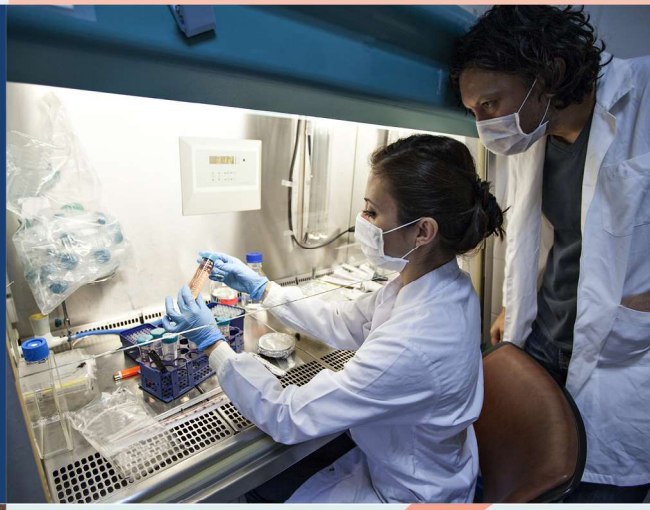
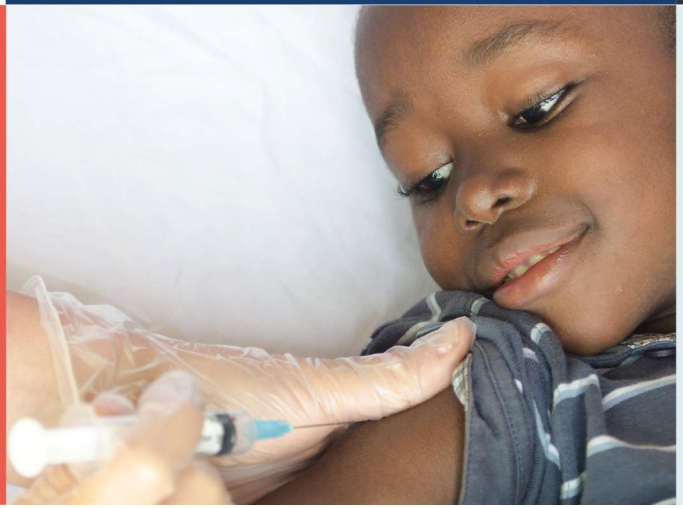
NIHR | Applied Research Collaboration Greater Manchester

An evaluation of 42nd Street's online services





Working in collaboration with: 42nd Street

Authors

Owens J., Pedley, R., Hopkin, E., Ravindrarajah, R., Kontopantelis, E., Lovell, K., Gosling, R., Rose, E., Bucci, S., and Bee, P.
NIHR ARC GM
University of Manchester

Citing this document: Owens J., Pedley, R., Hopkin, E., Ravindrarajah, R., Kontopantelis, E., Lovell, K., Gosling, R., Rose, E., Bucci, S., and Bee, P., (2022). *An evaluation of 42nd Street's online services.* NIHR ARC Manchester: University of Manchester

This study/project is funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration Greater Manchester (ARC-GM).The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care

Glossary of abbreviations employed

Abbreviation	Term in full
ARC-GM	Applied Research Collaboration, Greater Manchester
BACP	British Association of Counselling and Psychotherapy
BAME	Black, Asian and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy (Step 3 IAPT service)
CCG	Clinical Commissioning Group
CfD	Counselling for Depression (Step 3 IAPT service)
CFIR	Consolidated Framework for Implementation Research
CORC	Child Outcomes Research Consortium
CORE-10	Clinical Outcomes in Routine Evaluation
CORS	Children's Outcome Rating Scale
DHSC	Department of Health and Social Care
EMDR	Eye-Movement Desensitisation and Reprocessing (Step 3 IAPT service)
ESQ (9-11)	Experience of Service Questionnaire – validated for 9-11 year olds
ESQ (12-18)	Experience of Service Questionnaire – validated for 12-18 year olds
GMHSCP	Greater Manchester Health and Social Care Partnership
IAPT	Improving Access to Psychological Therapies
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer and other identities
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
NPT	Normalisation Process Theory
ORS	Outcomes Rating Scale
PEQ1	Patient Experience Questionnaire 1 – self-reported measure of choice and satisfaction at assessment
PROM	Patient Reported Outcome Measure
ROM	Routine Outcome Measure
VCSEs	Voluntary, Community and Social Enterprise Sector
WEF	World Economic Forum
WHO	World Health Organisation
YPCORE	Young Person’s Clinical Outcomes in Routine Evaluation

Contents

Introduction

Mental ill health represents an ongoing challenge for young people aged between 10-25, with over 50% experiencing a mental health impact by the age of 25 (Gibb et al. 2010; Copeland et al. 2011; Caspi et al. 2020). A 28-country survey across the Western world found that child and adolescent mental health services are seriously under-funded and under-developed (Signorini et al. 2017). Children and young people have significant levels of need and experience poor access to timely mental health care, largely due to barriers such as inappropriate and poorly resourced and designed services that fail to meet the young person's needs (Islam et al. 2016; Rimmer 2018; Collishaw et al. 2019).

Before COVID-19, the World Economic Forum (WEF) identified the need for effective access to mental health services, suggesting that digitally enhanced services may help meet demand (World Economic Forum 2019). With the advent of COVID-19, the World Health Organisation (WHO) highlighted a degree of urgency in increasing mental health service capacity on already overburdened services (WHO 2020). Recent research since the pandemic reflects an apparent increase in the number of young people experiencing mental health difficulties (McGorry et al. 2022).

The rapid increase in global internet and digital devices use amongst young people offers the potential to shift from a more traditional clinic-based service delivery model to an online model of delivery, which is unconstrained by location and time (Berry et al. 2016; Bucci et al. 2019). The National Institute for Health and Care Excellence (NICE) also recognises the need for a digitally enabled model of service delivery for young people with emotional difficulties (NICE, 2019).

Existing studies show both benefits and challenges to online provision for mental health problems. Research suggests that the benefits of online support include an increased willingness to engage and a lower fear of disclosure by the young person (Lucas et al. 2014). Other research found there are greater levels of accessibility, leading to reduced levels of anxiety and depression (Kahl et al. 2020a; 2020b), and expanded reach of mental health support for marginalised groups, particularly lesbian, gay, bisexual, transsexual and intersex (LGBTQ+) young people (Hilferty et al. 2015). Other benefits of online therapeutic provision include anonymity and cost

(Young 2005). Some researchers argue that interaction with peers online can enable young people to identify with others and share similar experiences, validating their own experience and sense of identity (Elwell et al. 2011). Other research suggests that online provision fills the gap when traditional mental health provision is unavailable (Malik & Coulson 2011).

McGorry and colleagues suggest that challenges to remote therapy delivery include; devolved patterns of commissioning, this is because establishing a new service such as the online platform potentially diverts resources away from other services for young people and it is outside their clinical remit and organisational boundary. They further argue that success means achieving a diverse and appropriately trained workforce, acknowledging differences in professional work practices, and underline the lack of secure financial channels to support the model of care (McGorry et al. 2022). Young people themselves have reported that online therapy is less effective compared to face-to-face because of the lack of non-verbal communication and inability to build what they perceive as a genuine relationship (Apolinário-Hagen et al. 2017). In contrast, other research suggests young people are ambivalent about face-to-face therapy because of fears concerning their gender identity, visible difference, ethnicity and discrimination (Efstathiou, 2009; Kauer et al. 2014; Williamson et al. 2015).

Research further suggests ongoing staff training in online therapeutic techniques and continual professional development to address some of the challenges for therapists using online communication techniques such as Emojis and text-speak and being conversant with the fast-changing cultural world of these forms of communication (Richard & Viganó 2013; Sanderson et al. 2020). The British Association for Counselling and Psychotherapy (BACP) flags up further challenges to remote therapy delivery, including confidentiality, electronic intrusion (being hacked), physical intrusion (someone entering the room or overhearing the individual), ensuring an individual is suitable for online therapeutic modality and drawing up strict protocols for distressed individuals (BACP 2019).

There is some evidence to suggest that delivering psychological care online is therapeutically effective for young people, but to understand the depth and breadth of its effect requires more research. Having rapidly changed from a face-to-face service to providing an online offer, this report explores the provider and user

experiences of the Greater Manchester 42nd Street online remote therapy delivery platform; designed to support young people experiencing psychological distress.

The Context

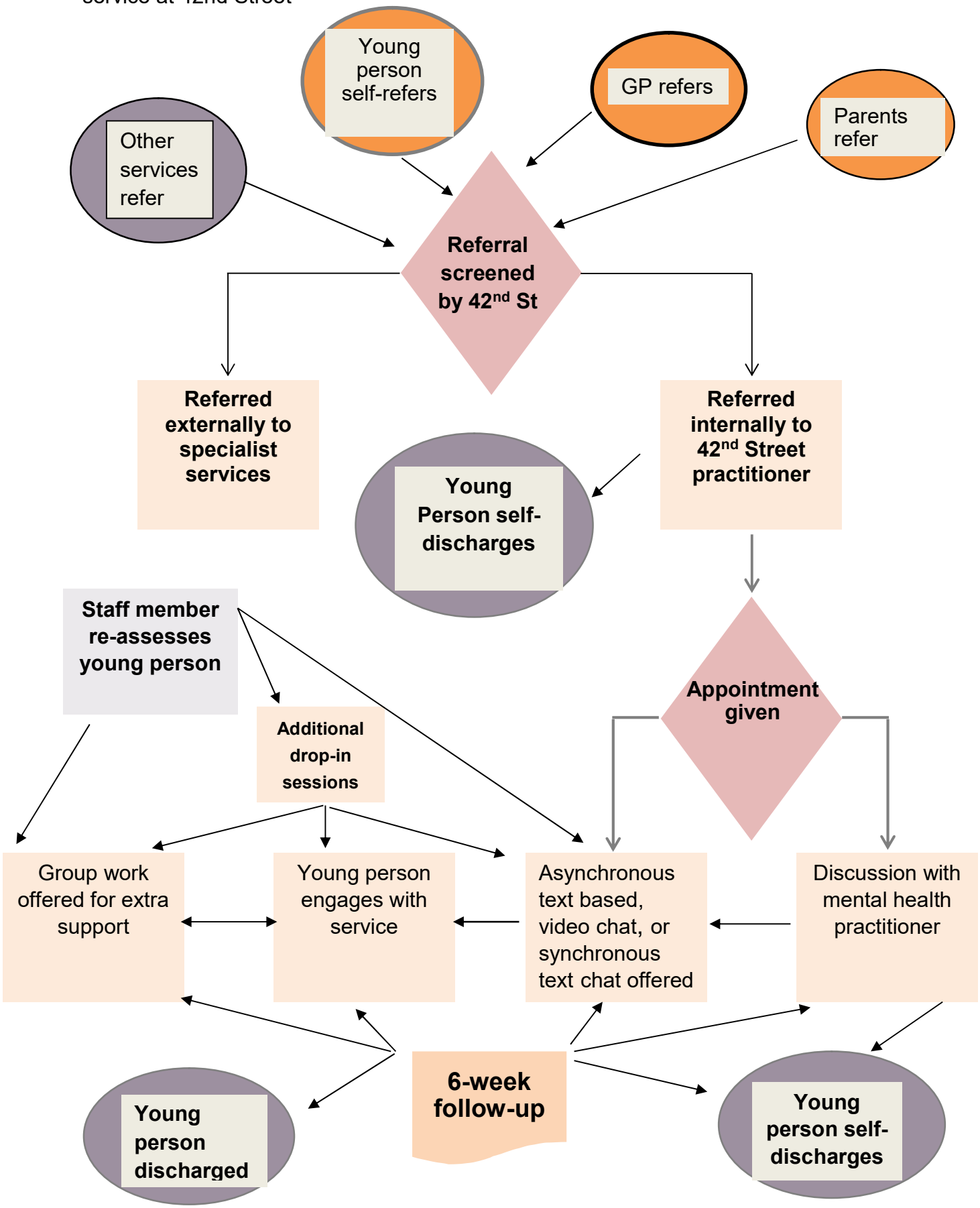
42nd Street is a Greater Manchester young people's mental health charity providing free, inclusive and accessible confidential services and support to young people experiencing psychological distress and psychosocial challenges. Its ethos and values are rights-based and young-person centred.

42nd Street has a range of workers including qualified cognitive behavioural therapists (CBT), psychosocial workers from various backgrounds such as social work or youth and community work at graduate level or equivalent, person-centred counsellors, practitioners specialising in eye-movement desensitisation and reprocessing (EMDR).

The service historically worked using face-to-face and online provision. During the COVID-19 pandemic, the service underwent a rapid shift from providing face-to-face and online support, to full online service provision. Then moved back to both online and face-to-face provision after the lockdown periods ended. The qualitative research described in this report took place between January 2021 and February 2022.

Young people access the services at 42nd Street via a professional, a parent, or they can self-refer (see Figure 1). The process of accessing the online platform requires the young person to self-refer by filling in an online form. A 42nd Street Mental Health Practitioner screens the form and either refers the young person to a 42nd Street practitioner, or, depending on the complexity of the referral, talks with the young person about accessing external specialist provision (e.g., eating disorder services or acute mental health services). Allocation of 1-5 young people per week to an internal 42nd Street online practitioner.

Figure 1: Flowchart illustrating young person's progression through the wider service at 42nd Street



The online service has reached vulnerable communities, including 41% of young people identifying as LGBTQ+, 13% identifying as disabled, 5% as a young carer, 16% as Black, Asian and Minority Ethnic (BAME), and 7% as care experienced. The average age of online individual therapeutic support service users is 18 years old, averaging 8 weeks of support (albeit over a longer length of time than those accessing face-to-face in person services); currently young people have sessions on average every 2.4 weeks online.

Therapeutic modalities

There are different remote therapeutic modalities available. These include drop-in sessions, synchronous or asynchronous text-based therapy, telephone delivered therapy or online video based synchronous therapy, There is some suggestion in the general literature that telephone delivered therapy is more effective in reducing distress scores as measured by the General Health Questionnaire (GHQ) than the other modalities, possibly because of the speed of communication and the ability to focus on identifying issues (King et al. 2006). Although, it is not possible to identify quantitatively if this applies to 42nd Street, qualitatively staff and young people report similar effects with asynchronous and synchronous text-based interactions. On the platform, the young person has a personal login, and they can choose to receive support from chat via asynchronous 'weekly messages,' synchronous live text chat and weekly drop-in sessions available to all users. There are also therapeutic groups run on the platform, both formal and informal

Outcomes assessed

Young people access the Young Person's Clinical Outcomes in Routine Evaluation (YPCORE-see Appendix 1) measures form online. This usually occurs every session, but at a minimum at the first session, mid-point review and at the end of support. 42nd Street decided to use the YPCORE for online support because it is more accessible in an online context, it measures functionality and is a more clinically useful measure in this context. However 42nd Street also continues to use other measures for other elements of the service depending on age and presentation.

Other measures used are the:

- Outcomes Rating Scale (ORS)
- Session Rating Scale (SRS)
- Goal Based Outcomes (GBO) – not always used at entry and exit points

All the measures used are Mental Health Service Data Set (MHSDS) compliant.

Throughout ongoing therapeutic support, a practitioner adds data to the Service Assessment Information Form dataset, particularly relating to mental health need, other vulnerabilities, and home and social life. In addition to the measures given above, outcome measures also include:

- Experience of Service Questionnaire (ESQ)
- National Health Service (NHS) Friends and Family Test

Choice of pathway

As the young person enters the wider service at 42nd Street, they are assessed. With support they decide which service is most appropriate for them and their preferred contact type. This can be a combination of approaches, for example face-to-face in person therapy, web contact, email contact, telephone contact, SMS, or video-link, through 42nd Street's platform. At any time, the young person can usually change their mode of contact, or the staff member will suggest another mode explaining the benefits; for example, group work for extra support. Reassessment of the young person's felt needs occurs routinely after 6 sessions, or sooner if the young person feels they no longer need the services. The young person then either decides whether to remain in the service or with the support of the staff member reassesses and decides on their needs. They are then either discharged, re-enter the service, or self-discharge. At any time, a young person may choose to self-discharge - the choice and control remains with them.

Funding allocation

In 2019, the Department of Health and Social Care (DHSC) awarded 42nd Street national funding, which occurred alongside matched funding and support from the

Greater Manchester Health and Social Care Partnership (GMHSCP) and Salford Clinical Commissioning Group (CCG)/Local Authority to scale-up an online offer across GM with young people aged 13-25 years. The award included a package to evaluate and build the evidence base around impact with a view to disseminating learning nationally, building capacity across an integrated workforce (health, social care, education, statutory and VCSEs) and replicating the model at scale. Working with Health Innovation Manchester and NIHR ARC-GM, who conducted an external evaluation of 42nd Street's online services, extending their evidence-base and significantly enhancing their ability to influence the direction of critical digital mental health provision for young people. This work is positioned alongside the wider remit of Health Innovation Manchester in supporting the developments and roll out of digital mental health support during the response and recovery phases of COVID-19.

Aims and Objectives

Aims

The overall aim of the study was to provide evidence, which assists in the development of an implementation toolkit to support the roll out of a safe, acceptable and clinically meaningful online platform. A secondary aim was to help address gaps in service provision and facilitate the development of a therapeutic delivery model using a robustly evaluated online platform.

Objectives

- To conduct a parallel mixed-method evaluation of 42nd Street's online therapeutic offer to understand implementation, reach and outcomes. This utilises existing data points and outcomes measures.
- Employ a qualitative, descriptive design using individual semi-structured interviews to explore the implementation and acceptability of delivering and receiving online support from the perspectives of young people and 42nd Street staff members.

Quantitative study

Routine dataset analysis

Aim

To interrogate a period of routinely collected data (from October 2019 – March 2021) of young people aged 13-25, using the online platform.

Design

This was a cohort study, comparing online to face-to-face service users, in terms of age, sex, referral route, socio-demographic characteristics, impact and user experience. The sample of individuals referred during the study period consisted of 2718 young people in total, of whom 641 were online and 2077 were face-to-face users. Although the term face-to-face was used, young people originally signed up and engaged with this modality, but because of COVID they had to transfer to online modalities. There was no way of separating this out in the data set. However, the remote approaches in the online platform compared to the remote services which needed to be adapted during lockdown were different from the original online platform. . Online service users signed up for online from the outset and continued with this modality.

The study period was 1st October 2019 to 31st March 2021. 42nd Street offered data about individuals with a referral date in the study period. Data collection also occurred on the service activity of young people, for example, Exit & Recovery-contained information on the Experience of Service Questionnaire (ESQ [12-18] & ESQ [9-11]) and user satisfaction, as identified by 42nd Street. Outcomes data is based on young people who have completed support during the period. 'Completed support' is a term used in NHS datasets to define a period of contact during which the user has completed two or more contacts and who has two comparable measures (Time 1 / Time 2; T1/T2). Mental health practitioners are welcome to use a secondary measure in cases where this is deemed to be clinically useful or appropriate to support, on a case-by-case basis 42nd Street's baseline dataset for Online Services is YPCORE and CORE-10, as appropriate to age and or developmental appropriateness. During the period of the evaluation, 42nd Street's

wider services utilised CORS/ORS. When there was more than one measure used in their support, the impact of the mental health intervention has been calculated using the dominant measure where there are T1/T2 scores. In cases where both T1/T2 measures are present for both YPCORE/CORE-10 and CORS/ORS, the baseline dataset according to service type has been used.

