

# Impact Story Template and Guidance

## Impact Story Template

Name of the NIHR Infrastructure Centre
NIHR ARC South West Peninsula
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### Title of the Impact Story

<b>Title of Impact Story</b> <i>[A short title using plain active language that summarises the impact (not the research findings)]</i>
Increasing access to evidence-based mental health treatment for care-experienced young people
Does this Impact Story provide updated information for a previously submitted Added Value Example (AVE)?
Yes
If this is an update to a previously submitted AVE, please provide the title and year of submission of the AVE for which this is an update.
Implementation of evidence-based interventions in child mental health, early years education settings, and maternity services, 2022-2023.

### Impact Summary (maximum 150 words)

Briefly summarise, in plain English, what the problem was, how your Centre has worked with other NIHR infrastructure and/or parts of the health and care system to address it and what has changed as a result of your research evidence. Please include who benefits and how (using the types of impact outlined in the guidance), including benefits for the health and care system. Please include any 'if' statements as relevant e.g if shown to be feasible; if implemented regionally; if adopted nationally.
Care-experienced young people have much higher rates of mental health difficulties than their non-care-experienced peers. Yet, research shows that they have very poor access to best-evidenced mental health care.  We have worked collaboratively across ARC infrastructure towards increasing implementation of evidence-based mental health treatment for care-experienced young people, with a focus on posttraumatic stress disorder (PTSD) and trauma-focused cognitive behaviour therapy (tf-CBT). Working with 30 NHS and social care-based mental

health teams, we have provided training and enhanced support to implement screening for PTSD and tf-CBT.

We have shared a series of resources on a new website, including animations and clinical skill building videos, which have been viewed >250,000 times, and free e-learning for supervisors and clinicians to enhance confidence and competence in using tf-CBTs. Our findings have been shared as recommendations at the commissioning level, and we have submitted evidence to the UK Parliament's Children's Wellbeing and Schools Bill.

## Impact Details

Please describe:

- What the problem is (e.g. overall prevalence of condition, capacity/skills gap, area for operational improvement, cost to society and/or NHS and social care);
- How your Centre has worked collaboratively with other NIHR infrastructure and/or parts of the health and care system;
- What the impact of the research has been (using the types of impact described in the guidance above);
- Who has benefitted and how; and
- How NIHR's Infrastructure funding has contributed to the impact, particularly in terms of system influence as outlined in the guidance above. What would have happened if this funding didn't exist?

This section can include impact (including evidence) that the team is aware of but has not been directly involved with.

**500 words**

### **The issue**

There are over 100,000 young people under local authority care in the UK. Most have experienced maltreatment, and all have experienced significant adversity. This group are at high risk of developing mental health difficulties, with potential life-long consequences if left unsupported. In particular, rates of posttraumatic stress disorder (PTSD) are 12 times higher in care-experienced young people than their peers. Trauma-focused CBT (tf-CBT) is the first-line NICE-recommended treatment, but it is not widely implemented – especially to care-experienced young people.

### **What we did**

We worked with 30 mental health teams, including NHS CAMHS, social care, and joint-commissioned teams, and trained over 200 mental health professionals to deliver tf-CBT. We provided enhanced support following training, to gain an in-depth picture of challenges and opportunities for scaling evidence-based mental health therapies to this group of young people. All services were able to start screening for PTSD symptoms, and half of the services were able to use the intervention, although only a quarter used it with care-experienced young people. Following this, we worked closely with CAMHS and social care teams in four regions to build models of best practice.

Alongside this research we have developed a portfolio of resources. This includes co-developed animations to support engagement in therapy and clinical skill-building videos, already viewed >250,000 times, as well as e-learning for supervisors and clinicians to enhance confidence and competence in tf-CBT. A website hosting these resources was launched in a national ARC-hosted webinar attended by >600 people on the 1<sup>st</sup> April. It has since been accessed by 2061 unique visitors and 138 practitioners have signed up for supervisor training. ADaPT has also been referenced in Welsh Government National Practice Guidance.

## Impact

Care-experienced children and young people are now more likely to be screened for PTSD across 30 Trusts and more practitioners have the skills to deliver evidence-based mental health treatment for these children and young people, supported by trained supervisors. If this intervention continues to be scaled up, care-experienced children and young people across the country will have improved mental health outcomes, allowing them to better cope with life's ups and downs, meaning that they would be better able to attend and engage in school, the workforce and maintain healthy relationships.

