles, respondents indicated positive levels of knowledge and confidence in the area. When asked to rate their level of knowledge on children and young people's mental health and emotional well-being, seven indicated it was 'good', with one indicating it was 'very good'. All said they were confident in their ability to support children and young people's mental health and emotional well-being. Six participants strongly agreed and two agreed with the statement 'I know how to refer a young person to more specialist help when necessary'.

All but one were familiar with online learning.

Six respondents completed the evaluation survey providing feedback on their experience[8]. This included three counsellors, one clinical psychologist, an online team manager and the clinical lead, and contained a mix of new and experienced staff.

Expectations

Baseline surveys indicated a range of reasons for accepting the invitation to take part in the early adopter phase of the evaluation.

From the module titles I hope to learn some techniques to use with particularly difficult and challenging online clients. I am fairly experienced, but obviously always open to learn more, and am used to thinking more creatively with online clients perhaps than with face-to-face clients. I really hope that MindEd could help me with this process.
Update on key policy changes and guidance in relation to children and young people and mental health
Skills
Being trained on a diploma course for adults I would like to enhance that knowledge covering all aspects of counselling children and young people
Confirmation of what I already know together with learning about what I don't know
Knowledge around counselling benefits for young people
To help me refresh on some key areas of counselling and look at areas I can develop
CPD around work with young people and children and new ideas

Navigation

How respondents used MindEd varied. Two had used it occasionally, and three intensely over a period of days or weeks, while one had used it in one session only. The Service Manager reported that some staff worked through modules very quickly, others more slowly. Some staff had found it difficult to find time to complete modules alongside their workloads but that this had worked best where they had had an hour free to do it and then some time to reflect. The Service Manager herself reported having to use MindEd in a very "stop start" way because of interruptions, which although not ideal still worked.

Feedback on MindEd's features was generally positive, with nearly all agreeing the objectives and learning outcomes for each session were clear, that quizzes and interactive features

[8] One of the original eight participants had left his/her post during the evaluation period.

worked well, tested learning and contributed to participants' learning. The Service Manager reported that the team had enjoyed taking part, had found the site user-friendly and had experienced no technical issues. It should be noted that, as online counsellors, the team is very experienced in using online resources. Their feedback on MindEd's features and content is outlined in Table 7.

Table 7 Respondents' views of MindEd features and content

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The objectives/learning outcomes for each session were clear	4	2	0	0	0
The quizzes accurately tested my knowledge of the topic	3	2	0	1	0
The interactive features e.g. quizzes and videos worked well	2	4	0	0	0
The interactive features e.g. quizzes and videos contributed to my learning	2	4	0	0	0
I could find my way around the MindEd site easily	0	1	4	0	1
The topics were relevant my work with children and young people	3	3	0	0	0
There were topics not covered within MindEd which should be included	1	1	3	1	0

All participants had registered on the site, though only three reported being given a learning path. While two felt the path was fairly relevant, one of these had nevertheless not found it at all useful. The other respondent indicated the path was not very relevant but reported it to be fairly useful. This might be explained by differing roles: a manager mentioned that all the modules may be relevant for her role at some point, and that other topics could have been included in her learning path which she had ended up ignoring. As mentioned, the group had agreed to each take on specific modules so there was no overlap, so it appears the learning path was not used to identify modules in the way that may be expected by other practitioners.

To access their selected modules it appears that three participants used the 'Browse all content' tab, while one selected from the learning path and another by searching for the desired topic.

Respondents reported mixed views of the 'My MindEd' facility, with two finding it very useful, one fairly useful and one not very useful. They had used it in a variety of ways: three had checked which modules they had completed, two to resume where they had left off, one to create a list of modules to complete at a later date and one had printed certificates using it.

One respondent complained that completed modules repeatedly did not show as completed in 'My MindEd'.

Content

One participant started five or less modules, while the other five respondents started between 6 and 20 modules. Overall feedback was positive, with four rating the modules as 'very good', one 'good' and one 'neither good nor poor'.

Given there was no duplication in modules completed in the team, they each identified a different module as being the most useful one completed. Table 8 outlines which modules and what participants had hoped to learn from them.

Table 8 Respondents' identification of most useful modules and what they had hoped to learn

Which modules were the most useful?	What hoped to learn?
Formulation and treatment planning	*Types of formulation and how it influences treatment*
Case notes	*The legal and ethical position*
Supervising counselling	*Basic introduction to the study of supervision*
Digital media and young people	*Positives and negatives of digital media for cyp*
Autism	*To consolidate learning*
Developing sexuality	-

Participants also outlined the following modules were also useful:

- *Areas of assessment*
- *Working in schools and colleges*
- *Counselling and specialist CAMHS*
- *Online protection*

- *Becoming independent*
- *Cognitive and moral development*
- *Mood swings and muddled thinking*
- *Working with emotional meanings*
- *Facilitating emotional expression*
- *Flashbacks*
- *Trauma*
- *Bullying*
- *Mild to severe learning disability*
- *Supervising practice*

The Service Manager reported feedback from the team at the time was that MindEd provided good quality refresher training, which was seen to be very up-to-date. This was especially useful for management staff who have a less hand-on role. While feeling the content was at a fairly basic level, some staff had reportedly learned new things too, and confirmed their practice was in line with current thinking.