Method

Routine data collected and analysed utilised the following categories and corresponding variables: age (defined at the time of referral), gender, sexuality, and ethnicity and referral routes. These were categorised in the dataset of those referred to acquire an in-depth description of the study participants. Part of the analysis explored the outcome (Impact) for those exiting the services, these data were categorised for meaningful statistical analysis.

Age was categorised into the age group (10-12; 13-15; 16-19 & 20-26). Gender was categorised as “Male,” “Female,” “Non-binary/Queer,” “Trans-Male,” “Trans-Female,” or “Not known/disclosed/other.” Sexuality was categorised as “Heterosexual” “Gay” “Lesbian,” “Bisexual,” “Other LGBTQ+,” or “Not Recorded.” Ethnicity categories were defined as “White,” “any Asian,” “Black,” “Mixed,” “Other,” or “Not Known/Prefer not to say.”

Referral Route is the answer to the question “How did you hear about us?” Impact was measured as change in outcome measures available in the Exit dataset (YPCORE, CORE-10, CORS & ORS).

Table 1. Outcome measures

YPCORE	Form for young people aged 13-17, usable from 11 to 18, psychometric properties and scores vary with age and gender.	Measures the well-being of the young person with a score range from (0-40), lower being better
CORS	Children's Outcome Rating Scale for ages 6-12	Measures the well-being of the young person similar to YPCORE initial (0-40), higher is better
ORS	Outcome Rating Scale for 13-18 years. Questions are different to CORE-10, (ADULT version)	Measures the well-being of young person with a score which ranges from (0-40) higher is better
CORE-10	Short form10-item CORE for Adults ≥ 18 years of age	Measures the well-being of the ADULT person with a score range from (0-40), lower being better

The impact was assessed using a change in the outcome measures which varies according to the measure used, as explained below.

YPCORE - *A 10-item measure derived from the CORE-OM and designed for use in the 11-16 age range. Structure is similar to that of the CORE-OM but with items rephrased to be more easily understood by the target age group*

https://www.coresystemtrust.org.uk/wp-content/uploads/2020/03/YPCORE.pdf

ORS

PDF versions are in the appendix of –

https://www.corc.uk.net/media/2754/ors-srs-david-low-paper-for-cyp-iapt.pdf

ORS and CORS are scored out of 40, the higher the score, the better in terms of wellbeing.

"*The ORS also has a Reliable Change Index (RCI) that provides a useful guide to help identify when change is clinically significant and attributable to therapy rather than chance. On the ORS the RCI = 5 points. So, change that exceeds the RCI and crosses the clinical cut off scores can be considered reliable change.*"

- At assessment (T1) scores below 28 are considered to indicate "clinical levels of distress" for young people aged under 18.
- At assessment (T1) scores below 25 are considered to indicate "clinical levels of distress" for young people aged 18 and above.
- At assessment (T2) scores below 28 are considered to indicate "clinical levels of distress" for young people aged under 18.
- At assessment (T2) scores below 25 are considered to indicate "clinical levels of distress" for young people aged 18 and above.
- Reliable Change: 5 points or more improvement from pre- treatment score (an increased score).
- Clinically Significant Change: 5 point or more improvement from pre-treatment score and crossed the cut-off score for age group.
- Deterioration: Their final score is a decrease from their pre-treatment score.

Table 2: ORS scoring

Deterioration	A young person's score decreases from their starting score
No change	There isn't a change between their starting and finishing score
Change (positive change less than 5 points)	A young person's score has increased, (improved) from their starting score but the change has been less than 5 points.
Reliable Change	A young person's score has increased, (improved) from their starting score and the change has been 5 points or more. But their score hasn't crossed their age dependent threshold.
Clinically Significant Change	A young person's score has increased, (improved) from their starting score, their change has been 5 points of more, their starting score was below 28 for under 18s and their finishing score was 28 or above for under 18s. For young people age 18 or above their starting score was below 25, and their change has been 5 points or more, their finishing score is 25 or above.

CORS

PDF versions are in the appendix of –
https://www.corc.uk.net/media/2754/ors-srs-david-low-paper-for-cyp-iapt.pdf

CORS are scored out of 40, the higher the score, the better in terms of wellbeing.
"*The ORS also has a Reliable Change Index (RCI) that provides a useful guide to help identify when change is clinically significant and attributable to therapy rather than chance. On the ORS the RCI = 5 points. So, change that exceeds the RCI and crosses the clinical cut off scores can be considered reliable change.*"

- At assessment, (T1) scores below 32 are considered to indicate "clinical levels of distress" for young people.
- Reliable Change: 5 points or more improvement from pre- treatment score (an increased score).
- Clinically Significant Change: 5 point or more improvement from pre-treatment score and crossed the cut-off score for age group.

- Deterioration: Their final score is a decrease from their pre-treatment score.

Table 3: CORS scoring

Deterioration	A young person's score decreases from their starting score
No change	There isn't a change between their starting and finishing score
Change (positive change less than 5 points)	A young person's score has increased, (improved) from their starting score but the change has been less than 5 points.
Reliable Change	A young person's score has increased, (improved) from their starting score and the change has been 5 points or more.
Clinically Significant Change	A young person's score has increased, (improved) from their starting score, the change has been 5 points of more, the starting score was below 32 and their finishing score was 32 or above u18.

Figure 2: CORE-10 clinical need scoring

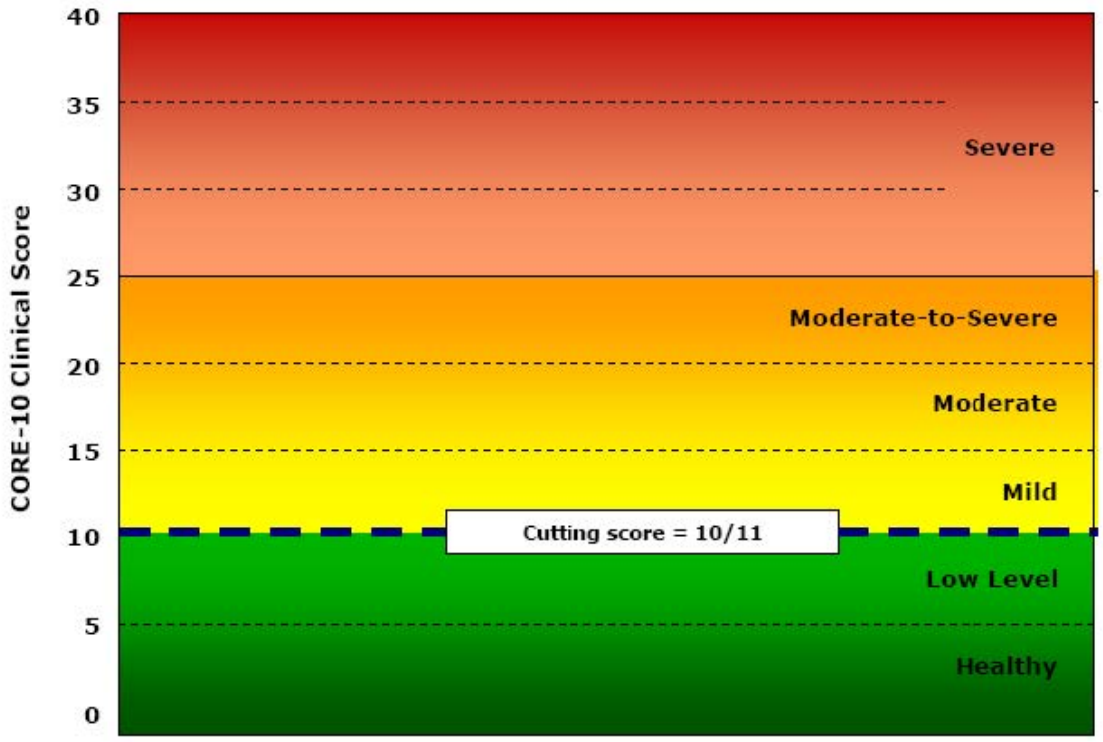
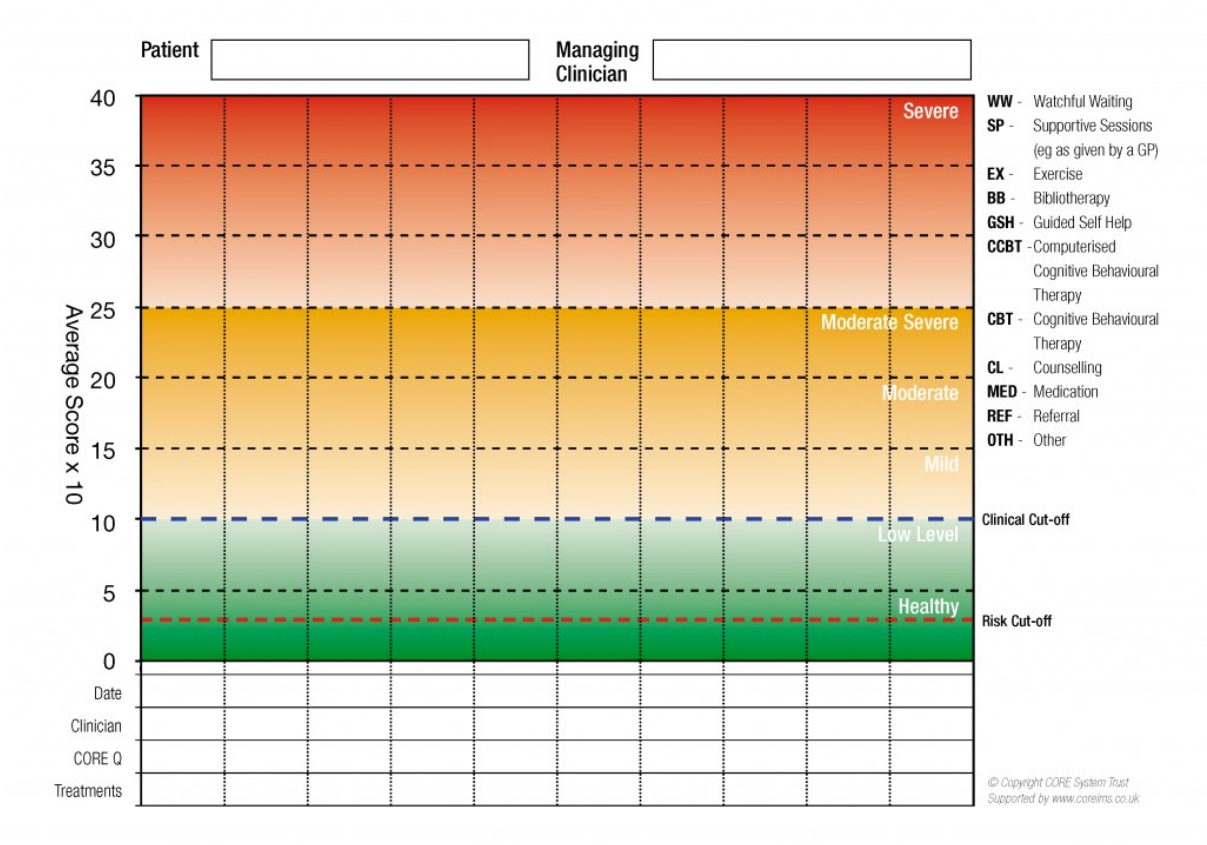


Figure 3: YPCORE Scoring



The Experience of Service Questionnaire (ESQ) assessed user experience. Patient Experience Questionnaire (PEQ1) and Service User Satisfaction (SUS) assessed satisfaction from the NHS Friends and Family test.

The Experience of Service Questionnaire (ESQ, formerly CHI-ESQ) was developed by the then Commission for Health Improvement (now the Health Care Commission) as a means of measuring service satisfaction in Child and Adolescent Mental Health Services (CAMHS). The ESQ consists of 12 items and 3 free text sections looking at what the respondent liked about the service, what they felt needed improving, and any other comments. The ESQ consists of 12 items rated "Certainly True" (= 1 under CORC [Child Outcomes Research Consortium] Snapshot; = 3 under CORC+), "Partly True" (= 2) and "Not True" (= 3 under CORC Snapshot; = 1 under CORC+) and three free-text sections for indivuduals to suggest what they liked about the service, what they felt needed improving and any other comments.

The Satisfaction with Care construct can be obtained by adding up items 1, 2, 3, 4, 5, 6, 7, 11 and 12, and the Satisfaction with Environment construct can be obtained by adding up items 8, 9 and 10 (Brown et al., 2014).

Quantitative analysis

The baseline characteristics of the cohort who were referred to the services, as well as those who exited the services, were summarised by the service platform (online vs. face-to-face). Descriptive characteristics explored were age, gender, sexuality, referral route and ethnicity. Descriptive statistics also explored through the service platform were for Engagement and user experience. Univariate analysis used t-tests for continuous outcomes and Chi-squared tests for categorical variables. Each variable, reports level of missingness. All statistical analyses used Stata version 17.0 (Stata Corp.; College Station, Texas, USA). All statistical tables are in Appendix 5.

Quantitative results

Demographics

The number of individuals referred in the study period was 2718, of which 23.6% (641) used the online platform. Sixty-five percent of individuals referred were female. There were no significant differences in terms of gender between those using the online platform vs those using face-to-face services. Of those using the online platform, 26% identified as male and 70% identified as female, compared to 31% males and 64% females using the face-to-face services (see Table 4, Appendix 5). 2% identified as non-binary, 0.2% as Trans Female and 1.3% as Trans Male compared to 1.7%, 0.4% and 0.7% using face-to-face services.

Table 5 (Appendix 5) presents the sexuality of the participants referred to the platform. Forty-one percent of individuals who were using the combined service defined themselves as heterosexual or straight. Fifty-five percent of individuals who used the online platform categorised themselves as heterosexual while 17% categorised themselves as bisexual, 36% using face-to-face services identified themselves as heterosexual and 7.5% as bisexual. However, there was more

missing information for this category in the face-to-face services (17%) compared to 3% in online platform.

The mean age of the online group was higher at 18.3 years (SD=3.2) compared to face-to-face services which was 16.4 years (SD=3.0). The most common users of the services belonged to the White-British ethnic category (as shown in Table 6, Appendix 5). There were no major differences in the ethnic categories of the users between those intending to use the online platform and face-to-face services (Table 7, Appendix 5).

Referral Routes

Ninety-five percent of individuals who used the online platform had a "Self" Referral to the system. There were over 46 categories available for referral routes, of which self-referral was one, but this did not inform who advised (e.g., Improving Access to Psychological Therapies [IAPT]) or why young people decided to self-refer. A discussion took place between researchers and 42nd Street as to whether collection of the referral variable needed clarifying with young people as to how and why they decided to self-refer (e.g., self-referral after visiting primary care and so on), by the 42nd Street team, to ensure capture of the appropriate route of referral for future analysis. Overall, the highest number of referrals were through education services and this was also the most popular route of referral for face-to-face services (Table 8, Appendix 5).

'Did Not attend' sessions rates (DNA)

During the study period, out of 10,197 scheduled appointments overall, only 12% classified as DNA, with 77% of scheduled appointments attended. Both online and face-to-face delivery exhibited similar results in the study period (see Table 9, Appendix 5).

User Experience

The Patient Experience Questionnaire (PEQ1) assessed satisfaction following completion of a user's mental health and risk assessment. Data was available for 835 individuals, of which 812 were face-to-face users and 19 were online users. Descriptive statistics indicated that 86% of individuals sampled were completely

satisfied with both service delivery options; 95% of online users and 86% of face-to-face users reported being completely satisfied (Table 10, Appendix 5). Data was available for 279 individuals for the ESQ questionnaire, used to understand experience of service and satisfaction at the end of support. It incorporates both quantitative and qualitative self-reported data from users. The results show that all users had mostly a positive experience of using both 42nd Street service offers (Table 11, Appendix 5). The account does not report data obtained from the SUS questionnaire because of the lack of a comparator group. Due to the small and limited data from the comparator groups filling in the user experience questionnaires data analysis was limited to descriptive statistics.

Impact

Outcomes data is based on young people who completed support during the period. 'Completed support' is a term used in NHS datasets to define a period of contact during which the user has completed two or more contacts. In order to establish the impact of the intervention on a user's mental health and emotional wellbeing, the baseline (Time 1 / T1) measure is analyzed in relation to the final comparable measure at the end of support (Time 2 / T2).

42nd Street's baseline dataset for Online Services is YPCORE and CORE-10. During the period of the evaluation, 42nd Street's wider services utilized CORS and ORS. Each set of measures are used according to the evidence-based age range validity. However, developmental appropriateness should also be considered by mental health professionals when deciding which measure to use on a case-by-case basis.

Mental health practitioners use a secondary measure in cases where this is deemed to be clinically useful or appropriate to presenting needs and the nature of the intervention, on a case-by-case basis. 85 young people had more than one measure used in their support. Where this is the case, the impact of the mental health intervention has been calculated using the dominant measure where there are T1/T2 scores. In cases where both T1/T2 measures are present for both YPCORE/CORE-10 and CORS/ORS, the baseline dataset according to service type has been used.

Data for the impact of service was analysed using the Young Person Service and Exit dataset in the study period. There were 2246 individuals in the dataset of which 306 (13.6%) used online and 1940 (86.4%) used face-to-face services. In line with previous data, gender was similar across the two groups. Mean age was higher in users for the online platform with a mean age of 18.1 years (SD=3.1) and 16.5 years (SD=3.0) for face-to-face services. Individuals who used the online platform were more likely to be older, with 32% of them belonging to the "20-26" age group compared to 18.6% in the other group. The majority of users were heterosexual, with 16% of online users identifying themselves as bisexual. Ethnicity was also similar across the groups, with 78% of the participants being White. Source of referral was mostly via self (91%) in the online group, as shown in Table 12 (Appendix 5).

Severity of Need / Clinical Distress:

42nd Street seeks to understand acuity of need at assessment stage. 42nd Street report on users' acuity at assessment for all those who have exited support within a given reporting period. The following data regarding acuity is therefore based on those exiting the service.

306 users exited online services during the period of the evaluation. For those young people whose mental health outcomes were primarily measured using YPCORE, 107 young people on the online platform and 173 from face-to-face services had a T1 score. Of these users, 103 (96%) had scores within the clinical range of need. At assessment, 80 (75%) young people's scores were within the moderate-severe or severe clinical range.

For young people whose mental health outcomes were primarily measured using CORE-10, overall 47 young people had a T1 score (See Table 13). Of these, 36 young people's scores were within the clinical range of need for those who were online users. At assessment, 29 young people's scores from those who used the online platform were within the moderate-severe or severe clinical range.

For young people whose mental health outcomes were primarily measured using CORS, overall 47 had a T1 score of which all of them were users of face-to-face services and none on the online platform.

Table 13: Mental health outcomes data – those completing support (2+ sessions) and with paired measures.