This project is an example of extensive cross-ARC collaboration. It is co-led by ARCNT and ARC West. It has been funded through the Children's Health and Maternity National Priority Programme, which is co-led by PenARC and YHARC, with ARC NENC and ARC West sitting on the Programme Management Group. ARC NENC leads the Health and Care Inequalities programme, which co-funds this project. ARC West and ARCNT provided funding for resource and training development.

This project was only possible through the NIHR ARC framework and the National Priority Programme focus on service improvement and implementation. The programme supports this project by connecting teams to the ARC network to enable wider reach, facilitating engagement from health and care organisations, and providing expertise in implementation science and patient and public involvement and engagement.

Please link to the sources of evidence of the impact described in this Story (e.g policy documents, reports, datasets, news articles, videos, reports, testimonials, websites, awards)

<https://uktraumacouncil.link/documents/Hiller%20et%20al.%20National%20Recommendations%20MH%20Provision%20for%20CiC.pdf>

<https://www.childtraumaresources.com/>

<https://uktraumacouncil.org/resources/trauma-and-ptsd>

<https://uktraumacouncil.org/resources/trauma-and-ptsd-working-with-children-and-young-people>

<https://bpspsychub.onlinelibrary.wiley.com/doi/10.1111/bjc.12471>

## Next steps and Lessons Learnt

Please outline the next steps in your journey to achieving impact, particularly where the impact is still in the early stages. Are there any barriers you anticipate to the next steps you have outlined above and how can NIHR support?

**300 words**

**Upcoming Resources:** In May 2025, national recommendations to improve mental health service provision for children in care in England were launched. These recommendations are a key output from this research, driven by this cross-ARC collaboration. The event had registered attendees from major organisations including DfE, DHSC, NHSE, the various Royal Colleges, and key third sector organisations. Prior to the event, the research team held meetings with DHSC and DfE and have standing ongoing meetings to explore implementation and policy at the national level. We will continue to work locally to enact

change for children and young people in local authority care, via our extensive ICB/ICS and local authority networks.

In October 2025 we will be launching a free e-learning for commissioners and decision-makers, to improve competence and confidence around understanding evidence-based practice in the mental health sector, and how to support services to use evidence-informed approaches. This has been developed with input from care-experienced young people, front line professionals, and with support of CoramBAAF, National Children's Bureau, and UK Trauma Council.

**Upcoming research:** We have secured £2.7m of funding for an RCT, funded by NIHR RPSC. Beginning in July, and building from our ARC work, this project will test a comprehensive mental health assessment framework in children's social care.

We have also launched related research exploring how social care and NHS mental health teams make sense of complexity in care-experienced young people – and particularly the overlap between neurodiversity, trauma and mental health.

**Key challenge for NIHR to consider:** A key barrier is one we have seen across our NHS-focused research – the NHS ethics procedures and particularly the requirement and process for Trust R&D sign-off. This process has caused barriers and delays that have prevented NHS professionals from taking part in our research. We strongly encourage NIHR to challenge these processes.

Any lessons learnt along the way that might benefit someone else on a similar journey?

300 words

- 1) Teams should recognise that upfront one of the main implementation research barriers can be Trust R&D processes. These are extremely long and time consuming, and disproportionate. Each Trust required slightly different information, and minor issues can take months to resolve. Early scoping of sites unfortunately does not help with this. When discussing projects with keen sites, it would be useful to temper their expectations of timelines. We had many sites ready to go that couldn't because of R&D and enthusiasm does wane.
- 2) The project also taught us that many services do not collect routine service data – or they do but it is hard to find or access/share and the accuracy is variable. If service data is essential to your project, it would be useful to have clear upfront conversations and be sure all parties are aware of what is available. This wasn't an issue for our study, as it wasn't a core aim, but it would have been if we were solely relying on this.
- 3) It is more challenging than expected to map 'usual care' in a service. This might best be thought of as an entirely different project in itself, due to the complexity. It is not always clear what therapies are being offered and reporting on this directly from professionals can be unclear. Young people might also be told they've been offered a certain therapy but in conversation it becomes clear they haven't actually been provided with that therapy. This aspect was more challenging than we expected at the outset.

## Health category/ field of research

Please indicate 'YES' to **all** that apply.