The team had reportedly not identified any particular gaps in content, although they had not been looking across the site given each was working on separate modules.

Participants' perceptions of impact

The modules participants had identified as most useful were said to have provided new information (two responses), developed knowledge of the topic (two responses), provided knowledge checks making participants think about their understanding (one respondent) and given ideas of new techniques (one respondent).

Four respondents indicated this learning would be used in their clinical practice with children and young people, and three suggested it would inform their assignments and CPD. One respondent intended to use the training to train other staff. This would reflect management intention to use the early adopter phase as a test of the material for future roll-out of training within the organisation.

In terms of impact, respondents do not appear to think MindEd has substantially influenced their practice or level of knowledge around children and young people's mental health.

Respondents were spread in how much they felt MindEd had changed their knowledge and understanding, with one '1', two '2's, one '3' and two '4's on a five point scale where '1' is 'greatly'. This may reflect practitioners' levels of experience with a mix in the participating group of new staff and very experienced practitioners.

While two practitioners felt it had increased their understanding of how CAMHS works or what they offer (one '1', one '2', one '3' and one '4'), two were less convinced rating it a '5' or 'not at all'). No-one felt it had influenced change in practice. While they did not feel it had

changed attitudes in the organisation, one manager felt in a better position to train staff, and reported it had been good for new staff to take part.

Respondents gave a variety of examples of how MindEd has helped with their practice including better working practice in terms of formulation, scaffolding and using 'one-word' definitions of emotions, increased knowledge around CAHMS and referral, and increased confidence in practice, and reflecting on assumptions and concepts underpinning practice:

> *"…broadened my understanding of the issues YP's face in the online world. I think I was making some assumptions about problems they were experiencing and the stats from the module didn't back up my assumptions."*

As a virtual team working from different locations, it was not possible to see how MindEd had influenced team working, but a management respondent reported feedback from the team was that they had found it useful, and that it had been particularly useful in identifying gaps in learning for new members of staff and signposting them to appropriate modules.

Having taken part one respondent indicated s/he will use other modules where gaps in learning are identified.

Key strengths and suggestions for change

When asked what had worked particularly well with MindEd, respondents identified a number of factors, including:

- Flexibility to complete in your own time and pace and to return to saved modules
- Bite-sized information
- The range of topics
- The mediums of learning and references to take that learning further if desired
- Clear aims for modules
- Easy to follow modules and accessible language
- Ease of registration and access.

Respondents suggested they would like to see more modules, more advanced modules for experienced practitioners, or different starting points in modules depending on experience, as well as email reminders to log on and keep up to date.

Next steps

Having taken part in the early adopter phase of the evaluation, Xenzone management felt it would be a useful addition to their current training. While still in planning stages, they intend to make it accessible to everyone; making all staff aware of it, building it into induction for new staff, and possibly negotiating release time for staff to complete modules if there is a need for learning on a particular issue. For instance "mental health modules like *Stigma in mental health* are potentially useful for all to get everyone on the same page and up-to-date".

It was felt that if they were to embed MindEd within training managers would be able to map it against team needs, identifying the most useful modules and thereby match training needs to specific areas of the site. Although it would not be possible to always release time for staff to use MindEd, once aware of it staff could also use it in their own time if interested in certain topics.

The key area the Service Manager felt MindEd would be used was within the induction package. They currently have a "huge" induction package, and the variety of the delivery offered by MindEd is attractive: "this is not just another speaker, presentation – it's another way of introducing things and making sure everyone is on the same page". The small management team will identify specific modules to include in the package and extend the induction time to include it. This may be most relevant for new counselling staff, but also potentially for others including frontline office staff who need to understand issues. Depending on applicants' experience it may be built into induction for other developing roles such as participation workers.

Case study 4 - National Youth Advocacy Service (NYAS)

Description of organisation or service

NYAS is a UK charity providing socio-legal services. It is a legal aid agency provider for family law.

Location

England and Wales.

Services offered

NYAS offers information, advice, advocacy and legal representation to children, young people and vulnerable adults through a network of dedicated paid workers and volunteers throughout England and Wales.

Why and in what way was the organisation hoping to use MindEd?

NYAS plans to develop its mental health services and so will need to offer its advocates training in this area. MindEd may possibly be included as part of induction training. In addition, financial pressures have reduced the amount of training available to staff, so a free online resource would be very useful and something that staff are reportedly comfortable using as they already access webinars for some training. As advocates' levels of knowledge around mental health and young people ranges from very little to highly experienced advocates working in CAMHS inpatient units, MindEd would possibly be most useful for new recruits but may also be used within staff supervision processes and staff appraisals. NYAS

took part in the early adopter phase of the evaluation to trial its usefulness and potential for embedding in the organisation in future.