	All		Other		Online	
	N	Mean(SD)	N	Mean(SD)	N	Mean(SD)
FIRST CORE-10	38	24.3±5.3	2	23.5±2.1	36	24.3±5.4
LAST CORE-10	34	18.2±9.3	2	16.5±6.4	32	18.3±9.5
FIRST YPCORE	280	21.2±7.8	173	19.4±7.7	107	24.1±7.2
LAST YPCORE	231	13.8±8.3	141	10.9±7.3	90	18.4±7.8
FIRST CORS Total	47	24.4±7.1	47	24.4±7.1	0	0.0±0.0
LAST CORS Total	15	31.4±5.0	15	31.4±5.0	0	0.0±0.0
FIRST ORS Total	1,048	22.5±7.2	1,037	22.4±7.2	11	23.2±7.9
LAST ORS Total	563	26.5±8.3	558	26.6±8.3	5	20.6±7.2
CORE-10 Difference	34	-6.2±7.4	2	-7.0±8.5	32	-6.1±7.4
YPCORE Difference	231	-7.6±7.7	141	-8.9±8.2	90	-5.5±6.4
CORS Difference	15	5.0±5.8	15	5.0±5.8	0	0.0±0.0
ORS Difference	563	4.3±8.7	558	4.3±8.7	5	0.4±5.4
YPCORE_(Score within clinical range of need)	252	22.8±6.4	149	21.4±6.0	103	24.8±6.5
YPCORE (Moderate or Severe Clinical Range)	172	26.3±4.4	92	25.2±4.0	80	27.4±4.6
CORE10_(Score within clinical range of need)	38	24.3±5.3	2	23.5±2.1	36	24.3±5.4
CORE10 (Moderate or Severe Clinical Range)	31	26.1±4.0	2	23.5±2.1	29	26.2±4.0
CORS_(Score within clinical range of need)	38	22.1±5.6	38	22.1±5.6	0	0.0±0.0
CORS (Moderate or Severe Clinical Range)	18	16.8±2.9	18	16.8±2.9	0	0.0±0.0
ORS(>=18)(Score within clinical range of need)	247	16.8±5.1	245	16.8±5.1	2	17.0±5.7
ORS(<18)(Score within clinical range of need)	509	20.3±5.0	505	20.3±5.0	4	16.5±1.0
ORS(ALL) (Moderate or Severe Clinical Range)	515	16.5±4.3	509	16.5±4.4	6	16.7±2.7

For young people whose mental health outcomes were primarily measured using ORS, 11 using the online platform had a T1 score. At assessment (T1) scores below 28 are considered to indicate “clinical levels of distress” for young people aged 13 to 17. Scores below 25 are considered to indicate “clinical levels of distress” for young people aged 18 and above. Of the 11 who used the online platform, 6 (55%) (2 aged over 18 and 4 aged less than 18) showed clinical levels of distress. At assessment, 6 (55%) of young people’s T1 scores are below 23 in those using the online platform. This indicates a greater level of clinical distress than the national average.

Mental health outcomes were primarily measured using YPCORE for young people using face-to-face services, 149 (86%) young people’s scores are within the clinical range of need. At assessment, 92 (53%) young people’s scores were within the moderate-severe or severe clinical range using the face-to-face services.
For young people whose mental health outcomes were primarily measured using CORE-10, 2 young people had a T1 score using face-to-face services. Of these, 2 (100%) young people’s scores are within the clinical range of need. At assessment, 2 (100%) young people’s scores using face-to-face services are within the moderate-severe or severe clinical range.

For those young people whose mental health outcomes were primarily measured using CORS, 47 young people had a T1 score. For young people aged 9-11 at assessment, (T1) scores below 32 are considered to indicate “clinical levels of distress”. Of the 47 young people, 38 (81%) young people using face-to-face services showed clinical levels of distress. Assessment of face-to-face services, reported 18 (38%) young people’s starting score fell below 23. This indicates a greater level of clinical distress than the national average. There were no online platform users whose health outcomes were measured using CORS. For young people whose mental health outcomes were primarily measured using ORS, 1037 face-to-face and online users had a T1 score. At assessment (T1) scores below 28 are considered to indicate “clinical levels of distress” for young people aged 13 to 17 whereas scores below 25 are considered to indicate “clinical levels of distress” for young people aged 18 and above. Of the 1037 users, overall 756 displayed clinical levels of distress, of which 750 were face-to-face service users and 6 were online

platform users. At assessment, 509 (49%) young people's starting scores were below 23 of which 505 were face-to-face service users and 4 were online service users. This indicates a greater level of clinical distress than the national average.

Mental health outcomes:

Of those exiting online services during the period (n=306), 127 young people completed support (2+ contacts) and had T1/T2 comparable measures. Impact of intervention was measured using the YPCORE in 90 cases and CORE-10 measure in 32 cases. CORS was not applicable to any young people and for 5, mental health support was measured using ORS. CORE-10 outcome measures for 8 young people (25%) displayed an increase in their score from T1 to T2, whilst 1 (3.1%) displayed no change, 5 (15.6%) displayed a reduction below clinical cut off points, 10 (13.3%) displayed a clinically significant change and 8 (25%) were in recovery. YPCORE outcomes for young people using the online service revealed 14 (15.6%) displayed an increase, 3 (3.3%) displayed no change, 21 (23.3%) displayed a reduction [change less than 5 points], 3.0 (3.3%) a reduction below clinical cut-off, 36 (40.0%) clinically significant change and 13 (14.4%) a recovery. Out of the 5 online users with an ORS outcome 4 (80%) deteriorated and 1 (20%) had a reliable change.

In respect of young people exiting face-to-face services at 42nd Street (N=1940), 716 individuals completed support (2+ contacts) and had T1/T2 comparable measures. Impact of intervention was measured using the YPCORE (n. 141), or CORE-10 (N=2) measure in 143 cases. Of the 2 face-to-face service users assessed by CORE-10 outcomes, 1 displayed a reduction below clinical cut-off and 1 displayed a clinical significant change. Of the young people using face-to-face services and assessed using the YPCORE outcome measure, 16 (11.4%) had an increase in their score from T1 to T2, 3 (2.1%) had no change, 17 (12.1%) had a reduction of less than 5 points, 10 (7.1%) had a reduction below clinical cut-off, 32 (22.7%) had a clinically significant change and 63 (44.7%) recovered. Of the 573 young people using mental health support, CORS (N=15) / ORS (N=558). Of the 15 young people assessed using face-to-face services with CORS outcome measures administered; 3 (20%) deteriorated, 5 (33.3%) had a reduction of less than 5 points, 4 (26.7%) had a reliable change and 3 (20%) had a clinically significant change. Of the face-to-face

service users assessed with an ORS outcome, 154 (27.6) deteriorated, 18 (3.2%) no change, 120 (21.5%) reduction less than 5 points, 98 (17.6%) reliable change and 168 (30.1%) displayed a clinically significant change.

Table 14: Outcomes with change as defined by 42nd street by type of platform used

	All	**Face-to-face**	**Online**
CORE-10 Outcomes	N (%)		
Increase	8 (23.5)	0 (0.0)	8 (25.0)
No Change	1 (2.9)	0 (0.0)	1 (3.1)
Reduction below clinical cut-off(< 5 points)	6 (17.7)	1 (50.0)	5 (15.6)
clinically significant change	11 (32.4)	1 (50.0)	10 (31.3)
Reduction (below clinical cut-off at assessment & case closure)	0 (0.0)	0 (0.0)	0 (0.0)
Recovery	8 (23.5)	0 (0.0)	8 (25.0)
YPCORE Outcomes			
Increase	30 (13.0)	16 (11.4)	14 (15.6)
No change	6 (2.6)	3 (2.1)	3 (3.3)
Reduction (change < 5 points)	38 (16.5)	17 (12.1)	21 (23.3)
Reduction (below clinical cut-off at assessment & case closure)	13 (5.6)	10 (7.1)	3 (3.3)
Clinically significant change	68 (29.4)	32 (22.7)	36 (40.0)
Recovery	76 (32.9)	63 (44.7)	13 (14.4)
CORS Outcomes			
Deterioration	3 (20.0)	3 (20.0)	0 (0.0)
No change	0 (0.0)	0 (0.0)	0 (0.0)
Reduction (change < 5 points)	5 (33.3)	5 (33.3)	0 (0.0)
Reliable change	4 (26.7)	4 (26.7)	0 (0.0)
Clinically significant change	3 (20.0)	3 (20.0)	0 (0.0)
ORS Outcomes			
Deterioration	158 (28.1)	154 (27.6)	4 (8.0)
No change	18 (3.2)	18 (3.2)	0 (0.0)
Reduction (change less than 5 points)	120 (21.3)	120 (21.5)	0 (0.0)
Reliable change	99 (17.6)	98 (17.6)	1 (2.0)
Clinically significant change	168 (29.8)	168 (30.1)	0 (0.0)

Results of the analysis suggest that, overall, 42nd Street services have a positive impact on the mental health and emotional well-being of young people.

One challenge with the data was that although 42nd Street ensures outcome measures at every session, they failed to use the same baseline measure for young people at entry and exit points; this increased the complexity of the statistical analysis. During the period of the evaluation, 42nd Street's baseline clinical dataset for routine outcomes measures in face-to-face services was CORS/ORS whereas the core dataset for the Online Platform was YPCORE and CORE-10. This was rectified by a 42nd Street team member going through their data to provide a modified exit dataset based for what they considered to be the final exit point. The number of participants in the different categories was too low to carry out a more advanced statistical analysis, which would have offered greater insights into the data.

Qualitative study

Aim

To evaluate the service 42nd Street using NPT and CFIR frameworks to provide and offer recommendations for future roll out.

Objectives

- Employ a qualitative, descriptive design using individual semi-structured interviews to explore the implementation and acceptability of delivering and receiving online support from the perspectives of young people (aged 13-25[1]) and 42nd Street staff members via the online platform.

Methods

Individual qualitative interviews, guided by a semi-structured interview schedule. Young people assisted in drafting interview schedules with the 42nd Street Peer Ambassadors advisory panel (Appendix 2). Researchers constructed separate interview schedules for 42nd Street staff and young people (Appendices 3, 4).

NPT and CFIR domains

NPT is a prominent social process theory, emerging from the field of Sociology and provides the mechanisms to explain how and why the cognitive and social processes of individuals within their context are critical for implementation (May & Finch 2009). Its four core constructs are coherence; cognitive participation; collective action and reflexive monitoring (May et al. 2009). NPT theorises that:

1. People working individually and collectively embed practices by putting them into action.

[1] Young people aged 13-25 are eligible to use the platform and so the minimum age for taking part in this study was 13. One young person had recently used the platform while being within the eligible age range, but now exceeded the age. The original protocol included participants who exceeded 25 if they were aged 13-25 when initially using the platform.

2. Promotion or inhibition of the work of putting a practice into action occurs through NPT's core constructs. These are coherence-how people make sense of what they do; cognitive participation-how people understand how to put their understanding into action; collective action- how people act and influence each other by their actions; reflexive monitoring- how people assess what they have done, alongside the expression of human agency (how people exert control over what they do).
3. The production and reproduction of what people do requires continuous repetition over time to embed actions into everyday practices.

Using NPT and the CFIR implementation frameworks in conjunction assisted in devising interview questions and analysing the data. The CFIR comprises 39 constructs (Kirk et al. 2016) and is organised into five multi-level domains: the intervention itself; the outer setting; the inner setting; the characteristics of individuals involved; the implementation process. The CFIR domains differ from the NPT framework because they offer a taxonomy of determinants to consider at multiple levels beyond an organisation, whereas NPT characterises mechanisms offering an explanation as to why change occurs and how to support new practices.
Cognisant of the Normalisation Process Theory (NPT) and the Consolidated Framework for Implementation (CFIR) theoretical frameworks, interviews included:

- Participants' preferences, motivations, and perspectives on delivering and receiving support via an online platform
- Perceived barriers/ enablers (and unintended consequences) to delivering and receiving individual and group support via the online platform
- Perceived consequences of delivering and receiving online support including impact on young people's outcomes and practitioner roles, workload, and wellbeing
- Changes/refinements required to improve young people's experience
- Participant views on the online platform, and the ways in which the implementation or quality of such support may be challenged or enhanced

At the request of 42nd Street, the young people's interviews also included questions about how their experiences of the initial assessment process when engaging with the online platform and in particular, their views on the pros and cons of introducing routine questions about self-harm and suicide at the point of entering the service. This amendment was given ethical approval 02/03/21.

To ensure information power, sampling was iterative and achieved when participant interviews revealed no new insights and interviewing ceased. Field notes documented thick descriptions of the context of each interview. Using direct quotations from participants supported coding transparency.
Data collection took place from 26.01.21 to 15.2.22.

Staff

All eligible staff delivering remote support via the online platform or overseeing the delivery of these services were invited to participate (N=30). Staff members at 42nd Street received ethically approved study adverts. Staff members interested in taking part contacted the named study researcher, who provided an overview of the study and answered any questions about taking part. It was emphasised that taking part was optional and to avoid coercion and openness during the interview, researchers apprized staff members that their employer would have no knowledge whether they had taken part. Staff members were not offered any compensation for participating. Conducting interviews occurred during the staff member's normal working hours. Staff members could take part using either telephone or video call (via Zoom), at a time of their choice. Staff interviews lasted about an hour; carried out by a single member of the research team. Researchers decided not to co-interview staff with young people co-researchers due to concerns that the presence of a young person could inhibit staff openness during the interview.

Young people

Young people were recruited in two ways: 1) through ethically approved advertisements, shared via 42nd Street's online channels and displayed in public spaces within the organisation's building (due to COVID-19 restrictions, the latter method could only be used in later stages of recruitment). 2) Direct email invitation

invited young people, using an ethically approved invitation letter sent by a member of the 42nd Street team. Young people were purposively sampled to ensure diversity in terms of; a) the modality of support (e.g., text chat, online groups etc.,); b) representation from 42nd Street's target groups (e.g., LGBTQ+, BAME and young carers); and c) level of engagement with the service, which incorporated young people who have used the service as well as those who discontinued. The whole process was challenging, because of numerous changes, which required agreement from the University ethics committee, coupled with the technical issues with the online platform in sending emails to young people. Once these were resolved, recruitment became easier. Table 15, (Appendix 6) illustrates the approach to inviting young people to take part, designed in line with the purposive sampling approach. Due to slower than expected progress in recruiting young people to the study, researchers introduced several changes to procedures during the evaluation and a range of new materials were developed, together with the young person co-researchers and Peer Ambassadors (see Table 16, Appendix 6). Young people who were interested in taking part in the study after seeing a study advert or receiving an invitation directed to contact a named staff member within 42nd Street. The practitioner discussed the study with the young person, passed on the study information sheet, carried out initial eligibility checks (including capacity to consent) and provided the opportunity to ask questions. If a participant appeared eligible and interested in taking part in the study, with the participant's consent, the 42nd Street staff member passed the referral onto the study researcher. The researcher then contacted the young person to discuss the study and answer any questions. It was made clear to young people that there was no obligation to take part and that their decision would not be relayed to 42nd Street.

Arranging interviews with young people occurred at a convenient time/date and through a modality of their choice: either Zoom (with camera on or off), phone, or text chat (via WhatsApp or Zoom text chat). Interviews were audio recorded. A young person co-researcher attended interviews, where the young person agreed and a co-researcher was available. Young people participants received a copy of the consent form prior to their interview. Collecting audio-recorded verbal or written consent (via secure survey software) occurred prior to commencing the interview. An experienced

study researcher and a maximum of one young person co-researcher carried out all interviews. Where a co-researcher took part, the two researchers divided the questions from the semi-structured interview schedule. Consistent with a semi-structured interviewing approach, both researchers were free to prompt and ask follow-up questions where they felt appropriate. Young people received a £15 High Street voucher as a 'thank you' for their time.

Young People's involvement

The Peer Ambassadors are an established group of young people aged 13-25 within 42nd Street who advocate for youth voice (42ndstreet.org.uk/young-people/about-groups/change-ambassadors). The study team met with the Peer Ambassadors at key stages during the research process.

- Introductory session (August 2020) – to introduce the project, obtain input on study design and materials, refine the project title used for study materials. During this meeting, researchers discussed qualitative training and the option to apply for a role as a project co-researcher.
- A session held during the data collection process (August 2021) provided an update on study progress and gained group input on recruitment challenges. During this session, together with the project co-researchers, group members helped to co-design new study posters and identify additional recruitment methods. The group also worked alongside the study team and co-researchers to run a consultation with a separate group of young people who were at the lower age of our target age bracket, to help ensure study advertisements were suitable for the full age range of young people.
- Final session, consisted of presenting study findings to the Peer Ambassadors on 07/07/2022, who indicated they were happy with the findings. Any members unable to attend the session received a link to a recording of the presentations. Their dissemination comments included a small animation, something for Instagram or other social media platforms. 42nd Street will decide on how they wish to proceed later.

Young person co-researchers

To reflect 42nd Street's focus on including young people meant recruiting two young people as paid project co-researchers. Co-researchers received research training delivered by an experienced researcher (RP), covering qualitative interviewing skills, research ethics and information governance. Co-researchers also had the opportunity to practise their interviewing skills through role-play with another young person. Together with a researcher, co-researchers co-produced a study protocol, which set out study procedures, responsibilities, an FAQ of potential challenges arising during the data collection process and guidance on data protection.

The co-researcher role included developing study materials, co-facilitating consultations with the 42nd Street Peer Ambassadors, carrying out semi-structured qualitative interviews with young people (alongside an experienced researcher) and involvement in the analysis and write up process. Additionally, co-researchers had the opportunity to present the study at conferences and events.

Ethics

The University of Manchester Research Ethics Committee granted a favourable ethical review [2020-10144-16785] and a separate UREC approval for the routine dataset analysis [Ref: 2021-10426-17572]. All participants were provided with an information sheet (separate versions were developed for young people and staff) written to current University Research Ethics Committee (UREC) guidelines. Young people were involved in developing the participant information sheet and the study poster for their peers. Potential participants received an information sheet at the point of them expressing an interest in participating. It provided them with information about the study, including the potential benefits and risks of taking part, confidentiality and the right to withdraw. Provision of researcher contacts enabled participants to contact them with any queries prior to them deciding whether to take part. Researchers further discussed risks and benefits immediately prior to data collection.

Qualitative Results

After consent occurred, 13 interviews took place with staff members and 14 young people. To preserve anonymity of participants, aggregation of demographic details about participants occurred and quotations carefully selected to omit any potential participant identifying details.

The duration of interviews with staff members and young people ranged from 50-87 minutes and 13 – 84 minutes, respectively.

Although we recorded staff role type, due to the small number of individuals in certain roles within the organisation, we are unable to report these statistics due to the risk of individuals becoming identifiable. However, the 13 staff interviewed included representation from a range of roles within 42nd Street including practitioners, senior practitioners, managers and other staff members who did not identify as fitting into any of these categories. This included staff delivering a range of online services, including weekly messages, live text chat, online drop-ins, online group sessions via the platform, online sessions via Microsoft Teams, video based individual therapeutic support. Many staff members had delivered both face-to-face and online modalities. The mean number of years of experience in delivering online therapeutic services across staff was 4.48 (SD 4.40). Table 17 provides further details.

Table 17: Staff role characteristics

Staff role characteristics **(N=13)**			
		N	%
42nd Street Online services delivered	Weekly messages	7	19.4
	Live Text Chat	7	19.4
	Online drop ins	6	16.7
	Online Groups (via platform)	5	13.9
	Video based groups (via Microsoft Teams)	4	11.1
	Video based individual therapeutic support	5	13.9
	Not applicable	2	5.6
Prior support delivered through 42nd Street	Face-to-face sessions (counselling, CBT or psycho-social support)	7	31.8
	Face-to-face groups, social action or creative programmes	6	27.3
	Other	5	22.7
	None	4	18.2
Years delivering therapeutic services throughout career	Mean 12.30 (SD7.64)		
Years delivering therapeutic services *online*	Mean 4.48 (SD 4.36)		

The totals in Table 17 come to more than 100% because some staff delivered more than one modality of support.