HRCS Health Category	Please indicate 'YES'	NIHR Priority Areas	Please indicate 'YES'	NIHR Goal Outcomes	Please indicate 'YES'
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	where applicable		where applicable		where applicable
Blood		Elective Care		NHS there when people need it	
Cancer and Neoplasms		Primary Care		Fewer lives lost to biggest killers	
Cardiovascular		Urgent Care		Fairer Britain, where everyone lives well for longer	Yes
Congenital Disorders		Cancer access			
Ear		Social care	Yes		
Eye		Mental Health	Yes		
Infection		Stroke and heart disease			
Inflammatory and Immune System		Cancer survival			
Injuries and Accidents		Suicide			
Mental Health	Yes	Smoking			
Metabolic and Endocrine		Alcohol			
Musculoskeletal		Air pollution			
Neurological		Obesity			
Oral and Gastrointestinal		Physical activity			
Renal and Urogenital					
Reproductive Health and Childbirth					
Respiratory					
Skin					
Stroke					
Generic Health Relevance					

Disputed Aetiology and Other					
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# Impact Story Guidance

## 1. Purpose and uses of Impact Stories

Impact Stories give DHSC and NIHR sight of the value that the research it funds brings to the health and wealth of the nation, including achievements in and progress towards improving patient outcomes, reducing health inequalities, serving the health needs of under-served communities and building national capacity and capability to conduct high quality health and social care research. They help DHSC and NIHR to (1) demonstrate this value to our stakeholders, for example, government ministers and departments, the health and care system and patients and the public; (2) evaluate and evidence the impact of the research we fund; and (3) inform decision-making about our funding processes and priorities.

## 2. What does NIHR mean by 'impact'?

For NIHR, research impact is about **making a meaningful difference to people's lives through the research we fund and support, making a difference to wider society and effecting meaningful change i.e an effect or benefit**. We recognise that the journey to achieving this looks different for research infrastructure and even different types of infrastructure. We have, therefore, developed guidance on the types of impact we would like to hear about from the infrastructure we fund, as outlined below.

Please note that **you can include progress towards impact, particularly if you're reporting impact from infrastructure that sits earlier on in the innovation pathway. It can also include information on what might happen when/if the research gets embedded in practice, as long as it is clear to the reader that this has not happened yet**. We are also keen to hear about the impact that the research we have funded has had that NIHR funded teams are aware of but have not been directly involved with. We want to be able to evidence our impact as described below.

## 3. Impact types:

Please consider the following impact types and types of evidence when providing your example. Evidence can be quantitative e.g number of patients affected, amount of money saved, number of people trained or qualitative e.g patient testimonials, quotes from service users or public contributors, statements from policymakers.

Types of impact	Types of evidence
Improvement in or progress towards patient/service user outcomes	<ul style="list-style-type: none"><li>• Improved outcomes in health or social care (also includes prevention of poor outcomes)</li><li>• Decreased time to diagnose or treat</li><li>• Improved health literacy and public awareness</li></ul>
Progress towards or implementation of changes in service delivery	<ul style="list-style-type: none"><li>• Improved patient safety</li><li>• Commissioning or decommissioning of a service</li><li>• Improved patient care pathways</li><li>• Improved management of a disease or condition</li><li>• Improved access to services or quality of care</li></ul>
Policy influence	<ul style="list-style-type: none"><li>• Influencing policy or clinical guidelines and subsequent implementation or de-implementation</li></ul>

Capacity, skills or workforce development	<ul style="list-style-type: none"> <li>• Training or skills development that fills a gap</li> <li>• Capacity development in under-represented professions or groups</li> <li>• Increased capacity and capability to respond to needs of commercial companies and/or the health and care system</li> </ul>
Systems influence	<ul style="list-style-type: none"> <li>• Relationship building and improved collaborations and ways of working between different parts of the health and care system, including with ICB/S</li> <li>• Improved adoption or uptake and subsequent implementation, including through HINs</li> <li>• De-implementation or de-commissioning of services</li> <li>• Improved operational efficiencies</li> <li>• Improved embedding of EDI and PPIE</li> </ul>
Developing and delivering operational excellence (particularly relevant for Networks)	<ul style="list-style-type: none"> <li>• Developing operational excellence</li> <li>• Developing novel or innovative methodology</li> <li>• Improving cost-effectiveness</li> <li>• Implementation, adoption or spread of good practice regionally or nationally</li> </ul>
Progress towards or evidenced economic impact	<ul style="list-style-type: none"> <li>• Cost savings to the NHS, public health and social care</li> <li>• Increased revenues</li> <li>• Jobs created</li> </ul>