The participants

Six respondents returned baseline surveys before beginning to use MindEd. They indicated mixed levels of confidence and knowledge. Three suggested their knowledge of children and young people's mental health and emotional well-being was 'good' with three rating it 'neither good nor poor'. Four respondents reported they were confident and two 'not very confident' in their ability to support children and young people's mental health and emotional well-being. Unsurprisingly, all advocates agreed (including one strongly agreeing) that they knew how to refer a child or young person to more specialist help when necessary. All but one had used online learning in the past.

Expectations

Advocates hoped that by using MindEd they would increase their knowledge of mental health to better support children and young people in their roles. Some specified particular areas they wished to address including mental health disorders, eating disorders, and generally how to apply the learning to their roles. One also wished for "interesting statistics". The lead contact, in an interview prior to the early adopter phase, felt information would be useful on a number of key areas, including: what mental health means to a young person and how can adults support them/start a conversation about it; medication and side effects; and complex eating disorders.

By the end of the evaluation period, three advocates had returned evaluation surveys providing feedback on their experience.

Navigation

Two advocates had accessed MindEd occasionally and one had used it intensely over a period of several days or weeks. All three respondents had registered on the site; two recalled receiving a learning path. These two participants felt the topics in the learning path were very or fairly relevant, and had found the learning path very or fairly useful. All three participants found the 'My MindEd' facility very useful, having used it to check which modules they had completed. Some had also used it to resume where had stopped working on a module previously, to create a list of modules to look at later, and to print certificates. However, despite finding it very useful one respondent found its functionality faulty:

"Sometimes I would complete a module and try to save this for my records but it wouldn't save and I would have to complete it again. This was very time-consuming and frustrating".

Two respondents reported usually choosing modules through the 'Browse all MindEd content' tab, one of these also used 'My MindEd'. The remaining advocate usually accessed modules through the recommended learning path.

In general, apart from some difficulties navigating the site, respondents agreed that the other features of MindEd has worked well, as outlined in Table 9.

Table 9 Respondents' views of MindEd features and content

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The objectives/learning outcomes for each session were clear	2	1	0	0	0
The quizzes accurately tested my knowledge of the topic	0	3	0	0	0
The interactive features e.g. quizzes and videos worked well	0	3	0	0	0
The interactive features e.g. quizzes and videos contributed to my learning	0	3	0	0	0
I could find my way around the MindEd site easily	2	0	0	1	0
The topics were relevant my work with children and young people	1	1	1	0	0
There were topics not covered within MindEd which should be included	0	0	2	1	0

Content

Respondents also indicated (in Table 9) that the topics were relevant to their work, although one mentioned there were other topics which should be included. No further detail was provided.

While one respondent had started five or fewer modules, two had started between six and 20. They rated them very good (one respondent) and good (two respondents).

Table 10 outlines the modules which respondents identified were the most useful. Two respondents revealed the modules had increased their knowledge of the topics and another indicated it had checked his/her understanding. All claimed they would use the learning in clinical practice with children and young people, one mentioning this would also be used with other professionals. It could be used to inform assignments and CPD according to one respondent.

Table 10 Respondents' identification of most useful module and what they had hoped to learn

Which modules were the most useful?	What hoped to learn?
Presenting psychological difficulties	*Information and increased knowledge*
Engaging children and young people	*How to talk with young people*
Preschool presentation	*How to recognise different signs in younger children who may be less able to articulate*

When asked to identify any other modules they had found particularly useful, one respondent listed many and the others listed one each. These were:

- *"General"*
- *Difficulties in Childhood*
- *Introduction to Mental Health*
- *Patterns of Psychological needs in CYP*
- *Infant mental health and well being*
- *The Healthy School Child Programme*
- *Key Child Public Health and Mental Health issues*
- *The Child with Additional Needs*
- *Listening skills*
- *Attachment and human development*

Participants' perceptions of impact

There were mixed views as to the extent MindEd had influenced practitioners. On a five-point scale where '1' is greatly and '5' was not at all, they selected a '2' and two '3's reflecting some positive change in knowledge and understanding of children and young people's mental health and emotional well-being.

They also indicated at least some change in the extent to which MindEd had increased their understanding of CAMHS; two rating this a '2' and one a '4'. However one respondent felt it had not influenced change in practice in the organisation at all, while the others rated it '2' and '4' on the five-point scale. All reported that MindEd had increased their knowledge and awareness, and one also his/her "desire to carry out work in this field".

Two respondents gave examples of how they have used the learning from MindEd in their practice, including:

"Increased awareness to issues which need referring on"

"It has made me prepare for meetings with young people more before I actually meet them"

Another advocate praised MIndEd's potential to equip him/her for working with children and young people:

"Working with children and young people with mental health challenges is an area of work that I want to progress into and this programme is facilitating that by providing me with a grounding of understanding and a practical resource to share with my colleagues."