Of the 14 young people who took part, 7 were interviewed one-to-one by an adult researcher and 7 were interviewed jointly by the researcher and a young person co-researcher, this was dependent on availability of the young person co-researcher. Responses appeared to be similar between the two groups. Eleven young people

interviewed had used an online service and three had registered to use the service but did not proceed. Young people had used a range of online services including weekly messages, live text chat, online drop in, video-based groups via Teams and groups via the platform (see Table 18).

Table 18: Characteristics of young people interviewed

Age of young people interviewed (N=14) Mean 20.21 (SD=3.33) Range: 15-27 years	
Ethnicity	**N=14**
Mixed-white and Black Caribbean	1
Black of Black British - Any other black background	1
Asian or Asian British - Pakistani	1
Asian or Asian British - Bangladeshi	2
White British	9
Gender identity	
Female	12
Male	1
Trans	1
Gender identity different from birth	2
Sexuality	
Bisexual	6
heterosexual/straight	6
Lesbian	1
Not sure	1

None of the sample identified as a young carer.

Qualitative analysis

Interviews were either audio-recorded or used text chat. Transcription and analysis used pre-set implementation science frameworks; namely NPT and CFIR.

Stages of analysis

Three independent researchers using the existing constructs, reading six initial interviews with staff and young people and coding the interviews accordingly, developed a codebook for the CFIR. The researchers then used this as a guiding template for the remaining interviews. Analysis took place in stages as identified in Table 20. Stage 1 initially used deductive coding and produced codebooks for NPT and CFIR constructs through a process of familiarisation using six interviews of staff and young people. Stage 2 involved deductive coding of 27 interviews using NPT mechanisms and the CFIR codebook. Stage 3 used the NPT and CFIR constructs and discussed the points at which they intersected and differed (Table 19, Appendix 7).

Table 20. Analysis of the data using NPT and CFIR

Activity	**Theoretical approach**	**Output**
Analysis Stage 1	Deductive coding using CFIR constructs	3 researchers devised CFIR and NPT codebooks based on familiarisation with 6 transcripts
Analysis Stage 2	Deductive coding using NPT mechanisms and CFIR constructs	27 transcripts coded
Analysis Stage 3	Framework, deductive using NPT and CFIR	Interpretation using NPT and CFIR domains

Analysis using NPT and CFIR

Although the purpose of NPT and CFIR are different, they are complementary. CFIR uses a range of constructs to describe the implementation context within and beyond an organisation, whereas NPT guides understanding of the processes, which shape this context, and explains why and how change occurs.

Points of interaction between the NPT and CFIR constructs appear in Table 19, (Appendix 7). The table identifies the NPT mechanisms that best fit the CFIR

constructs and explains the interaction between NPT and CFIR. This section describes these characteristics using verbatim quotes from participants.

Characteristics of the intervention

Characteristics of the intervention interact with coherence in NPT and is about the sense making stakeholders did about whether the online platform at 42nd Street is externally or internally developed and maintained.

The innovation source

This is how staff perceive the online platform at 42nd Street was developed:

> *"[…] developing, kind of, a digital strategy and it started off very small as a pilot is Salford. But [name] was very much, kind of I guess, overviewing that and developing the platform and, I guess, a lot of it was around a piloting"* (Interview 12 staff)

This staff member discusses the process of piloting in Salford during internal development of the platform. Another staff member extended the process:

> *"[…] went through a series of training to understand the kind of mechanics […]. That led to us setting up our platform which was essentially based on a…I think it's called white label, it's, sort of, like, an off-the-shelf package really and you're effectively having something that's already been designed and you make it…you personalise it to your own service needs"* (Interview 13 staff)

This offers more insight into the online platform being an off-the-shelf package that has been adapted for use by 42nd Street.

> *"I think the platform it's alright, it's still evolving, isn't it?"* (Interview 10 staff)

Although staff perceive that the platform works, they simultaneously view it as a work in progress and still evolving. This understanding indicates an external existing 'shell', which has then been adapted for use by 42nd Street with further ongoing

internal development and maintenance, giving the impression that it is not quite finished.

Evidence Strength & Quality

Evidence comes from staff and YP's experiences about the impact of the innovation or the efficacy/outcomes of delivering, accessing and receiving online support alongside any perceived barriers. In terms of NPT it is about coherence, or the ways people make sense of the ways this occurs.

Staff described a range of experiences of delivering support via the online platform:

> *"I think I've learnt a lot of new skills about communicating just via texts, and I've also, stuff that I would never really have ever thought of before"* (Interview 1 staff).

This staff member discusses how online delivery had made them think differently about their practice and how their communication skills have increased using text-based interactions because they have to think carefully about the style of language and words used.

This contrasts with another staff member:

> *"I think if I was to do online all the time I wouldn't be using all my skills probably. I wouldn't want to, kind of, come away from that* (face-to-face support) *completely"* (Interview 5 staff)

Staff were concerned that moving completely towards online interactions would diminish their skill-set. This was because they felt the lack of non-verbal communication and transference affected how they supported young people. These perceptions differed depending on the staff role. For example, counsellors were more likely to discuss non-verbal communication and transference, whereas psychosocial workers were less likely to acknowledge these factors.

In contrast, other staff members learnt from working on the online platform and changed their perspectives on the ways they offered support to young people:

"[…] how are young people going to manage their own emotions when they're writing messages and I'm not there to help them out? I actually realised these young people are really resilient and they don't need rescuing actually, they can contain and manage their emotions really well. That was definitely something that I thought about" (Interview 11 staff)

This staff member realized that they had been previously caretaking young people and working with the online platform had enabled them to reflect on their practice.
Young people accessed the online platform mostly by themselves, although some were encouraged by care workers, school or their peer group:

"*I was away with a friend once and they were telling me that they had got some help with 42nd Street and I hadn't heard of it and they said it's really good, once a week a worker talks to them and gives them tips and ideas and like how to learn new skills of managing the day and her emotions and I thought, that sounds really good. I wanted to have the support and learn some skills of how to manage my emotions better and feel more fulfilled throughout the day, so I thought this sounded just like what I needed and it was great. It was so beneficial and I'm so happy that I was recommended here"* (YP 5)

This young person followed the suggestion of one of their peers and enrolled on the online platform, obviously gaining support and pleased with the outcome.
Other young people were hesitant, based on previous negative experiences with other services:

"42nd Street, they actually had connections with my school, my sixth form. It was through speaking to my sixth form that they told me about 42nd Street. At first, I was uneasy about it, you know, because after years of not getting the help that I needed, I was unsure. So it was more of a leap of faith than it was anything else" (YP 7)

This young person had learnt about 42nd Street through their 6th form and after discussion decided to engage, calling it a 'leap of faith.' Their reticence to try 42nd Street related to years of trying to access help for their mental health condition and feeling ignored, making them unsure about other services.

What was unanimous in all young people's interviews after accessing the service was that although it was initially difficult, or they had low expectations, they felt they had gained personally from the support and found it was beneficial:

> *"[…] it was a bit better than I expected, because it was just typing, it wasn't face-to-face, it wasn't on video, so I thought it would be like I don't know if I'd be able to open-up really just by typing, like it's quite a barrier. It was hard, it did take a few sessions to get used to it, the format of it, but then it was quite good, I was surprised that it would be beneficial just by typing messages to each other for an hour or so. I didn't really have too much expectations first thing, but it did meet them, it did surpass them, because I really felt I'd gained from it"* (YP 5).

Externalizing their thoughts, in relation to asynchronous messaging, enabled a deeper reflection for most young people interviewed and they discussed how it assisted in triaging the pressing issues that they felt needed to be worked on immediately and which issues could be left for the future.

Others discussed how the online platform helped with the next step of their therapeutic journey:

> *"[…] it gave me a lot of food for thought. After, I would think about what we discussed and incorporate it into my week and I did notice it really…I think it really sped up my therapy journey, my other therapy journey"* (YP 3).

The deeper reflection gained through asynchronous messaging had provided a valuable step for this young person to move forwards with another form of therapy with CAMHS.

Relative Advantage

This incorporates staff and young people's perceptions about the advantages of platform. For example, whether the platform allowed continuation of provision during COVID-19, whether it offers a better reach than face-to-face, if it is a less laborious option in terms of registration compared to other 42nd Street services. NPT deepens this area through the construct of coherence and offers insight as to the understandings staff and YP have about the advantages of the online platform and acceptance of practices.

> *"Traditionally I think online has catered well to a specific cohort of young people who maybe find face-to-face intimidating or they're chaotic or maybe they're agoraphobic or maybe it's a bit daunting, so online captures a lot of young people. It's accessible as well so if you've got any other barriers that you can't leave the house or you're disabled or whatever, and I think that's why there's a bigger cohort, there's a bigger diversity that goes through online than there is face-to-face […] there's a lot more range than you would do through the main service"* (Interview 10 staff).

This staff member sees the online platform as more accessible for young people for numerous reasons; finding face-to-face difficult, or not being organized to reach an appointment in time, having a mental health condition or physical impairment that prevents leaving the home, which makes accessing services outside a community difficult or challenging in terms of anonymity. This contrasts with face-to-face work where the young people have to be physically present at 42nd Street in order to receive services. This member of staff, amongst others interviewed, perceives that it has added to the diversity of young people accessing the services.

The range of young people came from groups who would traditionally experience marginalisation from services and society generally. One advantage of the online service was that young people could self-refer without the knowledge of their parents.

> "[…] *a lot of LGBTQ+ and disabled young people have chosen the online platform as a route because they can be candid about what their experience is sometimes at home as well as in their wider networks"* (Interview 9 staff).

Another advantage was using the online platform messaging system, enabling a degree of privacy, removing the potential for others overhearing their conversations in home surroundings.
For this staff member, their perception of registering online is that it is less laborious for young people:

> *"It means that young people can take ownership of the fact that they can self-register and name, you know, and it's not a laborious task for them to self-register, that they can name it in their own words"* (Interview 12 staff).

This staff member perceived placing young people in control of registering and outlining their problem as important.

Young people felt that the choice of the online offer relieved them of anxiety:

> "[…] *it was a huge relief when i found out I had the* option (text or f2f)" (YP6).

This was because not speaking to someone face-to-face removed the pressure of the interaction and enabled young people to concentrate on their problems.

Some staff described limitations to the relative advantage and offered reasons as to why changes towards implementing the platform may not occur:

> *"[…] since COVID we've got more people coming through to the online platform that are complex that maybe aren't suitable for online just because there isn't any other options on the table"* (Interview 10 staff)

For other staff members, the feeling was that some mental health conditions were unsuitable for online support. Examples ranged from obsessive-compulsive disorders (OCD) to psychosis:

> *"The jury's still out for me. I'm still not convinced that it is the right way to interact* (for YP with more severe MH difficulties). *I don't feel as if we have enough discussion about that"* (Interview 3 Staff).

For many young people managing their life challenges using online support may assist, but there perhaps needs to be an agreement that not all conditions or problems are suitable for online support and at this point, the face-to-face service becomes of value.

Young people also felt that COVID had limited their choice of service modality:

> *"[…] it was, kind of, out of my control because we're in a global pandemic, so that was just what was available*" (YP2)

Some staff identified that a limitation of the online platform was that young people might lack commitment because they perceived service as less formal than face-to-face therapy.

> *"I found out after about four sessions that they were carrying on playing on their videogame while they did the session with me. It's like you don't get to put those same sort of formalities around it sometimes"* (Interview 2 Staff).

This is of course reliant on the form of support accessed via the online platform. Obviously, formal therapy requires a commitment from the young person. In contrast, for other forms of support, the lack of formality enabled young people to discuss their difficulties more promptly.

Adaptability

Adaptability is about the ways 42nd Street has implemented and modified its online offer. For example, developing protocols and making amendments to the online platform itself. NPT deepens the area through the construct of collective action.
Staff perceptions about adapting the online offer identified that adaptation occurred as and when it was required.

> *"I think we've been successful in adapting the service as we've gone along as well. And not been too rigid and concerned about needing to mould it to fit to the demand really"* (Interview 13 staff)

> *"[...] we did, kind of, come together and looked at, kind of, a bit more protocol around that (risk and referral) and just around scenarios where actually, you know, around decision making"* (Interview 12 staff)

Although staff mentioned positive adaptations, they also underlined areas they felt would benefit from more adaptation. In this instance the referenced policies do already include online work, but the staff member appears unaware of this.

> *"I think, things like safeguarding policies, adapt them as well to include online and to consider online and, I think, that's not something we have done yet, to be honest and I think, that probably would have helped if that was adapted*" (Interview 12 staff)

Safeguarding and risk was a consideration for nearly every practitioner interviewed, from not being able to comfort or contact the young person, or contact someone else to check on them if they suddenly disengaged from the online platform (a factor that contributes to the valuable disinhibition effect that allows those accessing therapeutic support online to be open about their struggles in the first place). In contrast, face-to-face support meant they could physically assess the young person or go after them if they left the room and ensure they were fit to leave, giving practitioners tangible reassurance they were able to act if necessary. There appeared to be more clarity for staff regarding risk and safeguarding policy for face-to-face support.

Although staff felt that the service was safe, simultaneously they expressed unease, but this alleviated over time. More focus ensuring all staff are familiar with existing policy on risk and safeguarding for online support would assist staff delivering services and young people in receipt.

Complexity

Complexity of the innovation reveals how much effort/work staff perceived the online offer created (compared to previous way of working), any new challenges experienced in delivering the offer (particularly during COVID-19) and any reports about anxiety/stress arising from implementation. These mapped onto coherence and collective action in NPT, illustrating that work was required to understand and enact this in practice.

Young people perceived that staff were engaging in more work than pre-COVID, notably around engagement with online groups:

> *"[…] one of the staff members would send out the meetings via Teams or by email round and obviously that wouldn't happen in real life. But I guess, like, the staff members were probably more heavily… Like, it probably created a lot more work for them, to be quite honest"* (YP 8)

This young person normally engaged in face-to-face services, but during COVID everything moved rapidly online and they insightfully point out how much extra work this meant the staff needed to do to maintain the interactions with young people.

Other staff discussed the challenges of working from home:

> *"[…] you'd finish a session and it'll still be in the ether, it's still there, there wasn't a cut off, a boundary between home and now and work. […] it is isolating as well because you do not have your peers around you, it is harder to hold risks because there is no one to talk it through with. When you are at home and you are dealing with risks, it feels a bit more imposing. Whereas if you're in the office you've got people to bounce off and I think sometimes it can intrude on your home environment"* (Interview 10, staff).

Even though 42nd Street implemented training on maintaining online boundaries and revisited strategies on combatting isolation, many staff discussed the isolation of working from home; others suggested that having a separate room to work in where you could close the door on your work contained it from the rest of the home environment.

Staff discussed delivering online support during the pandemic and some felt their role had changed because of COVID compared to when the online service first began:

> *"[…] the biggest change straightaway after lockdown was that everybody became a remote…everyone was either getting video calls or phone calls or the online platform. So that was the biggest immediate change. I'd say the role's changed massively in terms of when we started the online service*" (Interview 2 Staff)

Further depth and reasons for the change comes from the NPT constructs and staff discussed feeling insecure initially:

> *"[…] to shift to a different format, even though it isn't hugely different, it did feel like a real challenge. I remember feeling quite insecure about it, but just over time you find your ways of just delivering the same work in a slightly different way"* (Interview 11 Staff)

Changing to the format of delivery was a challenge for quite a few staff members who were used to face-to-face work, but many adapted with practice and time.

Others did not adapt and felt disempowered by the change to online delivery:

> *"It's disinhibiting, the power dynamic shifts, it gives more power to the client but it can be disempowering for the practitioner sometimes, you're trying to fill in the gaps, there's a lot of unknowns, you're trying to read the language, you're trying to read between the lines. So it's mentally tiring […]"* (Interview 10 Staff)

This practitioner felt that lack of interpersonal interaction, body language and nuances from tone of voice diminished their way of working with young people. People who delivered counselling were more likely to discuss these factors, whereas some staff members with different roles were less likely to acknowledge these factors because they felt that counselling was:

> *"[…] like having a good chat and that's just what we do"* (Interview 7 Staff)

This underlines the lack of awareness from some staff members of the difference in roles and the training involved to deliver therapy ethically and responsibly. This may add to the challenge of delivering online services if staff fail to develop insight into the complexity of other ways of working.

Design quality

Using CFIR, design quality relates to the online platform and its appearance, usability and functionality. These constructs map onto coherence and collective action in NPT.

Although the word functional may have negative connotations, this case uses it positively:

> *"I think it looks quite plain but I think that's good. It doesn't look too busy. It looks quite, like, functional"* (Interview 5 staff)

In contrast, other staff members who only used the platform infrequently as part of their 6 week rotation on the organisation's duty rota appeared jaundiced about the functionality, having less opportunity to get familiar with its functions:

> *"Honestly I avoid it like the plague and I think last time I was on duty, someone else was looking after the online stuff and I think the manager had said something about, oh, this has changed now. It just didn't…because it was some…I remember it was, like, go and find some…but that's not their name, their user name and you had to, like, scroll down loads and loads of names to find a message"* (Interview 6 staff)

Scrolling, instead of being able to find what you need immediately is perhaps an outdated method and could be an area worthy of addressing.
Another issue was the interface between the platform and other systems:

> *"[...] a place to record if any risk has come up – just one space to keep it altogether before you're able to move that. I think that would be something that we would really benefit from at 42nd Street because you've got to go outside and go to PCMIS to record your sessions - sometimes people may just not have time to do that"* (Interview 4 staff)

Leaving the platform to record in PCMIS (Product Center Management Information System-set up to support data collection at the very first pilot site for the NHS Improving Access to Psychological Therapies programme (IAPT) in 2006), appears counterintuitive and if staff are under pressure with a large workload this may lead to ineffective record keeping. This staff member suggests that having a space to record everything together for individual young people could be useful for staff members. Currently this is the function that PCMIS serves, with all records for online and offline young people stored in one central database.

In terms of digital access, staff felt that some young people could be marginalised by the format of the website and the language employed, this may need considering for the future.

> *"I think they need to do a bit of double checking around access, young people with eye conditions, young people with hearing conditions, young people with autism, dyslexia, dyspraxia, eye-sensitivity. Then there's other languages and if that's something we need to look at doing is the information we have on there"* (Interview 9 Staff)

Young people reinforced staff perceptions about digital accessibility on the website:

> *"Simpler language and maybe condensed information. The information on there is good anyway but obviously maybe like spread it out a little bit so it*

doesn't all kind of like feel like it's clumped together, if that makes sense. And just some…when I say easier layout, like something more easier to use and scroll on" (YP 4)

Making the platform more digitally accessible is important because for some young people it meant they did not want to engage and engaged with face-to-face as a result.

"I saw all the options but everything was very confusing to me. And it was like the kind of confusing where I felt like I'd have to sit with it for a long time to figure it out. So I just didn't because I thought this is too much effort, I'll just see them in person" (YP 7)

It was not only making the platform more digitally accessible, it was providing information about staff, even in the form of avatars, similar to the young person Peer Ambassadors on the 42nd Street website.

"[…] maybe having a profile with a picture and stuff would help to find out a bit more about them! If that was possible. Knowing some of their interests and stuff would've helped as then you can kind of find a bit more about their personality to make it easier!" (YP 6)

This was an aspect mentioned by half of the young people interviewed that they had no idea who the staff were that they were engaging with online. Having a little background information, qualifications, type of worker and their interests in terms of work may assist young people in feeling more comfortable with the person supporting them online. This is a factor discussed through the partnership of organisations utilising the same platform, with nuanced opinion on both sides of issue.

From the interviews with young people and staff, the online platform appears to lack accessibility and if a wider range of young people is to use the platform then this needs addressing. 42nd Street's main site developed alongside young people, and features a number of accessibility options (including assistive technologies, reading

bars, font alterations, colour changes, monochromatic settings and compatibility with screen readers) having had the benefit of being built from the ground up with organisational needs in mind. However, the interviews suggest that there may be more that can still be done.

Summary

- Staff are aware that the platform is adapted and maintained internally and updates in response to worker and user feedback on a regular basis.
- Having to leave the platform to record in PCMIS could be a barrier to effective record keeping and may affect service delivery.
- Some staff acknowledged an increase in their communication skills; whilst others felt that online working diminished their skill set. Although, this depended on type of worker.
- Asynchronous messaging is particularly useful because it facilitates reflection and depth.
- The platform appeared to exhibit a wider reach than face-to-face services in terms of diversity, physical and geographical boundaries, taking into consideration a range of circumstances for young people. Simultaneously, staff felt that some mental health conditions were unsuitable for online work.
- Although perceptions were that the service offered on the online platform had adapted well, there were concerns from some staff members around the perceived lack of clarity for risk and safeguarding policies, despite these (and online platform specific guidance) being readily available on the organisation's shared drive and Teams channels.
- Accessing the platform itself appeared unproblematic because it exhibited functionality, but lacked digital accessibility for all, which is vital if 42nd Street wishes to scale up services.

The Outer Setting

The outer setting is about the ways in which the online service reaches a wider range of young people, alongside the barriers and facilitators to the online service meeting their needs. The outer setting is beyond the scope of NPT. Notwithstanding, NPT mechanisms may ultimately enhance the understanding of how determinants in the *outer setting* facilitate implementation.

Needs and resources

This is about the ways in which the online service reaches wider range of young people. It also includes any barriers, such as lack of awareness of young people's needs and the availability of resources for young people and their perceptions of using the service.

> *"I think we've had quite a lot of young people from the orthodox Jewish community who have accessed online support in group or one to one settings and they then have got a flavour of what we offered"* (Interview 9 Staff)

Young people in orthodox religious communities may find it difficult to access services because of cultural constraints, the online platform was used by young people otherwise unable to access any form of therapeutic support. With the assistance of the targeted intervention the wider organisation had established in the local Orthodox Jewish Community alongside the close collaboration and support of religious leaders. The asynchronous nature allowed young people to access support in a manner previously impossible for this community. The online team collaborated with a worker with a specific skill set for this community who offered additional advice and guidance around the needs of the Orthodox Jewish Community.

Whilst this is a specific example of success for one specific religious community, it is possible that other religious or cultural communities may be more conservative in how they allow young people to access their peers and may not encourage discussion with others who may be viewed as outsiders, particularly if they lack awareness of culture and religion.

Although statistics indicate that 65.8% of the young people enrolled at 42nd Street are white and British and 68.2% from this category use the online service compared to other ethnicities (Table 7, Appendix 5). More general statistics indicate that 83.81% of people in Greater Manchester identify as white British (https://www.visitnorthwest.com/population/greater-manchester/). Therefore, 42nd Street statistics indicates that their representation appears to be inclusive because the organisation reflects the general statistics.

For some staff there was the tendency to homogenise young people and displayed a lack of awareness that young people may not all have access to the same digital worlds:

> *"[…] as time has gone on and you look at the ways in young people access services it is very much a digital approach now. So, it's, you know, what was, maybe, once a phone service might have tailed off in favour of online, webchat, message, email, Zoom chat, Teams chat, because that's the way that this client group access and generally contact other people* (Interview 3 staff)

Whilst there is a risk of some staff homogenising young people as equally able to access digital spaces, the majority of staff members display awareness of diversity between young people, in terms of reach. They are also aware of the impact of poverty and digital access:

> *"[…] accessed by young people, particular cohorts that wouldn't find it as easy to access our face-to-face service. So I'm thinking about particularly minority ethnic groups potentially, but also groups…young people maybe who are young carers, young LGBTQ+ people. Young people where economically they're not in a great position in order to be able to access things outside of their home. And obviously the flip side is you've got to be able to have access to the Internet and a device"* (Interview 13 staff)

This statement about level of income reflects others who discussed poverty and digital access:

> *"We've got 50 per cent of young people in Manchester living under the poverty line, food banks are absolutely crammed. I think that's a huge worry is where the funding is to support those communities and the effects that this uncertainty and this change and further recession is going to have on young people.[…] We're talking about people having access to digital stuff, they've not got access to food"* (Interview 7 staff)

Many staff demonstrate awareness of inequalities in Manchester, the fact that over 50% of young people are adversely affected by austerity measures and the issues that some young people may face in accessing digital platforms.
Technology was sometimes a barrier for young people:

> *"I know like a few people that was a part of the group that I am with now, because they don't have the right equipment, they can't access anything online. So they've had to drop out of like the group and stuff"* (YP 4)

This young person emphasises how some of their peers cannot engage in online work because they do not have the technology to engage, supporting the staff member's perception.

Cosmopolitanism

This is about the ways staff think about relationship building with other providers outside 42nd Street to address and meet young people's needs. So for example, the degree it networks or works with other organisations or services. This maps onto NPT's constructs on coherence, or how people make sense of relationship building and the ways this occurs through collective action.
Some staff members identified that they worked in schools to develop the service for young people and this is a positive aspect of development because it builds trust and highlights the service.

> *"[…] we work with* [an organisation]*, we also work on a project with XXXX Young People, so young people not in receipt of any benefits who are basically hidden from the system. We work with ten local authority partners to provide mental health support"* (Interview 9 staff)

This staff member discusses working with an organisation with young people and marginalised groups, within local authorities, who would ordinarily experience barriers to accessing support, this works towards expanding the reach of the service locally and nationally.

"[…] working with another charity organisation supporting people called…XXXX. They had an online offer where they responded to questions sent in by young people when they needed support. We basically got brought in to answer questions specifically around self-harm, because we were seen as, sort of, having some expertise in that area with that young age range. So myself, and a few other colleagues were trained up on how to respond" (Interview 13 staff)

Staff members with expertise in different areas are called upon to provide support to other organisations working with young people because they are viewed as more experienced. Offering staff is obviously useful for 42nd Street, but there is also an opportunity here for staff to integrate with other organisations, perhaps for a consultancy fee, this would enable them to embed and expand 42nd Street's reach.

"[…] CAMHS and they would talk about young person and the young person, you know, there's some risk, quite a bit of risk there. And one of our practitioners is working with them online, but CAMHS immediately jumped to, oh can they move to face-to-face, and I said, well why would we move them to face-to-face, and they were like, well we think because of the risk […] maybe, it's just like those conversations that you have with different partners about how it works" (Interview 12 staff)

This staff member discusses engaging with CAMHS amongst other partners who were risk focused and worried about how the online platform worked. Currently, 42nd Street is embedded in a number of local hubs and schools through its Integrated Community Response (ICR) and schools projects and, whilst online collaboration features within these relationships, this could be further embedded to facilitate access for young people not willing to approach the community based teams in these areas. Over lockdown, 42nd Street facilitated training with a number of VCSE partners to dispel myths around online working and support local organisations to move online themselves, alleviating fears and enabling reciprocal working relationships with other organisations, ensuring young people receive more focused

and joined up services alongside continuity of care and this is a vital piece of work that needs to continue to ensure the future of the platform and online support.

External policy and incentives

External policies and incentives relate to UK policy underpinning the online offer, any outside funding which may have supported development and the ways in which the service demonstrates its outcomes, for example Patient Reported Outcome Measures (PROMs).

The YPCORE was mentioned by staff and young people as a way of measuring progress, outcomes and gaining insight into how the young person was feeling:

> *"[…] they do the YPCORE forms which are kind of like every week they'll do…you know, it's got the questions about how they've been doing in that week, and they're meant to do them before every session"* (Interview 2 staff)

However, some staff mentioned that it was a challenge to persuade some young people to fill in the measure:

> *"Often, they just won't fill them out and stuff, so it always feels like a bit of a battle. But to be fair I think the YPCORE is better than any of the other ones. I wouldn't want it switched with one of the other outcome measures"* (Interview 11 staff)

This staff member mentions some of the other outcome measures, which are lengthier and challenging to complete. The YPCORE appears more user friendly in comparison. It may also explain why the statistical analysis found different measures in use, therefore keeping one measure as entry and exit may be more useful.

Young People also recognised use of the YPCORE:

> *"I filled out a questionnaire before my session based on mood / feelings which was really helpful as then i could give my counsellor an insight into how i was feeling before the session"* (YP 6 text based interview)

Using the YPCORE assisted the young person in explaining their feelings to the online supporter, but it perhaps gave more of a starting point where they could explore some areas in more depth.
In terms of funding supporting development, sustainability is the obvious issue:

> *"I think funding's going to be interesting for work because obviously the NHS and the council's been hit badly, and they're major funders for our work. I think there is focus politically. There's an uncertainty in terms of funding. I know we've got nine funders coming in this year which might be renewed or might not be"* (Interview 13 staff)

The precarity of funding to carry on the work with young people is obvious and a way of improving sustainability is necessary, although quite how this may occur whilst keeping a service cost free to young people may prove more challenging.

Summary

- Staff perceived that a diverse section of young people access the online platform, although this is not significantly reflected in the statistical analysis
- There was a range of insights into the challenges of poverty and digital access for utilising online support
- 42nd Street worked with external organisations, embedding their face-to-face offer in a number of localities and whilst there are well established links with the online service and referral pathways into it, this could be further cemented
- The YP-CORE needs using consistently; supported by the statistical analysis
- Available and continuous funding may be a barrier to sustainability

Inner Setting

In CFIR's inner setting domain, the constructs are structural characteristics; networks and communications; culture; the implementation climate; and readiness for implementation. These all describe and provide insight into the complex dynamic conditions that interact with each other to influence implementation. CFIR provides

examples of the fit between knowledge and meanings attached to the online platforms by staff and young people and those in decision-making roles in 42nd Street who are involved in the adoption of the online platform. NPT constructs relate to the work staff do to build and sustain support for and confidence in the online platform's usefulness.

Structural characteristics

42nd Street is a mental health charity with over 40 years' experience of providing free and confidential services to young people who are experiencing difficulties with their mental health and emotional wellbeing (www.42ndStreet.org.uk). The online platform is young compared to the rest of the service and was set up between 2017 and 2021 and launched in 2019. Young people co-develop the service. Staff on the online platform exhibit a variety of roles from Chief Executives, team leaders, psychosocial workers, cognitive behavioural therapists and integrative counsellors.

Networks and communications

These are about the nature and quality of formal and informal communications within 42nd Street. For example, supporting teams and the ways practitioners share and receive learning and knowledge.

Staff reported feeling supported by communications from 42nd Street:

> *"I think I've been really fortunate to work for 42nd Street because they've been really proactive in making us feel supported and doing a lot of…just putting stuff on that has made us feel we are a team and talking to one another, so we've not felt so alone during this time"* (Interview 11 staff)

Interactions with staff have enabled building a team atmosphere, even though it is virtual and assisted in mitigating the loneliness of working online through the pandemic. Other support has been through training:

> *"[…] people that are resistant to change, there's people who get technology and there's people who view themselves as Luddites. But I think the way that*

we supported young staff members to understand and navigate the platform mitigated a lot of that" (Interview 9 staff)

The perception from this staff member is that the support given to staff members when moving towards using the online platform assisted in mitigating the fear of technology.

"The online team created guides for online managers, duty managers, duty co-work team and also professionals in using templates to set up welcome messages" (Interview 9 staff)

Other useful supports were the guides for the online managers and templates.
Barriers to providing support are the level of stress staff are under to support colleagues and simultaneously carry out their own roles:

"[…] it suddenly ramped up from not only looking after the online young people on there but also supporting colleagues to use the online system. So it became just a bit chaotic and it still hasn't really got back to normal, […] still a bit more stressful than it needs to be at the minute" (Interview 2 Staff)

COVID-19 exerted an impact on the immediacy of moving online and the level of support staff needed. This may still be an ongoing issue.
This participant describes the hands-on support that staff receive from 42nd Street to enable them to carry out their roles:

"I was quite active in attending the online supervision and for quite a while we were doing…we did like a weekly meeting that X ran, like a working from home meeting. I think that that…we were supporting one another and doing all the stuff that we were doing at the start of lockdown. That was still also a space to talk about our work and how we were feeling. I guess there was a lot of talk about that because we were adjusting quite a lot" (Interview 11 staff)

The space to discuss the work staff were doing alongside their own psychological wellbeing was essential to carry out roles effectively.
In contrast, other staff members felt differently about the level of support and perceived that they were left to their own devices:

> *"Rather than being left to just do it, I think it could have been nipped in the bud if actually it was that proactivity around actually well, it's really…let me come to a duty meeting and see how it's working, and I'll support you with it. Rather than a very hands off, kind of, way and keep bringing this as a problem"* (Interview 12 staff)

Reactive support and training instead of proactive could relate to the rush to move all staff and young people online during the pandemic.
Another staff member felt that training could focus on online delivery, something that is in the organisation's internal training calendar, but that could perhaps be delivered more frequently:

> *"I just think it's a different skill, you know, I think it's something you probably need training for. There was a bit of a feel, at the beginning, where the message was it's no different from face-to-face and it did bring up a bit of resistance from a lot of people in thinking, well, no, it is, it's completely different, you know"* (Interview 6 staff)

The perception for this staff member is that online delivery is very different from face-to-face and mixed messages focusing on the prevalence of transferable skills may have created initial resistance from staff. More emphasis on the online modality being entirely different from face-to-face may have assisted in reducing staff initial resistance to the offer, but may have also created additional barriers and anxiety when needing to move into this modality over lockdown, creating a delicate balance around training needs..

Culture

Using CFIR, culture is about the norms and values within 42nd Street in terms of their approach to working with young people when setting up, using and the flexibility of the online offer. NPT offers more depth in terms of sense-making staff engage in (coherence) to understand how they may put this into action (cognitive participation).

> *"We champion young person-centred approaches and young people are constantly telling us in loads of different ways through loads of different routes that the waiting times and the barriers in place to access mental health support are a real issue. Having this platform enables us to offer a different modality, reduce our waiting times and meets that need"* (Interview 9 staff)

This staff member discusses the values of 42nd Street which is entirely young person-centred. Simultaneously, the online offer provides an opportunity to reduce waiting times and offer more immediate support for mental health support.

Focusing on young people means interacting with them at different stages to assess if the support is effective, or needs modifying. This enables staff to make sense of how they change their online practice:

> *"[…] halfway through the sessions we do a review, we do a review at session six with clients. And it's about asking them what are they liking around the support, what don't they like, what would be helpful that they're not getting? What would they like to focus on for the remaining sessions and at the end of the sessions how would they like things to be?*" (Interview 3 staff)

Modification is important for young people to feel included and that their needs are being considered and met. Statistics from the quantitative data support this position in terms of satisfaction (Appendix 5, Tables 10 and 11) but there is no significant difference between face-to-face and online support; both receive the same level of satisfaction from young people.

Implementation climate

This is about the work staff engage in to deliver the online offer and any apprehension about processes and the ways COVID exerted an impact on mobilising the online offer. These map onto NPT, which is about the ways staff, made sense of the work (coherence), thought about how they would implement it (cognitive participation) and work together to put the online offer into action (collective action).

Apprehension about online working is apparent from this staff member, underlining that COVID has hastened the use of the online platform, but feels that it should not reduce the strength of all the face-to-face work established over the years. Whilst the space to discuss and question how online support functions, the faster-than-expected expansion of the service during lockdown led to concerns that those valuable discussions not be lost:

> *"[…] it's pushed us into the digital age. There was always talk about how we would do it. I think it's sped that up. I think for me, I'm interested in that we don't lose the strength of the other way of working. At various stages I've been worried that let's not all go on digital"* (Interview 7 staff)

Other staff members perceived that it took 12 months for people to feel comfortable with the changes lockdown brought about:

> *"Everything became literally remote overnight. It was probably a year before we could say that, you know, people were comfortable doing that. But that said, I think our productivity didn't proportionately go down. I think we were able to continue offering services right the way through"* (Interview 13 staff)

Even though it took a year for staff members to feel comfortable with the online platform, their perception was that the platform enabled the provision of support to continue for young people.

Other challenges came from risk and safeguarding which staff felt concerned about, despite the referenced policies existing and being readily available on the organisations shared drive:

"I think, things like safeguarding policies, adapt them as well to include online and to consider online and, I think, that's not something we have done yet, to be honest and I think, that probably would have helped if that was adapted" (Interview 12 staff)

In contrast, other staff members felt that some staff and young people over estimated risk:

"[…] in the first year of COVID, staff were over escalating a lot of risk by a long chalk. So what we found was people who are thrown in to an online world, doing everything remotely were over escalating risk prematurely. So young people…there's an acceleration in how they disclose stuff but also staff were accelerating it as well, it was like a mirror effect" (Interview 13 staff)

Young people accessing certain groups also felt responsible for safeguarding their peers:

"I know that one person who was…one of the problems was, like, they'd be on the group chat and be, like [behaving in a distressed manner] *on the group chat, in hospital. Like, thank god they were in hospital but… So in a way it was beneficial that they were in hospital, but no one could account for their safety if it was, like, a really triggering group or something […] you want to support people if they're struggling, it's hard because you feel somewhat responsible"* (YP 8)

This meant safeguarding the group who felt triggered by the behaviour of this young person. Having group contact was important for the young person whilst they were in hospital, but this also meant safeguarding the group and there appeared to be little to assist group facilitators in supporting young people in these circumstances.

Staff mentioned employee wellbeing in terms of risk and discussions around safeguarding:

"[…] *think if it was to roll out completely on its own then there might be more concerns about how risk is managed and what happens if this happens and how do we do this and how do you, kind of, you know, support, like, employees' wellbeing with that as well*" (Interview 5 staff)

This reverts to the ways staff experience support and possibly more training and clearer policy and strategies around risk and safeguarding need implementing.

Readiness for implementation

Using CFIR, readiness is about the availability of resources (staffing, IT, work environment) to support implementation of the online offer. These map onto the sense making work in NPT among staff at 42nd Street (coherence) to implement the online offer and support integration of the innovation (cognitive participation).

Staff are a resource and for this member the set-up of the service does not lend itself to the level of available resources similar to other young people's services.

"[…] then it is other professionals or crisis numbers and I feel that's who we are as a service, because we're not ChildLine, we're not Samaritan's, so why have we got a 'I need help now' button? I don't know. […] we haven't got the resources to respond, to practice in that way" (Interview 6 staff)

This staff member is concerned that the service is being overrepresented and the resources are not available to assist. Whilst removing the 'I need help now' button may alleviate this problem, it is also serves a valuable function for young people to reach out to the daily duty team.

Other staff admit to feeling pressured working from home because of lack of resources and the intrusion into home life:

"[…] you'd finish a session and it'll still be in the ether, it's still there, there wasn't a cut off, a boundary between home and now and work. So I think that's something which needs to be acknowledged that there isn't a cut off. And it's isolating as well because you don't have your peers around you. [...]When you're at home and you're dealing with risks it feels a bit more

imposing whereas if you're in the office you've got people to bounce off. And I think sometimes it can intrude on you, your home environment" (Interview 10 staff).

The challenges of over working and lack of adjustable work environment when working from home is an important area that should continue to be considered and revisited as needed for the continued success of the online offer. Loneliness and isolation factor heavily in the wellbeing of staff and the support referenced by practitioners ought to continue to ensure a healthy workforce. Admittedly, the interviews occurred during the pandemic and this may not affect all staff, but clearly place of work needs consideration for future organisational development. The ability to choose where to work from or use hybrid working may alleviate issues for staff members delivering online services.