Respondents indicated they would use MindEd again in future, one regularly and the others occasionally. One mentioned time is a barrier, and if possible s/he would access it more often. Another respondent felt the knowledge could be cascaded through the organisation, while others suggested remote working meant any impact on team working was unlikely.

Key strengths and suggestions for change

Apart from addressing general difficulties in navigation, respondents made no suggestions for change. They reported that the key strengths of MindEd were its interesting content, ease of access and its flexibility, particularly the capacity to use it as an on-going learning tool.

Case study 5 - Blackpool Early Years and Childcare team

Why and in what way was the organisation hoping to use MindEd?

Blackpool Council Early Years and Childcare team had hoped that early years practitioners would be interested in using MindEd and anticipated recruiting a group of six practitioners to take part in the early adopter phase. Despite initial interest, two potential participants subsequently changed roles, unloaded sessions were reported to have deterred some, and in the end only three participants were recruited to the early adopter phase.

The participants

The three respondents worked in two childminding provisions and one private day nursery. Roles included deputy manager, owner and childminder. They indicated mixed levels of knowledge and confidence around children and young people's mental health and emotional well-being. Only one respondent rated his/her knowledge as good while two said it was neither good nor poor. Similarly one respondent felt confident to support children and young people's mental health and emotional well-being, while two were not very confident. In addition, one strongly agreed, one agreed, and one disagreed with the statement 'I know how to refer a young person to more specialist help when necessary'. Two were familiar with online learning while one was not.

In the end only one evaluation survey was received from the group. This had been completed jointly by two owner/managers in a childminding setting.

Expectations

The three participants completing the baseline survey identified the following areas they wanted to learn about:

How I would pick up if a child followed a parent's footsteps and suffered from mental health issues
How to spot difficulties as early as possible and be able to refer children so that they are able to source help quickly and appropriately, rather than being passed around making the whole process easier to cope with, and to develop knowledge of child psychology
Further my knowledge on attachment theories

Navigation

The respondents used MindEd regularly, registered and received a learning path which they felt was fairly relevant to their work, but in practice was not very useful. Although they usually accessed modules through the learning path, they reported it caused some confusion:

"It was difficult to know where you were at and found that following the link to the next unit sometimes meant you were completing the link again"

They also found 'My MindEd' neither useful nor not useful, and reported they had found it generally difficult to navigate their way around the site. As such they strongly disagreed with the statement 'I could find my way around the MindEd site easily'.

However, they felt other features of MindEd were positive, agreeing that the objectives/learning outcomes for each session were clear, that quizzes and interactive features worked well, tested knowledge and contributed to their learning.

Content

The early years practitioners rated the six to 20 modules they had started as 'good', agreeing topics were relevant to their work. Having wanted to learn of the importance of attachment in early days and signs of non-attachment, they found *Attachment and development* the most useful module, felt it had developed their knowledge, and they would use it both in their practice with children and in training other staff. They also found the *Introduction to Child Development* and *Autism* modules useful.

Participants' perceptions of impact

The two respondents had worked together on MindEd, looking at the learning path as a team and discussing how issues related to their setting. They felt MindEd had somewhat influenced change in their practice or their knowledge and understanding of children and young people's mental health and emotional well-being, indicating these were a '3' on a five-point scale where '1' is 'greatly and '5' 'not at all'. Their understanding of how CAMHS works and what it offers had increased more with a rating of '2' on the five-point scale. In addition, they reported their new understanding of attachment issues had helped in their dealings with one child. Overall they reported:

"It has made us much more aware of such a broad spectrum of issues and problems and also who to turn to for help"

Key strengths and suggestions for change

The respondents called for clearer navigation for users, particularly a very clear pathway labelling modules as completed, incomplete or if they had been missed. They also felt a certificate at the end of every module was unnecessary. Ideally they would like someone available by phone to answer questions. Despite difficulties in navigating the site, they felt the system overall was "very good" and the information was clear. The lead contact at Blackpool council suggested amendments to the site, such as broader categories of occupation, e.g. 'Early years worker' instead of 'pre-school worker', and a way of searching for age-specific modules i.e. those most suited to early years practitioners.

Case study 6 - Department of Health and Social Care, London Southbank University (LSBU)

Location

Students come from the greater London region.

Why and in what way was the organisation hoping to use MindEd?

Each year, the Department of Health and Social Care at LSBU has around 40 health visitor students, 20 student school nurses and around 60 practice teachers. One of the course leaders agreed to take part in the early adopter phase, as she felt MindEd may be a useful addition to course material for her students. In particular, it was hoped that MindEd could be used as a recommended resource for the various student assignments and also the projects undertaken when out on trainee placements in the local community.

A member of the evaluation team presented MindEd to two groups of students within class time and 79 members returned baseline surveys. Unfortunately, despite linking to the online

survey on the student intranet, no completed surveys were returned from this group. It is thought that placement demands, workloads and the move on from the university on completion of the taught part of the course, prevented these students from using MindEd and/or completing surveys.

Therefore this section outlines a simple snapshot of students' levels of knowledge and confidence around children and young people's mental health and emotional well-being and what they had hoped to learn from using MindEd.