"The internet is patchy where I am, so most of the time its fine but every now and then it can be an issue. […] phone reception is really bad where I am, so phone calls have become a lot, lot harder for work since lockdown, so I do less of them really. We probably should have better machines just to avoid some of those issues that happen sometimes. I know for me I'm quite lucky, I think I've got a relatively new one but I know some of my colleagues whose laptops are, you know, they sound like aeroplanes taking off when they turn them on" (Interview 2 Staff)

Equipment to enable home working for staff is also a necessity, alongside technical support and the organisation provides laptops, stands and other practical equipment as well as operates a VPN and remote desktop to ensure safe and comfortable home working as much as possible:

"[…] access to technology and the right tech support and the right provider and a good relationship. That is absolutely key." (Interview 13 staff)

Moving to remote working should always take into consideration the practicalities for some staff members who may not have space within their homes, or resources to work effectively.
Caseload sometimes felt "heavy" for other staff members:

> *"I was fine with that when it was the exact split of half my caseload but now most of mine are online, it does feel quite heavy sometimes"* (Interview 2 Staff)

Perceived "heaviness" of online caseloads, potential lack of space to work, local internet connections, loneliness of online working and intrusion of work into the home space are factors that may prove a barrier for change to occur in terms of recruitment and retention of staff. 42nd Street does offer a range of IT equipment and consistently revisits caseloads with staff, to offer flexible arrangements when supporting particularly distressed young people. It also has regular remote check-ins for online workers to assist in reducing the negative impact from these factors. Despite these incentives, some staff appear to be experiencing challenges and it may be useful to explore whether these have reduced since the lifting of pandemic restrictions.
Using NPT, staff identify barriers to referring some young people to the online platform because of the perception of risk:

> *"I do still see now a lot of fear around risk. When we do duty, we all do duty, I can still see a real fear when there's a risky online person. […] if we get a referral say of someone who is very risky, you know, self-harm, suicide feelings, that kind of thing, there is a reluctance to put them forward for online work by some because I think people think we can't hold it in the same way that you would face-to-face workers"* (Interview 2 Staff)

Although values are young person-centred there is a definite tension between staff about their perceptions of risk and the suitability of including some young people in online work. This offers one reason why the online platform may not be used and

perhaps more discussion needs to occur to identify when the online platform may not be useful for young people.

Summary

- Staff felt supported but the lack of acknowledgement that online work is different from face-to-face may eventually prove to be a barrier.
- 42nd Street values are clearly young person-centred. Reviews throughout the process of engagement enable the young person and staff to collaborate and modify the service received. Although, the statistical analysis indicates that there is no significant difference between online and face-to-face satisfaction.
- Delivery of the online offer is subject to some challenges. For example, staff perceptions about offering this modality instead of face-to-face for some mental health conditions.
- Barriers to implementation may emerge due to how staff receive the online platform; local internet for staff to work effectively online, as well as environment and perceptions of caseload; alongside staff perceptions of risk. These factors may affect the fit and compatibility of the online offer.

Characteristics of individuals

This domain in CFIR describes the individual qualities, which may influence change at the individual and/or organizational level. For example, knowledge and beliefs, self-efficacy and individual examples of stages of change, which occur in thinking or are directly reported through practices. Self-efficacy and knowledge constructs in CFIR relate to NPT in how staff understood the process of change to working online (coherence), how staff increased their knowledge of online working through engaging in courses (enrolment), and the work staff engage in to apply the change in practice (interactional workability). These work processes elicit changes in

perceptions about the online platform itself and staff beliefs in their capacity to carry out online working.

Knowledge and beliefs about the online platform

CFIR indicates how current knowledge about the online offer has changed beliefs and integrated online working into everyday practice. NPT is about how staff reach their understandings (coherence) of the online offer and the relational work that is required to build and sustain a community of practice around an intervention which requires participants to invest 'commitment' (cognitive participation)

> *"[…] it means that I can deliver to young people across Greater Manchester and it doesn't take the logistics of having 60 young people coming into the building. So I can see and impact on way more people that I would have done before the online platform existed"* (Interview 9, staff)

The realisation that the online platform can reach larger numbers of young people has been a facilitator of change for a staff member who has since developed delivery of peer support groups because of the online platform.

> *"[…] for a few young people they are not in a place to be meeting other people emotionally. They're not in a place to join a group yet. They are still figuring out themselves, they can't walk into a room full of people and then be vulnerable, whereas they could do it in a video chat. I think in person requires a greater depth of vulnerability than online. In an online youth group, you can just sit and watch, answer a couple of questions here or there but really you could just be a spectator and ease in when you're ready, whereas in an in-person youth group you're a participant"* (Interview 8, staff)

This member of staff has reflected on the inclusion of young people who may not have the capacity to join a face-to-face group but who could engage with an online group more readily. The staff member views the importance of being a spectator instead of a participant because it enables the young person to become a participant when they feel ready.

> *"[…] the benefits of having a young demography of staff workforce coming through is that they are all over it in terms of the tech, really it's scarily impressive. They're not daunted at all. But the…what they lack is the experience around mental health, which…or working with young people over a long period of time, which is what some of our more mature staff and experienced staff have in buckets. So it's trying to get those two to talk to each other really"* (Interview 13 staff)

This staff member believes that the level of knowledge about mental health gained from the experience of working with young people over time is not evenly distributed. They suggest that less experienced staff members would benefit from interactions with more experienced staff members, to learn more about mental health and different ways of working. This relational work would enable more experienced staff members to facilitate development and retain a community of practice around the online offer.

Self-efficacy

This is about staff beliefs and views on their own ability to support young people online successfully. A range of anxieties presented when first beginning online work are explored in this section. The growth and resulting confidence practitioners felt is explored in the subsequent "Individual Stage of Change" section.

> *"I wasn't sure if I could establish a rapport and a decent relationship with a young person. I was still figuring that out"* (Interview 11 staff)

This staff member was initially unsure about their ability to build rapport and develop a relationship with young people online.

> *"I think initially it was, kind of, feeling quite deskilled with it, so thinking oh, you know, what does it mean to work online and how would I do that. So, it'd be like 'how would I get across what I want to get across, how am I creative online?' because I usually use resources in one-to-one face-to-face sessions, so how do you work creatively online?"* (Interview 12 staff).

This staff member felt deskilled when they first began online work because they were used to face-to-face work with young people. The challenge for them was how to work creatively online.

> *"I suppose what I predicted was that the people who wouldn't come to face-to-face support would be getting a good type of support but that maybe face-to-face support would usually be better"* (Interview 2 staff)

This staff member initially felt face-to-face support was better than online.

> *"I didn't know enough about it to think that it would have online support could have the same impact as face-to-face and I'd probably say I was a little bit cynical initially"* (Interview 9 staff)

Similarly, at the outset of changing to online working this staff member felt that online support would not have the same impact as face-to-face.
Half the staff members interviewed mentioned concerns over their technical skills and some were fearful:

> *"I think I had ideas that maybe there'd be tech issues, connectivity issues […] I think maybe I was anxious about would those skills not relate and would I not be able to do that or will I be that tech unsavvy that I cock it up?"* (Interview 9 staff)

Anxiety about technology surfaces when people felt they were in unfamiliar territory. The mobilisation online during lockdown may have contributed to the raised levels of anxiety expressed by staff members about their skill set and ways of working. The advent of COVID rapidly changed the usual way of working with little ability to slow down the process and this undoubtedly had an impact on how staff reported their beliefs about the online platform.

Individual Stage of Change

This characterizes the stage that staff are currently at in terms of their skills and confidence about online working and whether this has changed over time

> *"I know the first few young people that I had, I had some really good experiences and I had some good feedback from them, so I guess I was starting to feel a little bit more secure in my work and a bit more confident in my abilities as well"* (Interview 11 staff)

Positive experiences and feedback have reinforced the belief of this staff member about working online, increasing their confidence and enabling their adaptation to using the online modality.

> *"But now I think online is better for some people and face-to-face is better for some people and neither of them is a better type of support. I had a couple of people I've worked with where I just thought it's gone incredibly well with and probably some of the best work I've done at 42nd Street has been a couple of those online clients"* (Interview 2 Staff)

> *"[…] came to the realisation through experience that both worked, but one modality was not necessarily better than the other."* (Interview 9 staff)

Through experience of using the online platform, these members of staff exhibit change in their thinking and practices, embedding online work. Recognising that one modality is not better than the other is supported by the statistical analysis in the quantitative data with no significant difference found in satisfaction and user scores between online and face-to-face modalities in Tables 10 and 11 (Appendix 5).

> *"[…] so recognising, kind of, what, I guess, where I was at with it, and I had online training, I linked in with the online sessions, so I had a bit of an understanding of the platform"* (Interview 12 staff)

Staff exhibit commitment to the process of change by reflecting and recognising what stage they were at then engaging with training to increase their knowledge and skills.

Individual Identification

This focuses on how committed staff are to the goals and ethos of 42nd Street.

> *I think one of the things at 42nd Street, as an employee, you are very trusted to self-direct really, you're not micro managed, you're trusted, as a professional, and you're trusted as an employee"* (Interview 6 staff)

Trusting staff to manage their time and workload indicates respect for their abilities and level of professionalism. It also reflects positively on managers who command respect through their actions towards other employees.

> *"I think I've been really fortunate to work for 42nd Street because they've been really proactive in making us feel supported and doing a lot of…just putting stuff on that has made us feel we are a team and talking to one another, so we've not felt so alone during this time"* (Interview 11 staff)

> *"42nd Street has a beautiful culture of support. This is the most encouraging and supportive job I've ever had, where everyone is cheering each other on, everyone is offering guidance and support and help wherever they can. It's a really encouraging workplace"* (Interview 8 staff)

The supportive culture at 42nd Street and level of positivity is obvious from some of the statements made by staff. This has increased the level of commitment and willingness to internalise the organisational values and ethos.

Summary

- Staff realise that the online platform can reach a wider audience of young people.
- Sharing of experiences and knowledge across the team is cited as highly valuable and takes place in regular “Connect and Collaborate” and “Practitioner Led Meetings” for all staff
- Anxiety has been partly the result of the rapid move to the online platform because of the pandemic. Most staff members have adapted to working online.
- Positive experiences, feedback and attending courses have increased staff confidence and embedded change in their working practices.
- Staff are aware that one modality is not necessarily better and both work equally well. The statistical analysis supports the qualitative data, finding no significant difference between using online or face-to-face modalities.
- The positive, supportive culture and level of trust for staff to self-manage their time and workloads has increased the level of commitment and willingness to internalise the values and ethos at 42nd Street.

Process

The process domain describes activities relevant to implementing the online platform. The CFIR constructs are planning; engaging; executing; reflecting and evaluating; and key roles affecting the process such as champions and opinion leaders.

Planning

Planning identifies the extent to which processes and procedures were clear when implementing the online platform. This includes views about adequacy of protocols and procedures around online delivery. For example, the quality of the online service referral process and the extent to which adaptations occurred.

> *"Initially, the waiting list was quite small and then obviously it's grown quite a lot, I think that probably had an impact for a while negatively on having that quite long wait. But I think they've put things in like the drop-ins and like the duty that incorporates the online system now and I think that really probably has helped quite a lot"* (Interview 5 staff)

The rapid move to the online platform meant waiting lists increased, but adding drop-in sessions has relieved the level of pressure felt by staff.

> *"[…] if it's a self-referral, we sometimes get quite a bit of information, sometimes we get very little. So the screening follow up conversation is pivotal really to be able to make a decision about, are we the best service"* (Interview 13 staff)

The issue about quality of information when a young person self-refers is addressed by screening the self-referral and asking more questions if there appears to be uncertainty over whether a young person's needs can be met by 42nd Street. One issue with the follow-up conversation is having enough staff who can implement the screening effectively.

Young people also mentioned the initial self-referral:

> *"I do think that there should be like an assessment but not quite as intense as you get it like face-to-face. Obviously, it'll be a bit harder to support someone if they're saying that they feel quite suicidal online because obviously you need that kind of emotional support face-to-face if that makes sense. I do think that there should be some sort of assessment but not quite as detailed"* (YP 4)

Here the young person indicates that for some types of online assessment after referral, the only modality is face-to-face and that this links to the level of psychological distress that the young person is exhibiting.

> *"I suppose what I worry about sometimes is in our face-to-face service, you very clearly define the difference between counselling, CBT and psychosocial, so that's very clear to the young people. Whereas I feel like online, it's just called online support and you might end up working with me who's a psychosocial worker, or you might end up working with one of my colleagues who's a counsellor. The young person comes to the online system,,. they don't know the difference and don't know who they're getting"* (Interview 2 staff).

The lack of definition as to staff roles occurs at the referral stage (and when a young person self-refers). Young people's interviews reflected type of support offered and received. This may need some more thought in terms of perhaps avatars of staff, similar to those of the peer ambassadors, alongside the differences in type of support they provide. This may garner more understanding from young people.

Engaging

This indicates how 42nd Street initially implemented the online service and engaged appropriate staff members. It is also about the use of the online team and knowledgeable colleagues to deliver training and support to staff.

> *"[...] staff also have had links to an external supervisor who's experienced online, so having the right supervision in place. Skill building, so having the right sessions and the right kind of training in place"* (Interview 12 staff)

Training and supervision occur through an external independent supervisor for qualified counsellors who need proof of the supervisory process to continue practising.

However, one face-to-face manager supporting staff remotely over lockdown was worried that supporting non-counselling staff has become a 'tick-box' exercise:

> *"Supporting staff has been difficult because it becomes more perfunctory really, emails and check-ins, whereas if they're struggling you'd probably pick*

it up quite easily. You would pick it up in the same room and you'd have a very quick chat and check in. Everything has to become more of a formality" (Interview 7 staff)

This staff member appears to be saying that remote supervisions and support risks the deeper connection a face-to-face meeting may yield.

Some staff feel online supervision does not entirely meet their needs:

"I've just had my fill of online supervision because I've been working with it for so long and that just doesn't meet my needs" (Interview 10 staff)

Staff for the Online Team have access to internal supervision, external supervision and peer group supervisions every 4 weeks, as well as regular Team meetings and fortnightly team check-ins. Despite staff regularly citing they feel thoroughly supported and cared for by the organisation the specific function of remote supervisory sessions could be revisited to ensure they offer the expected function for all staff.

In terms of engaging staff, some staff came *"from online organisations"* and already had a level of experience in online working. Other staff members had experience of delivering therapeutic support to young people online, but underlined that training was expensive and retained a specific focus. This is one area that may need more consideration in terms of what 42nd Street aim to deliver online and if it is counselling and not psychosocial support then staff need focused training by accredited trainers recognised by the BACP. Staff members delivering psychosocial support are not trained counsellors, and this is where more experienced staff could support them and develop their knowledge.

Reflecting and evaluating

Reflecting and evaluating is the process by which 42nd Street use quantitative and qualitative feedback in an ongoing reflection and evaluation of progress with the online platform.

External change agents

This is how the influencers in 42nd Street facilitate change and enable embedding in everyday practice. The monthly staff meeting was one strategy used by managers to support and shape ongoing *coherence* and *legitimation* among team members using the online platform. Team members were encouraged to share and learn through their experiences, but attendance was not mandatory.

Sustainability of online support

This is an extra code.

One challenge for the future is potential of the service continuing and the necessity to keep reinventing practices in order for the service to meet the changing needs of young people.

> *"The barriers will probably be I guess rolling it out to other services, you'd need to be sure that they're trying to roll it out for their service. So is it a good fit, you know, in terms of their model? So they need to understand what that online offer offers, what it looks like. So a barrier might be just lack of understanding. Staff attraction and retention will remain a bit of a challenge for the organisation. I think it is, sort of, linked to money, funding. […] you have to keep adapting and there is always ongoing change. That is also because the young people coming through in to the service, their needs are changing and what they want will change and shift over time. So you have to have this agility really"* (Interview 13, staff)

However, it is not just meeting the changing needs of young people it is ensuring continuity of care through recruitment and retention of staff. Funding is a potential barrier, alongside external agents and their level of awareness and understanding of what it is that the service offers and delivers.

Other staff members focused entirely on funding which relates to austerity measures and their current and future impact on all service provision

“I think what I worry about is maybe the funding coming to an end and young people who really need this opportunity not being able to access” (Interview 9, staff)

This staff member is obviously worried about the service for young people being removed, leaving an unaddressed need in the community.
Staff saw the latest aims of the current Adult Social Care Reform White Paper (Department of Health and Social Care 2021) which aims to increase the uptake of technology for all service users to increase reach and accessibility, alongside the practice guidance for young people from NICE (NICE 2019) as positive.

“I think what’s positive, I think I guess, mental health services it’s been named the digital offer is something that’s part of transforming mental health services at the centre. That has been identified as one way of increasing access to more groups that may be harder to reach. What we offer, and actually expanding I think with that though comes demand so, I think, that we’re already feeling, kind of, a bit of a demand coming through, so as you expand another avenue of support you get, obviously, which is positive, you’re getting more young people, different young people “(Interview 12 staff)

Expansion is seen as a given here, but demand is a potential barrier and whether this can be met by the current infrastructure. A staff member cited a cautionary tale of rapid expansion of another service offering only online support:

“Well, where a service fell apart was when it expanded too quickly and people felt more disconnected and there was more volume of young people and the quality of the service deteriorated. Therefore, there is the risk that if you expand too quickly you start to lose what it is about. So you can lose a lot in expansion” (Interview 10 staff)

Long-term, the future of the service and its sustainability is obviously a concern for staff. For example, how this will affect young people, particularly when the level of need is palpable.

Summary

- The rapid move to the online platform meant an increase in waiting lists, mitigated by drop-in sessions and the establishment of a secondee program across GM VCSE organisations allowing movement of staff where need was greatest.
- Having enough staff who can effectively implement follow-up screening may be a barrier to online delivery.
- Young people did not object to the initial screening.
- Young people may benefit from understanding more about the type of support they are receiving and more about the staff member supporting them.
- 42nd Street may need to decide about what the online offer constitutes. If they are including counselling, then specialised training from a BACP accredited provider needs to occur for qualified counsellors.
- Qualified counsellors can develop knowledge of mental health with staff possessing non-BACP-recognised qualifications which occurs through regular sessions in the organisation.
- A standardised baseline measure needs using routinely at entry and exit points to enable reliable and valid quantitative data to be collected.
- All staff members could attend team meetings where possible.
- Expansion of the online offer should proceed with caution so as not to erase the gains 42nd Street has achieved.

Discussion

This section condenses the sections of the qualitative report, reporting on the characteristics of the intervention, the outer stetting, characteristics of individuals, process and provides recommendations at the end.