Limited follow-up data on what the students thought of MindEd gathered during one of the NCB evaluator in-class meetings and subsequently by one of the LSBU lecturers, is presented at the end of the case study description, followed by some information provided by a second cohort of students who met with one of the evaluation team in February 2015.

Participants' roles and levels of knowledge and confidence

The 79 respondents were predominantly student health visitors, with some student school nurses, three practice teachers/lecturers, and one mental health nurse. Eighty-four percent had used online learning in the past. Their responses to a series of statements assessing their levels of knowledge and confidence are illustrated in Figures 18, 19 and 20.

Figure 18 How would you rate your level of knowledge of children and young people's mental health and emotional well-being? (n=79)

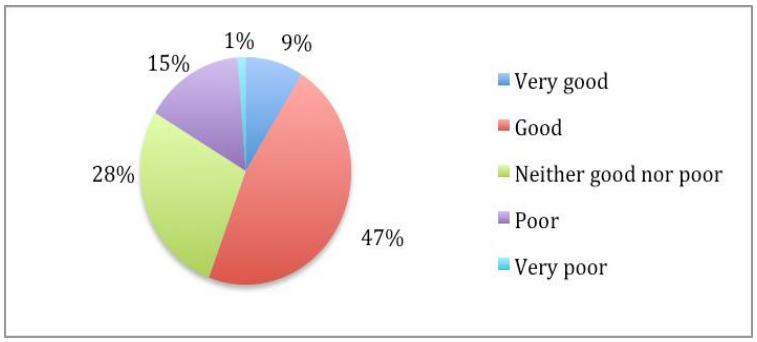


Figure 19 How confident are you in your ability to support children and young people's mental health and emotional well-being? (n=79)

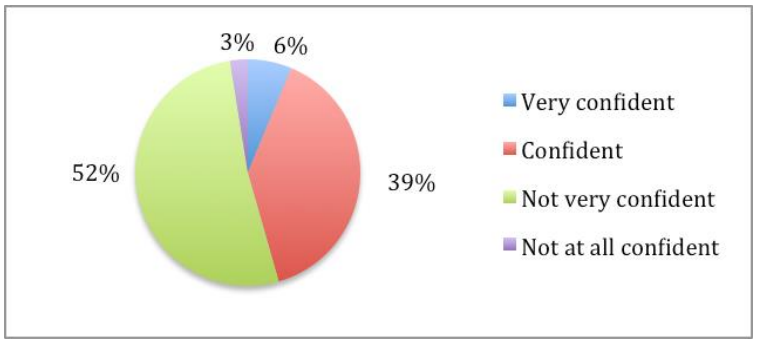
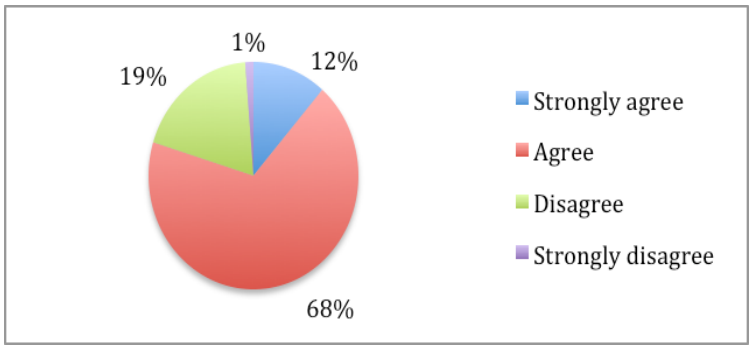


Figure 20 To what extent do you agree with the statement 'I know how to refer a young person to more specialist help when necessary'? (n=79)



Expectations

Respondents were asked to name the one key thing they would like to learn from MindEd. Fifty respondents indicated a variety of needs, primarily around the following areas.

- How to support children and young people around mental health and emotional well-being, including working effectively with other professionals and with families, helping parents to support their children with mental health issues (15 respondents).

- An additional two respondents mentioned wanting to learn to support parents with mental health conditions including post-natal depression.

- Specific topic areas were outlined by 11 respondents. These included: behaviour management; attachment and peri-mental health; self-harm; autism; risk behaviour; communication skills for talking about mental health; and practical examples of how to work with mothers in the community with post-natal depression.

- They also highlighted: identifying or recognising signs of mental health issues in children, in order to be able to provide support (7 respondents); referral criteria, processes, resources and services (7 respondents); greater understanding or increased knowledge (4 respondents); evidence-based practice (2 respondents) and identifying resources, in one case for use with students (2 respondents).

Feedback from LSBU participants – first group of students and second cohort recruited in 2015

Overall, the feedback given from the LSBU students was positive, with them finding the level of content about right for their learning needs and reporting that they found the knowledge checks in each session helpful. They highlighted a number of the e-session topics as relevant to their work – in particular, the sessions about child development, sleep, eating disorders and meeting the needs of the school age child. One commented that they had found MindEd:

"*useful, I can take the learning into my work with school-age children*"

And another that,

(it will be very useful for me) "to help support parent understand the importance of positive interaction with their child."

Alongside these positive comments, the following were reported:

- Problems registering and setting up an account
- Difficulties viewing the short film clips
- Finding the site difficult to navigate, with some areas being very slow to load
- Not being able to save modules or to record them as completed (despite numerous attempts)
- Not being to print off certificates.

It was also pointed out the school nurses did not appear on the drop down list of professions, also that some other community based professions that the students worked with - for example, family support workers – were also not included on this list.

Case study 7 – Staff from children's services and schools in Somerset

The following early adopter site was recruited towards the end of 2014 when the GP special advisor to EHCAP, an organisation providing training and consultancy to the children's workforce, contacted NCB. They advised that they had included MindEd within their training programme and were interested in sharing feedback as to how the portal was being used.

In Somerset, MindEd is being promoted as part of a countywide programme to train the children and young people's workforce. Bath Spa University and EHCAP have been commissioned by Public Health, Somerset County Council to provide a programme of training based on Bath Spa University's 'Attachment Aware' Schools programme and this includes the development of an e-learning resource and Mental Health Toolkit.

The Mental Health Toolkit sits within the Somerset Children and Young People Health and Well-being website and includes information about:

- What can be done in children and young people's settings, including schools and colleges, to promote mental health?

- How children and young people experiencing mental health problems (and their families) can be supported in educational settings.

- Support and services available in Somerset

- Information about emotional and mental health problems and conditions – which includes links to MindEd.

The programme aims to train a minimum of 100 champions across Somerset to take on leadership roles within their own organisations and across services working with professionals and young people to increase everyone's understanding of emotional health and well-being and to enable a better appreciation of when and how to refer on for help. As a part of this work, it was agreed that a workshop about MindEd would be offered and that via this workshop some feedback would be gathered for the NCB evaluation.

Workshop with school staff from across Somerset including South Somerset, West Somerset, Mendip, Taunton Deane and Sedgemoor

The group attending the workshop, held in early March 2015, was made up of a wide range of staff working in local authority children's services including the Early Help Team, also primary and secondary schools from across the county and education staff working in post-16 provision. Overall, approximately half of the attendees were school-based practitioners and they included family support workers, head teachers, outreach well-being co-ordinators and an educational psychologist. Some had used MindEd ahead of attending the workshop but the majority had not, and quite a number had not heard of the portal and the workshop acted as an introduction to the resource.

The participants who had already tried out MindEd ahead of the workshop provided the following feedback:

"I have completed a couple (of sessions)… They were good, I chose subjects I had knowledge in and they were a good refresher as well as adding to my knowledge"

"I found them quite repetitive"

"When I logged on I found that my job (family welfare officer) was not on the list…"

"I found it useful, it (the portal) refreshed me on past learning"

"I found that it did not fit properly on my screen and some of the boxes, e.g. to move pages, seemed to be almost off the screen; I could not print any certificates"

Participants who had not previously tried MindEd provided the following feedback:

"I will try it out. I like the idea that I will be given a pathway to help narrow down what I might find useful"

"It looks very helpful"

"I think it could be very useful for training small groups of people on subjects like self-harm"

"I would like to use the modules to cascade learning to all my staff. I would also like to learn more for my own CPD purposes"

"I will definitely be using it and will recommend it to my team"

"It looks really informative and I will try and share it with my team"

"I think it will help me to refresh my counselling skills"

The workshop participants made the following suggestions for developing MindEd:

- To develop areas for children and young people, parents and carers
- To offer e-sessions on diversity and racism and dealing with extremism
- E-sessions needed on sexual exploitation, how to improve self-esteem and working with young refugees and families with no or limited English.

Following the workshop, the participants were invited to send in further feedback by email and the following comments were received:

''I see it as a useful tool. It provides good succinct information on clearly defined areas'

"I have started on the anxiety section as I'm working on this with a family. I did find the page a bit clunky…. It didn't flow well… having to complete tasks (in a session) might put professionals off a bit"

"I had difficulty registering.. I tried the help email but this did not work either… This will be off-putting for some individuals with busy schedules and limited time… any e-tools need to be smooth and quick to access…"

"*I think it is an amazing resource and I've now started using it for my own professional development"*

7. Next steps and conclusions

The evaluation of MindEd has drawn on feedback from key stakeholders and users as well as national usage data. Overall, it appears that MindEd is generally welcomed across sectors. However, in the stakeholder consultation, participants, especially those working in mental health and counselling services expressed some concerns about the quality of learning possible within online training. There is also some concern that lack of time and pressure on all sectors may be a major barrier to use of MindEd. Participants agreed there is a real need

for knowledge and training around children and young people's mental health and well-being; this is reportedly an increasing need in the third sector and schools in particular. MindEd has the potential to address this need and to fit well with some organisations' business and development plans to improve service to young people. To do this however, the e-portal would first need to be seen to be useful and accessible, and be strongly endorsed both within organisations and from external national sources such as professional organisations and the Department of Health.