Characteristics of the intervention

Staff are aware that the platform developed externally, but undergoes internal adaptation and maintenance. Perceptions were that it was still in development and there were areas that could be refined. For example, despite the necessity of a centralised database for all young people's notes and risk management, having to leave the platform to record in PCMIS could be a barrier to effective record keeping and may affect service delivery. However, recording on the platform instead of PCMIS is less robust in terms of safeguarding and there is little advantage to implementing another ways of recording. Benefits of the online platform were that some staff felt their communication skills had increased by focusing on the written word during asynchronous interactions and then carefully constructing a response. They felt it facilitated reflection and depth, simultaneously arriving at the issue quicker than face-to-face interactions. In contrast, other staff members felt that online working challenged their skill set because of the reduced level of interpersonal interactions. However, this depended on type of worker; counsellor, CBT therapist, psychosocial worker and so on. The platform appeared to exhibit a wider reach than face-to-face services in terms of diversity, physical and geographical boundaries, taking into consideration a range of circumstances for young people. A consideration for implementation came from staff who felt that some mental health conditions such as bipolar disorder or obsessive-compulsive disorder were unsuitable for online work and this was recognised and integrated into the screening process for online referrals. Although perceptions were that the service offered on the online platform had adapted well, there were concerns from some staff members around the lack of clarity for risk and safeguarding policy, despite these documents and guidance being readily available. There appeared to be a need to better communicate these policies. Access to the platform itself appeared unproblematic because it exhibited

functionality, but it also lacked digital accessibility for all, which would appear to be vital if 42nd Street wishes to scale up services.

The outer setting

Staff perceived that a diverse section of young people accessed the online platform, although this is not reflected in the statistical analysis, which found that 65.8% of the young people enrolled at 42nd Street are white and British and 68.2% from this category use the online service compared to other ethnicities (Table 7, Appendix 5). It does however, reflect general population statistics in the Manchester area, apparently underlining that the population accessing the organisation is diverse. Other staff members display awareness of diversity between young people, in terms of reach, which is again unsupported by the statistical analysis (Appendix 5, Tables 4, 5 & 7). Some staff categorised all young people as the same and failed to identify that there are barriers for some young people having digital access. In contrast, other staff recognised the challenges of digital access for some young people and austerity was one factor mentioned as a reason. 42nd Street worked with a variety of external organisations, but the service could be more firmly embedded within the other services, to assist with scaling up the online offer. Closer interactions with other organisations may assist in alleviating fears and enabling reciprocal working relationships with other organisations, ensuring young people receive more focused and joined up services alongside continuity of care. This is in addition to barriers around availability to and continuous funding which may prove be a barrier to future sustainability.

The inner setting

Staff reported that they felt supported by the interactions within 42nd Street, but the perceived sudden shift into online working brought about by the pandemic created resistance from staff where they felt the distinction in online ways of working could have received greater emphasis. More focus on the online modality being entirely different from face-to-face may have assisted in reducing initial staff resistance to the offer. 42nd Street values are clearly young person-centred and reviews throughout the process of engagement enable the young person and staff to collaboratively modify the service received. Statistics in the quantitative data support this perception

in terms of satisfaction (Appendix 5, Tables 10 and 11) but there is no significant difference between face-to-face and online support, and both receive the same level of satisfaction from young people. Heavier caseloads, lack of space to work, lack of technical resources, loneliness of online working and intrusion of work into the home space are factors that may prove a barrier for change to occur in terms of recruitment and retention of staff. Delivery of the online offer is subject to some challenges. For example, staff perceptions about offering this modality instead of face-to-face for some mental health conditions and although values are young person-centred there is a definite tension between perception of risk and the suitability of including some young people in online work. This offers one reason why the online platform may not be used and perhaps more discussion within 42nd Street needs to occur to identify when the online platform may not be useful for young people. There was a clear tension between perceptions of risk and overestimating risk, this reflects a lack of clear policy and procedures on risk and safeguarding for the online modality in comparison to face-to-face working which is different.

Barriers to implementation of online working may emerge because of how staff receive the online platform; a potential lack of resources for staff to work effectively online, for example environment, local internet structure and caseload; alongside staff perceptions of risk. These factors may affect the fit and compatibility of the online offer.

Characteristics of Individuals

Staff realise that the online platform can reach a wider audience of young people and enable some young people to 'lurk' until they feel able to engage. Staff perceived that the level of knowledge about mental health gained from the experience of working with young people over time is not evenly distributed. Whilst there are frequent "Connect and Collaborate" and "Practitioner Led Meetings" to facilitate shared learning, more experienced staff suggested that less experienced staff members would benefit from interactions to learn more about mental health and different ways of working. This relational work would enable more experienced staff members to facilitate development and retain a community of practice around the online offer. Anxiety has been partly the result of the rapid move to the online platform because of the pandemic and when the initial feelings wore off, most staff

members adapted to working online. Working online appeared to reinforce positive experiences, feedback and attending courses, which increased staff confidence and embedded change in their working practices. The supportive culture at 42nd Street and level of positivity is obvious from some of the statements made by staff. This increased the level of commitment and willingness to internalise the organisational values and ethos. Staff reported that that one modality is not necessarily better than the other and both work equally well. This is supported by the statistical analysis with no significant difference found in satisfaction and user scores between online and face-to-face modalities in Tables 10 and 11 (Appendix 5).

Process

The rapid move to the online platform because of COVID-19 meant an increase in waiting lists, since mitigated by drop-in sessions and a comprehensive VCSE staff secondment program. Follow-up screening is currently in use for young people who self-refer, but this relies entirely on the young person to give an accurate picture of the reasons for self-referral. This is, of course, no different to any other self-referral pathway. Maintaining trust in the young person's expertise in their own experiences is crucial, not only to a person-centred therapeutic approach but in establishing a baseline to Gillick competence, in order to ensure informed consent when accessing confidential therapeutic interventions. Having enough staff who can effectively implement follow-up screening may be a barrier to online delivery. Young people need to know about the type of support they are receiving and more about the staff member supporting them. At present, the assumption is that the young person somehow knows what type of service they will receive and understands the differences between the types of online support. One area that may need more consideration is in terms of what 42nd Street aim to deliver online. For example, if it is counselling and not psychosocial support then staff need focused training by accredited trainers recognised by the BACP. Staff members delivering psychosocial support are not trained counsellors, nor do they necessarily have in-depth experience of mental health conditions, and this is where more experienced staff could support them and develop their knowledge. Although there are regular team meetings, due to the complex matrix management team structure, with staff often being required to attend multiple team meetings, they are not mandatory. If all staff

members attended them, it may ensure benefit for all and increase levels of commitment. Staff discussed the problems of rapid expansion with an example from another organisation, whom they felt had decreased in the quality of their provision. Expansion of the online offer should therefore proceed with caution so as not to erase the gains 42nd Street has achieved.

A strength of the qualitative design was the offer of a variety of modalities of taking part for young people (e.g., video, phone/audio, text chat). Participants used all modalities and the addition of a text chat option ensured the study was accessible to young people who did not feel comfortable talking to the researcher verbally. A further strength of the mixed methods design was the quantitative supporting the qualitative findings and challenging them because of the small sample size. Although, the qualitative extended the quantitative by offering more depth of explanation as to use and perceptions of the online platform.

Recommendations

Following analysis of both quantitative and qualitative data, the report offers a number of recommendations:

- 42nd Street need to use a standardised baseline measure at entry point to the service and this should match the exit measure, this would be helpful for future analysis. Currently, the outcome measures are captured at each session, which complicates analyses. However, measures used need to be appropriate for the target population.
- 42nd Street need to clarify the referral variable to enable accurate analysis of data collected. For example, 46 different areas involved young people before they self-referred into 42nd Street. Identifying how and why young people decided to self-refer (e.g., self-referral after visiting primary care and so on) prior to self-referral would offer greater insight.
- 42nd Street could implement an online data collection tool which could indicate and remind practitioners to ensure all data is collected uniformly especially at exit so that the data size could be improved and the impact can be quantified.

- 42nd Street could scale up their service by embedding their offer within other local services for young people.
- 42nd Street may need to decide what the online offer constitutes and be clear about the offer. For example, if they are including counselling, then specialised training on online work from a BACP accredited provider needs to occur for qualified counsellors.
- The online platform lacks digital accessibility for all, which is vital if 42nd Street wishes to scale up services. Improving the visual appeal and accessibility of the online platform could utilise current software for accessibility and include more clarity and signposting to facilitate engagement.
- 42nd Street could construct avatars of staff with names, qualifications, job roles and interests to enable young people to have insight about whom they are interacting with.
- 42nd Street could organise informal discussions, perhaps badged as continual professional development (CPD), to increase knowledge about mental health and different ways of working. More experienced and qualified staff members could facilitate this development.

References

Apolinário-Hagen, J., Kemper, J., & Sturmer, C. (2017). Public acceptability of E-Mental Health treatment services for psychological problems: A scoping review. *JMIR Mental Health*; 4, e.10. https://doi.org/10.2196/mental.6186

Berry, N., Lobban, F., Emsley, R., & Bucci, S. (2016). Acceptability of interventions delivered online and through mobile phones for people who experience severe mental health problems: A systematic review. *Journal of Medical Internet Research*; 18, e121. https://doi.org/10.2196/jmir.5250

British Association for Counselling and Psychotherapy (2019). Working online in the Counselling Professions. Available online: bacp-working-online-supplementary-guidance-gpia047.pdf Accessed 27/01/2022.

Brown, A., Ford, T., Deighton, J., & Wolpert, M., (2014). Satisfaction in child and adolescent mental health services: translating users' feedback into measurement. *Administration and policy in mental health*, *41*(4), 434–446. https://doi.org/10.1007/s10488-012-0433-9

Bucci, S., Schwannauer, M., & Berry, N., (2019). The digital revolution and its impact on mental health care. *Psychology and Psychotherapy: Theory, Research and Practice*; 92(2): 277-97. https://doi.org/10.1111/papt.12222

Caspi, A., Houts, RM., Ambler, A., et al., (2020). Longitudinal assessment of mental health disorders and comorbidities across 4 decades among participants in the Dunedin birth cohort study. *JAMA Network Open*; 3(4): e203221. https://doi.org/10.1001/jamanetworkopen.2020.3221

Central Digital and Data Office (2018). Understanding accessibility requirements for public sector bodies. Available online: Understanding accessibility requirements for public sector bodies - GOV.UK (www.gov.uk)

Collishaw, S., Furzer, E., Thapar, A.K., et al., (2019). Brief report: a comparison of child mental health inequalities in three UK population cohorts. *European Child and Adolescent Psychiatry* **28,** 1547–1549. https://doi.org/10.1007/s00787-019-01305-9

Copeland, W., Shanahan, L., Costello, EJ., et al., (2011). Cumulative prevalence of psychiatric disorders by young adulthood: a prospective cohort analysis from the Great Smoky Mountains Study. *Journal of the American Academy of Child and Adolescent Psychiatry*; 50:252-61. https://doi.org/10.1016/j.jaac.2010.12.014

Department of Health and Social Care (2022). *Health and Care Bill: Integrated Care Boards and local health and care systems.* Retrieved from: Health and Care Bill: Integrated Care Boards and local health and care systems - GOV.UK (www.gov.uk)

Efstathiou, G., (2009). Students' psychological web consulting: Function and outcome evaluation. *British Journal of Guidance & Counselling*, 37(3), 243–255. https://doi.org/10.1080/03069880902956983

Elwell, L., Grogan, S., & Coulson, N., (2011). Adolescents living with cancer: the role of computer-mediated support groups. *Journal of Health Psychology*; 16(2):236-248. https://doi.org/10.1177/1359105310371398

Gibb, S, J., Fergusson, D, M., & Horwood, L, J., (2010). Burden of psychiatric disorder in young adulthood and life outcomes at age 30. *British Journal of Psychiatry*; 197:122-127. https://doi.org/10.1192/bjp.bp.109.076570

Hilferty, F., Cassells, R., Muir, K., et al., (2015). *Is headspace making a difference to young people's lives? Final report of the independent evaluation of the headspace program.* Sydney: University of New South Wales.

Islam, Z., Ford, T., Kramer, T., et al., (2016). Mind how you cross the gap! Outcomes for young people who failed to make the transition from child to adult services: the TRACK study. *British Journal of Psychiatry Bulletin*; 40(3):142-8. https://doi.org/10.1192/pb.bp.115.050690

Kahl, B. L., Miller, H., Cairns, K., et al., (2020a). *A measurable impact: helping young people to be and stay well*. Sydney: ReachOut Australia.

Kahl, B. L., Miller, H. M., Cairns, K., et al., (2020b). Evaluation of ReachOut.com, an unstructured digital youth mental health intervention: prospective cohort study. *JMIR Mental Health*; 7:e21280

Kauer SD, Mangan C, Sanci L. (2014). Do online mental health services improve help-seeking for young people? *A systematic review. Journal of Medical and Internet Research*, 4;16(3):e66. doi: 10.2196/jmir.3103. PMID: 24594922; PMCID: PMC3961801.

King, R., Bambling, M., Reid, W., et al., (2006). Telephone and online counselling for young people: A naturalistic comparison of session outcome, session impact and therapeutic alliance, *Counselling and Psychotherapy Research*, 6:3, 175-181, https://doi.org/10.1080/14733140600874084

Kirk, A. M., Kelley, C., Yankey, N., Birken, S. A., Abadie, B., & Damschroder, L. (2016). A systematic review of the use of the consolidated framework for implementation research. *Implementation Science,*11,72. https://doi.org/10.1186/s113012-0160-o437-z

Lucas, G. M., Gratch, J., King, A., & Morency, L.-P., (2014). It's only a computer: Virtual humans increase willingness to disclose. *Computers in Human Behavior*, 37, 94–100. https://doi.org/10.1016/j.chb.2014.04.043

Malik, S., & Coulson, N. S., (2011). The Therapeutic Potential of the Internet, *Gastroenterology Nursing*; 34 (6): 439-448. https://doi.org/10.1097/SGA.0b013e318237a9ba

May C, & Finch T., (2009). Implementing, embedding, and integrating practices: an outline of normalization process theory. *Sociology*, 43(3):535–54. https://doi.org/10.1177/0038038509103208

May C, Mair F, Finch T, MacFarlane A, Dowrick C, Treweek S, et al. (2002). Development of a theory of implementation and integration: Normalization Process Theory. *Implement Science*, 4:29. https://doi.org/10.1186/1748-5908-4-29

McGorry, PD., Mei, C., Channen, A., et al., (2022). Designing and scaling-up integrated youth mental health care. *World Psychiatry*; 21(1): 61-76. https://doi.org/10.1002/wps.20938

National Institute for Health and Care Excellence (2019). Depression in children and young people: identification and management (NICE guideline 134). Available online: https://www.nice.org.uk/guidance/ng134/chapter/Recommendations-for-research Accessed: 19/01/2022.

Richards, D., & Viganó, M., (2013). Online Counseling: A Narrative and Critical Review of the Literature. *Journal of Clinical Psychology*; 69(9), 994–1011. https://doi.org/10.1002/jclp.21974

Rickwood, D, J., Deane, F, P., Wilson, C, J., (2007). When and how do young people seek professional help for mental health problems? *Medical Journal of Australia*; 187: S35-9. https://doi.org/10.5694/j.1326-5377.2007.tb01334.x

Rimmer, A., (2018). GPs think that lack of mental health services is putting young people at risk. *British Medical Journal*; 363 doi: https://doi.org/10.1136/bmj.k5436

Sanderson, C., Kouzoupi, N., & Hall, C, L., (2020). Technology Matters: The human touch in a digital age – a blended approach in mental healthcare delivery with children and young people. *Child and Adolescent Mental Health*; 25(2): 120-122. https://doi.org/10.1111/camh.12385

Signorini, G., Singh, SP., Boricevic-Marsanic, V., et al., (2017). Architecture and functioning of child and adolescent mental health services: a 28-country survey in Europe. *Lancet Psychiatry*; 4:715-24. https://doi.org/10.1016/s2215-0366(17)30127-x

Singh, SP., Paul, M., Ford, T., et al. (2010). Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study. *British Journal of Psychiatry*; 197(4):305-12. https://doi.org/10.1192/bjp.bp.109.075135

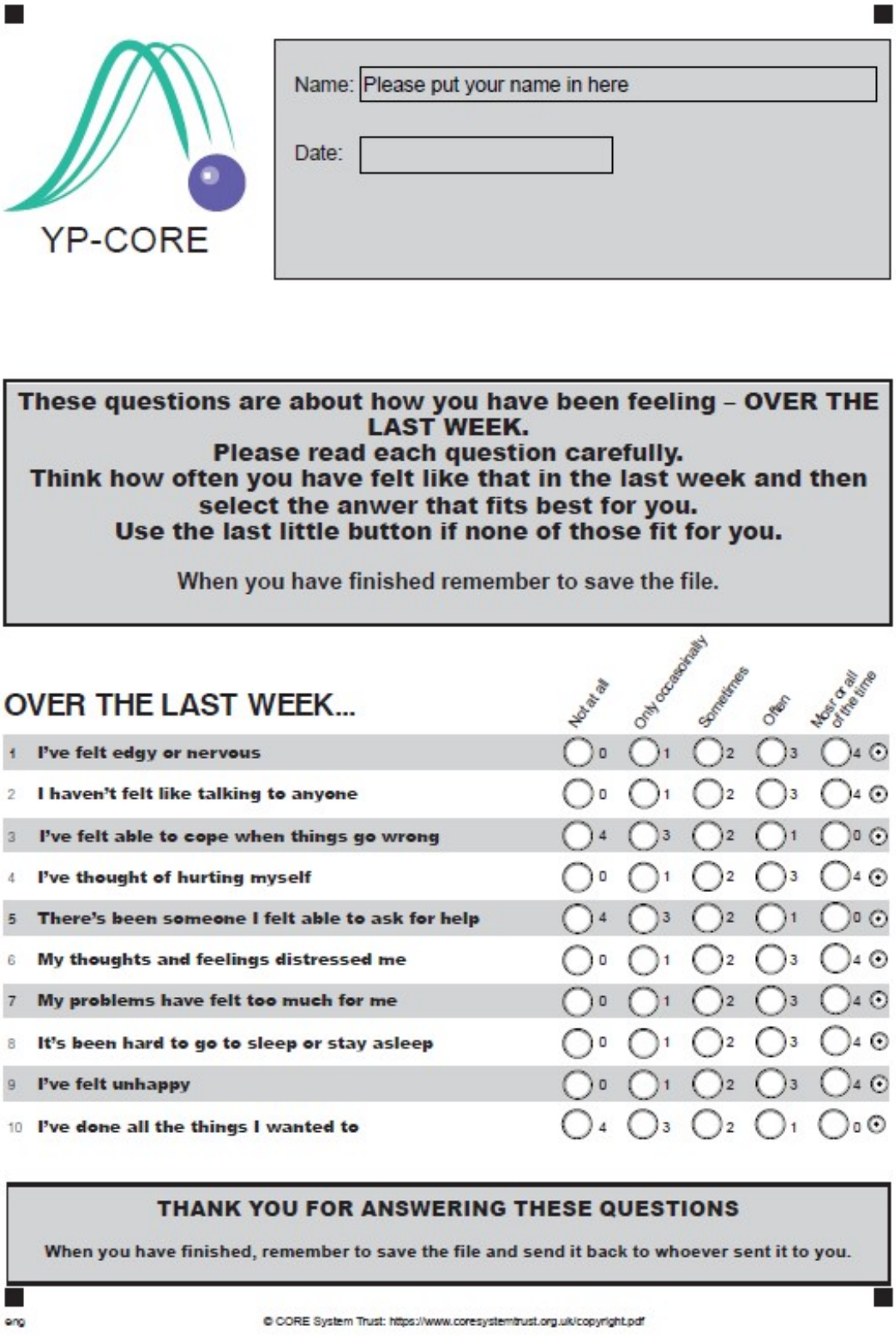
Williamson, H., Griffiths, C., & Harcourt, D. (2015). Developing young person's Face IT: Online psychosocial support for adolescents struggling with conditions or injuries affecting their appearance. *Health Psychology Open*. https://doi.org/10.1177/2055102915619092

World Economic Forum (2019). *Empowering 8 Billion Minds: Enabling Better Mental Health for All via the Ethical Adoption of Technologies*. Available online: http://www3.weforum.org/docs/WEF_Future%20Council_Mental_Health_and_Tech_Report.pdf Accessed 19/01/2022.