- **MindEd in practice within organisations**

There is evidence that MindEd has potential to be used within a number of different professional groups. It can be used within existing education programmes, induction packages, commissioning contracts and CPD frameworks. Links with academic communities are promising, with several respondents planning to include MindEd in course requirements to fill a current gap in provision. While the evaluation found this was the case within health education courses, there is no evidence it could not also be included within other fields such as teacher training. Stakeholders suggested that links with the academic community could get MindEd on the agenda at an early stage in professionals' practice.

Stakeholders and evaluation interviewees from across the children's workforce indicated MindEd had the potential to fit into induction training for new or trainee staff, and into CPD frameworks although they suggested that this may require more development around controlled assessment and accreditation. MindEd was felt to be valuable to develop a common understanding within teams, and indeed stakeholders felt this common understanding would be valuable across the workforce.

While counsellors are the largest professional group using MindEd to date, it should be noted that some stakeholders were very concerned that MindEd does not replace face-to-face training, particularly for those professions or levels where learning is more experiential, and ideally would be used as part of blended approach.

The evaluation found some indication that as a free-to-access resource MindEd would be particularly welcomed within organisations where training budgets had been cut.

- **Utility for universal and health audiences**

Prior to its launch, stakeholders felt MindEd would be most valuable for staff in universal professions which traditionally lack training in mental health. In reality, the activity data compiled by RCPCH/e-LfH indicates that most users are from the mental health sector, particularly counselling staff.

Feedback from some universal staff gathered during the evaluation provides valuable insights into possible reasons behind this. These respondents suggested that much of the language used in the portal is "too medical", likewise many of the topics covered by the e-sessions and

the practice examples given (predominantly CAMHS-based); this is off-putting, may make the portal content seem irrelevant to some universal practitioners and may not fit easily with the training needs of organisations outside of health. A few interviewees mentioned differences between medical and universal practitioners' understanding or approaches to some topics. This is in contrast to hopes from some stakeholders in the universal sector that MindEd would fit with their organisations' business areas to improve knowledge on mental health and children and young people.

❖ **Breadth of content**

The extensive amount of material on MindEd makes navigation more problematic and more critical. While users and stakeholders generally welcomed the range of content in the portal, identifying few missing topics, it was also felt that the extensive content deterred some potential users, and prevented others from fully accessing areas that would be most useful. As national data shows, approximately 70 e-sessions had been completed less than ten times. While this may be because these topics appear lower down in the menus, and therefore are not as visible as others, nevertheless it points to greater use of a core part of the site.

Some respondents indicated that the sheer range of topics detracted from the value of the content, deterring some and making navigation more confusing – all of which emphasises the importance of improving the search function and the descriptions of the individual sessions including their level of specialism and who they are aimed at. Better targeting of material to different professional groups and different ways of clustering e-sessions into smaller 'bite-sized' topics or themes may be advisable.

❖ **Marketing and PR**

Several stakeholders indicated that achieving widespread use of MindEd would require "powerful PR" far beyond a good launch, with effective marketing and rollout beyond this, otherwise it will "*fall by the wayside like so many of these initiatives*" *(Mental health sector).* They made a number of suggestions towards this, including:

- Face-to-face demonstrations of the portal to practitioner groups or staff teams.
- Promotion at existing practitioner events, or through brand-sponsored events.
- Regular dissemination and publicity, or "constant re-launching" of the portal, including annual press notices, regular newsletters on issues, e-bulletins, tweets and updates when new modules, information or policies are added.
- Promote specific relevant sessions or groups of sessions to particular practitioners rather than the whole site.

- Being specific about "what is the carrot for doing MindEd" i.e. what knowledge will be gained by practitioners. One voluntary sector respondent stressed that careful marketing is crucial to make clear what MindEd can offer.

- Target specific roles within sectors which may be able to influence or promote MindEd to other practitioners, e.g. library staff within MH Trusts/T4 CAMHS units, and SENCOs and Inclusions Leads within schools; also embed use of MindEd within wider cross-sector training initiatives (e.g. in a similar manner to the Somerset wide training programme and emotion coaching, wherein MindEd is a core component of the programme's toolkit).

- Use national drivers to encourage use, for example: "*services being NICE compliant, CQUIN targets, the Chief Medical Officer (CMO) report priorities or link to competency frameworks*" *(Mental Health Sector).*

- Have an appealing or charismatic personality to attract attention to MindEd. One respondent told of using celebrities to promote publications: *"....a lot of effort goes in creating the resource, academic input etc. but PR and marketing is a huge thing - who is the public face? If it's a dull as ditch-water learned professor.... unless we get a celebrity author to help promote, i.e. they get the interview on BBC Breakfast and we can come too. We have Jacqui Wilson and we flog every quote." (VCS organisation).*

- Internal recommendations/endorsement, including repeated word of mouth recommendation from those who have found MindEd useful, including parents and professionals, as well as endorsement from senior management, as discussed earlier.

- High-level external endorsement – for example, acknowledgement and recommendations from the Department of Health to help establish credibility, and recommendations from professional bodies like RCPCH.

❖ **Technical difficulties**

Users from across all threads of the evaluation experienced technical difficulties when using MindEd. These ranged from difficulties in registration and therefore access, missing learning paths, modules repeatedly not being shown as completed in 'My MindEd', to being "kicked out" of the site in mid-use. Users called for high quality navigation functions and features.

Prior to MindEd's launch, there was concern that some organisations' firewalls might prevent access. The evaluation has gathered only limited evidence of this via reports from some interviewees that they can only run MindEd on Google Chrome and that access to this is not allowed in their workplace. It has also been noted that in some organisations running on

older IT systems, notably some smaller voluntary sector organisations, not all aspects of MindEd e-sessions run properly (e.g. the film clips) or can be extremely slow to load.

❖ **Navigation**

While technical issues clearly impact on users' ability to find their way through the site and keep track of their progress, evidence points to the need to improve navigation more broadly, in order to make the site as useable and user-friendly as possible, and maximise the time available for users to use it.

Practitioners reported very limited time to invest in training, so it is very important that optimal navigation maximises the opportunity MindEd offers to increase knowledge. Respondents suggested clearer pathways targeting the full range of professional groups of users, recommendations based on completed modules and clear tracking of progress. Clear pathways are needed not only for individual users but also for organisations' planning purposes. Some suggested tailoring the portal to suit different sectors, for example indicating to head teachers which modules would be most relevant to Ofsted's well-being agenda, or pointing out the time effectiveness offered via MindEd for their staff.

It appeared that online learning was a familiar medium to many of those who contributed feedback to the evaluation and these users welcomed MindEd's flexibility and the ability to dip in and out of the resources, to return to modules at a time convenient to themselves and to work at their own pace. Despite some early warnings from stakeholders that some, particularly counselling practitioners, may not learn as effectively through an online medium as through other forms of training, most users rated modules highly, and valued the learning path and 'My MindEd' facilities. However, undoubtedly some found the difficulties registering on MindEd and the navigation of the portal frustrating and a deterrent to their regular ongoing use of the site.

Evaluation recommendations

To help embed regular use of MindEd within academic communities:

1. Work should continue to build strong links with the academic community to support the inclusion of MindEd within their curricula, including in fields such as teacher and social work training, also the training of police officers. As part of this work, those developing MindEd should consider targeting specific roles/those within sectors who may be able to influence or promote Minded across practitioner groups – for example, library staff, local authority training leads or those responsible for workforce development within schools.

2. 'Top down endorsement' is required, also for quality assurance processes of site content (that it is kept 'refreshed', up-to-date and evidence-based, alongside removal of duplicated or unclear material) to be implemented.

To ensure that Minded is seen as relevant and useful to universal audiences as well as specialist health and social care audiences:

3. Clearer information about session content needs to be developed, with better targeting and explanations about its relevance to different professional groups.

4. Some content of MindEd needs to be revised to make it more appealing to the desired universal audience, for example, the inclusion of practice examples from a variety of settings and fewer being drawn from child and adolescent mental health services (CAMHS).

To make the breadth of content in MindEd more manageable and less daunting to practitioners:

5. The search function of the MindEd portal needs to be improved, alongside developing better descriptions of the individual sessions including their level of specialism and who they are aimed at.

6. Different ways of clustering e-sessions into smaller 'bite-sized' topics or themes, alongside improved targeting and session descriptions, may also be advisable (rather than promoting the whole site).

Marketing and publicising MindEd:

7. There is a need for ongoing dissemination and publicity, or "constant re-launching" of MindEd, which might include: press notices; regular newsletters on issues, e-bulletins, tweets and updates when new modules, information or policies are added.

8. It is suggested that those running MindEd investigate further options for high-level external endorsement – for example, acknowledgement and recommendations from the Department of Health, NHS England and Health Education England to help establish credibility, and recommendations from professional bodies like RCPCH. Opportunities for promoting MindEd's potential to help services meet national drivers – for example, to be compliant with NICE (National Institute for Health and Care Excellence) guidelines, should also be explored.

To improve and support the ongoing use of MindEd:

9. There is a need address the various technical and navigation issues that have been highlighted in the evaluation and also reported directly to e-LfH over the last year. These include: reworking the structure and pathways for moving from the curriculum listing or a Learning Path to a module and then to a session; improving the search

function and developing new short cuts in order to help users move around the site without having to repeatedly return to the home page or to re-enter the portal.

10. Options to allow MindEd to be accessible on smartphones and tablets should be progressed since this is likely to considerably improve its accessibility to practitioners, in particular those without ready access to desk-based/office computers.

References

British Association for Counselling and Psychotherapy (2013) *CYP Consultation Survey Summary*, British Association for Counselling and Psychotherapy.

Marketwise Strategies Limited (2014) *MindEd Marketing Strategy: Research report*. Royal College of Paediatrics and Child Health.