WHO (2020). *Substantial investment needed to avert mental health crisis*. Available online: https://www.who.int/news/item/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis Accessed 19/01/2020

Young, K, S., (2005). An empirical examination of client attitudes towards online counseling. *CyberPsychology & Behavior*; 8(2), 172–177. https://doi.org/10.1089/cpb.2005.8.172

APPENDIX 1. Nationally validated Routine Outcomes Measures: YPCORE, CORE-10, ORS and CORS



YP-CORE

Name: Please put your name in here

Date:

These questions are about how you have been feeling – OVER THE LAST WEEK.
Please read each question carefully.
Think how often you have felt like that in the last week and then select the anwer that fits best for you.
Use the last little button if none of those fit for you.

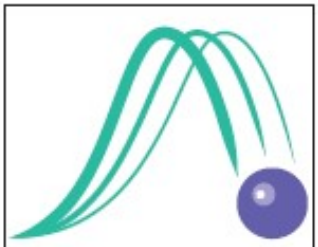
When you have finished remember to save the file.

OVER THE LAST WEEK...	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1 I've felt edgy or nervous	0	1	2	3	4
2 I haven't felt like talking to anyone	0	1	2	3	4
3 I've felt able to cope when things go wrong	4	3	2	1	0
4 I've thought of hurting myself	0	1	2	3	4
5 There's been someone I felt able to ask for help	4	3	2	1	0
6 My thoughts and feelings distressed me	0	1	2	3	4
7 My problems have felt too much for me	0	1	2	3	4
8 It's been hard to go to sleep or stay asleep	0	1	2	3	4
9 I've felt unhappy	0	1	2	3	4
10 I've done all the things I wanted to	4	3	2	1	0

THANK YOU FOR ANSWERING THESE QUESTIONS

When you have finished, remember to save the file and send it back to whoever sent it to you.

eng



CORE - 10

Name: Please put your name in here

Date:

IMPORTANT – PLEASE READ THIS FIRST

This form has 10 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then choose the button which is closest to this.
Please remember to save the file when you are finished.

Over the last week

		Not at all	Only Occasionally	Sometimes	Often	Most or all the time
1	I have felt tense, anxious or nervous	0	1	2	3	4
2	I have felt I have someone to turn to for support when needed	4	3	2	1	0
3	I have felt able to cope when things go wrong	4	3	2	1	0
4	Talking to people has felt too much for me	0	1	2	3	4
5	I have felt panic or terror	0	1	2	3	4
6	I made plans to end my life	0	1	2	3	4
7	I have had difficulty getting to sleep or staying asleep	0	1	2	3	4
8	I have felt despairing or hopeless	0	1	2	3	4
9	I have felt unhappy	0	1	2	3	4
10	Unwanted images or memories have been distressing me	0	1	2	3	4

Please now use "Save", or the save button in your PDF reader, to save this file and send it back to the person who sent it to you.

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

Child Outcome Rating Scale (CORS) – Young People 6-12

Name _____Age (Yrs):____
Gender:_____
Session # ____ Date: _____
Who is filling out this form? Please check one: Child_____ Caretaker_____
If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Me
(How am I doing?)

I----------I

Family
(How are things in my family?)

I----------I

School
(How am I doing at school?)

I----------I

Everything
(How is everything going?)

I----------I

International Center for Clinical Excellence
www.scottdmiller.com

Outcome Rating Scale (ORS) – Young People 13-18

Name _____Age (Yrs):____ Gender_____
Session # ____ Date: _____
Who is filling out this form? Please check one: Self_____ Other_____
If other, what is your relationship to this person? _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually
(Personal well-being)

I----------I

Interpersonally
(Family, close relationships)

I----------I

Socially
(Work, school, friendships)

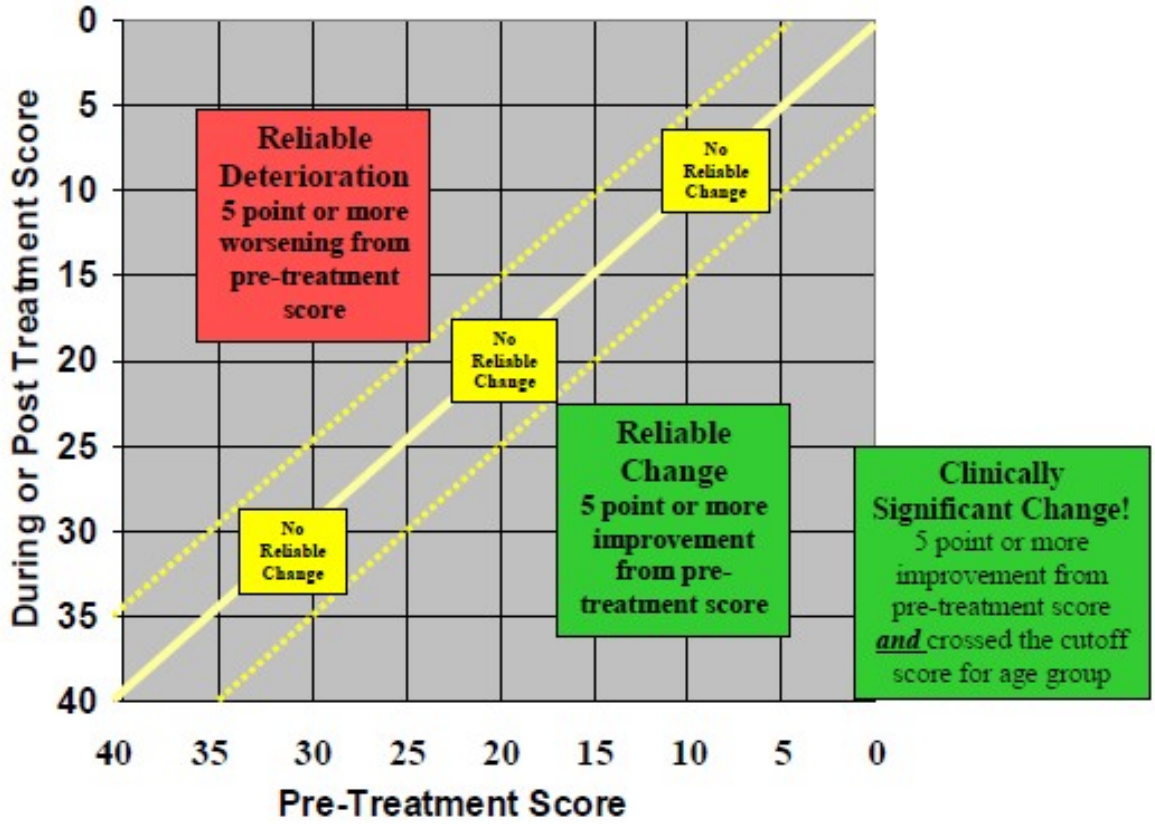
I----------I

Overall
(General sense of well-being)

I----------I

International Center for Clinical Excellence
www.scottdmiller.com

ORS/CORS Reliable Change Chart



Instructions: To determine if any measured change is reliable, find the point where the initial session "Pre-Treatment Score" and the "During or Post Treatment Score" intersect.

Use cutoff scores table below to help work out if "Reliable Change" is also "Clinically Significant Change".

Clinical Cutoff Scores

CORS (ages 6-12)	
Child (Self-reporting)	**32**
Carer (Reporting on child)	**28**
ORS (ages 13 +)	
Ages 13-17	**28**
Ages 18 +	**25**

Patient Experience Questionnaire (PEQ1) – Routine measure to establish choice and satisfaction at assessment.

Young Person's Experience Questionnaire - Assessment

42 ND STREET

Please help us to improve our service by answering some questions about the service you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions.

Please tick one box for each question

CHOICE	YES	NO	
1. Were you given information about options for choosing a support type that is appropriate for your needs?	☐	☐	
2. Do you prefer any of the support types among the options available?	☐	☐	
			N/A
3. Have you been offered your preference?	☐	☐	☐

SATISFACTION					
	Completely satisfied	Mostly satisfied	Neither satisfied nor dissatisfied	Not satisfied	Not at all satisfied
1. How satisfied were you with your assessment?	☐	☐	☐	☐	☐

Please use this space to tell us about your experience of our service so far

Experience of Service Questionnaire – validated for 9-11 year olds

42 ND STREET

CHI
COMMISSION FOR HEALTH IMPROVEMENT

EXPERIENCE OF SERVICE QUESTIONNAIRE *(Smiley)*

What do you think about coming to 42nd Street? For each item, please circle the answer that is closest to what **you** *think.*

1	Did the people who saw you listen to you?	☺ *Yes*	😐 *Only a little*	☹ *Not really*	? *Don't Know*
2	Was it easy to talk to the people who saw you?	☺ *Yes*	😐 *Only a little*	☹ *Not really*	? *Don't Know*
3	How were you treated by the people who saw you?	☺ *Very well*	😐 *Ok*	☹ *Not very well*	? *Don't Know*
4	Were your views and worries were taken seriously?	☺ *Yes*	😐 *Only a little*	☹ *Not really*	? *Don't Know*
5	Do you feel that the people here know how to support you?	☺ *Yes*	😐 *A little*	☹ *Not really*	? *Don't Know*
6	Were you given enough explanation about the support available here?	☺ *Yes*	😐 *Only a little*	☹ *Not really*	? *Don't Know*
7	Do you feel that the people here are working together to support you?	☺ *Yes*	😐 *Only a little*	☹ *Not really*	? *Don't Know*
8	The facilities here (like the waiting area) are…	☺ *Comfortable*	😐 *Ok*	☹ *Uncomfortable*	? *Don't Know*
9	The time of my sessions was…	☺ *Convenient*	😐 *Ok*	☹ *Inconvenient*	? *Don't Know*
10	The place where I had my sessions was…	☺ *Easy to get to*	😐 *Ok to get to*	☹ *Hard to get to*	? *Don't Know*
11	If a friend needed this sort of support, do you think they should come here?	☺ *Yes*	😐 *Maybe*	☹ *Not really*	? *Don't Know*
12	Has the support you got here been good?	☺ *Yes*	😐 *Only a little*	☹ *Not really*	? *Don't Know*

Friends and Family:

RECOMMENDATION						
How likely are you to recommend 42nd Street to friends and family if they needed similar support?	☺ Extremely likely	☺ Likely	😐 Neither likely nor unlikely	☹ Unlikely	☹ Extremely unlikely	? Don't know
	☐	☐	☐	☐	☐	☐

What was really good about your care?

Was there anything you didn't like or anything that needs improving?

Is there anything else you want to tell us about the service you received?

If you don't want to take part, please tick this box ❑

Thanks for taking the time to give us feedback. It's really important to us to keep improving 42nd Street to ensure that our services are always accessible and inclusive and young people always feel supported in the best way possible.

Experience of Service Questionnaire – validated for 12-18 year olds

42ND STREET

CHI
COMMISSION FOR HEALTH IMPROVEMENT

EXPERIENCE OF SERVICE QUESTIONNAIRE *(12+ year olds)*

Please think about the sessions you have had at 42nd Street.
For each item, please tick the circle that best describes what **you** *think or feel (e.g. þ)*

		Certainly True	Partly True	Not True	Don't know
1	*I feel that the people who saw me listened to me*				
2	*It was easy to talk to the people who saw me*				
3	*I was treated well by the people who saw me*				
4	*My views and worries were taken seriously*				
5	*I feel the people here know how to support me*				
6	*I have been given enough explanation about the support available here*				
7	*I feel that the people who have seen me are working together to support me*				
8	*The facilities here are comfortable (e.g. waiting area)*				
9	*My sessions are usually at a convenient time (e.g. don't interfere with school, clubs, college, work)*				
10	*It is quite easy to get to the place where I have my sessions.*				
11	*If a friend needed this sort of support, I would suggest to them to come here*				
12	*Overall, the support I have received here is good*				

Friends and Family:

RECOMMENDATION						
How likely are you to recommend 42nd Street to friends and family if they needed similar support?	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
	☐	☐	☐	☐	☐	☐

1

42 ND STREET

CHI
COMMISSION FOR HEALTH IMPROVEMENT

What was really good about your care?

Was there anything you didn't like or anything that needs improving?

Is there anything else you want to tell us about the service you received?

If you don't want to take part, please tick this box ❑

Thanks for taking the time to give us feedback, it's really important to us to keep improving 42nd Street to ensure that our services are always accessible and inclusive and young people always feel supported in the best way possible.

APPENDIX 2: Children and young people's interview schedule

Questions	Prompts/follow up questions
1. Can you tell me what sort of support you received/wanted to receive through 42nd Street's online support? *N.B. may not be applicable if participant was transferred from face-to-face to video support due to COVID-19*	Verify which options apply - weekly messages, live text chat etc (as listed on demographics form).
2. Would you mind telling me about why you decided to use 42nd Street's online support? *For participants automatically transferred to video support due to COVID-19, ask why they chose the service originally.*	Can you tell me a little about what was going on for you at that time? (Researcher will reassure there is no need to explain if prefer not to). Were there any alternative types of support you considered? If so, why did you go for this one? How did you find out about online support?
3. Thinking back to before you tried online support, what did you think it would be like?	What information were you given when you registered/transferred to online support? Did you feel clear about what would happen? Did you think it would be helpful? Why/why not? *If unclear about benefits/purpose at outset, ask*: How could online support be more clearly explained to other young people who were offered this in the future? Thinking about it now you've used online support, was it as you expected? Why?
4. (if applicable) How did you find online support?	There are two ways that 42nd Street offers support online. 1. If you accessed support by registering on the site: How did you find the registration process? Did you find any problems when entering your details? 2. If you worker offered you support using Teams, you had an

	assessment on the phone. How did you find the process of getting started with using Teams/this service? How easy or hard was it to use online support? What made it easy/hard? Did you have access to suitable equipment (phone/computer etc)? Did anything else get in the way?(probe – things at home, privacy etc) If so, what would have helped make it easier? **<u>Questions to depend on mode of engagement:</u>** **Weekly messages/live text chat/online drop ins (where no video) –** How did this work? How did you find engaging in this way?? Probe – how easy or difficult was it to communicate? *Text chat* - Your worker replied at an agreed time each week – how did you find this? How did this compare to if it had been face-to-face? **Online groups** How did you find engaging in this way?? How did you find having other young people in the session? Did you feel listened to? How easy or difficult was it to speak when you wanted to? Any benefits/challenges? How did this compare to face-to-face? ***Additional Qs where groups delivered via Teams:*** How did you feel about being able to see/hear each other during the conversation? Any benefits/challenges? **Video based individual therapeutic support** How did you find engaging in this way? How

	did you feel about being able to see/hear each other during the conversation? Any benefits/challenges? If not already covered – how did this compare to if it had been face-to-face? **For all types of support:** (if not covered) Did you have any technical problems? How did you sort this out? Appearance - How did the website look? Was it easy to use? Could it be improved?
5. (if applicable) How did you get along with your worker?	Was there anything you liked/disliked about them? **<u>Questions to ask depending on mode of engagement:</u>** **Participants who used weekly messages/live text chat/drop ins:** You couldn't see or hear your worker – how was that? How did it this affect your interaction? Did you feel you could get to know each other? **Participants using all other methods**: How did you find interacting with your worker online? Did you feel like you could get to know each other? **For all types of support:** How do you think the way you got along (or didn't) would have differed if it had been face-to-face? Same/worse/better – why?
6. (if applicable) Could you tell me a bit about the types of things you worked on with your worker?	How useful was this? If helpful – what helped this happen? Were there any parts that were unhelpful or not so useful? If so - why? Did anything get in the way? If so Did you have enough time to cover all the things you wanted to? What did you think about the number of sessions and the length?

	Did anyone around you (friends/family) impact on how well the sessions went do you think?
7. Question dependent on individual circumstances Could you tell me about how your involvement with 42nd Street's online support came to an end? *E.g. agreed with worker, decided that didn't need it etc.* Participants continuing to use the service (groups) Do you plan to continue using the service?	**<u>Questions dependent on individual circumstances</u>** **Participants who completed in agreement with their practitioner** How did you feel about your sessions coming to an end? **Participants who discontinued** Please could you tell me about your decision not to go ahead/stop using online support? Did anything influence your decision? (*clarify whether modality, individual or any other contextual factor influenced decision).* How did you feel about your decision afterwards? **Participants continuing to use the service (groups)** Why do/don't you think you'll continue?
8. (if received support) How do you feel now?	How does this compare to before you took part in online support? (clarify if better or worse and in what way) Why do you think you feel the same/different? Probe – is this due to online support or something else? *If due to support –ask*– what aspects of the support made you feel better/worse? What was the most significant change for you? *If benefitted* – what part of the support do you think helped most? Anything unhelpful? Do you feel like the support will carry on helping you in the future?

	If felt worse as a result of service – What would have helped instead? Were any other parts unhelpful? What would you tell another young person who was thinking of starting online support?
9. How could online support be improved?	Probe – ways that the technology, content, frequency/format could be changed.

APPENDIX 3: Practitioners interview schedule

Questions	**Prompts/follow up questions** *Prompts/follow ups will be used to elucidate more information where needed (they may be omitted when already covered by a previous answer)*
Can you tell me what sort of support you have delivered to young people either via the online platform or via Teams?	*Verify which forms of online support interviewee is involved in delivering.* Could you describe what delivering this support involved? When did you start delivering 42nd Street's online support? Pre or post COVID-19? Has your role changed during this time?
Thinking back to before you started to deliver online support, what were your expectations?	Did you think it would be helpful? Why/why not? What about colleagues' views? Did you have any concerns from a personal/young person's /organisational perspective? What did you think the benefits might be from a personal/ young person/organisational perspective? Did you feel prepared to deliver online support? Why/why not? Did you receive any support/training before starting? *If unclear about benefits/purpose at outset, ask*: Now you've delivered online support, was it as you expected? Why/why not?
How have you found delivering support online?	How easy or difficult was it to deliver support online? (if delivered multiple types of support, discuss each separately). What makes it easy/difficult? What works well/not well? How did this

	compare to face-to-face? How do you think working online has impacted on quality of 42nd Street's services? How well does it fit with the organisations' values and objectives? Has it affected outcomes in your view? Any benefits/challenges? Who is online support most suitable for? Are there times when it's not suitable? (if not covered) Did you have any technical problems? How did you sort this out? How did the 42nd Street Online Platform look? Alternatively, if you used Teams, how did it look? How did you find using it? Any improvements/anything missing from its functionality? Did anything get in the way of delivering online support? (probe –e.g. others in house, deliveries etc) If so, what would have made it easier? Were there any unexpected benefits of online support? Any negative impacts or harms? (if not covered) - Do you have any sense of how young people view online support? **Questions specific to modality:** **Groups -** How did you find working with multiple young people online in the session? Any benefits/challenges? **Forms of support involving video -** How did being able to see/hear each other in the session affect the delivery of support? **Text based support –** How did you find interacting by text/chat only?

How has delivering online support affected your role?	Has it made your role easier/harder? Any benefits or negative impacts? E.g. for workload, work satisfaction etc. Did you feel equipped/supported during the course of delivering online support? E.g. in terms of resources, tech, working location and training/supervision. How could this be improved?
How did online support affect your ability to build therapeutic relationships with young people?	Any benefits/challenges to building therapeutic relationships? (e.g. privacy, tech challenges, improved access?) How did it affect the way you interacted? How did this differ between the various forms of support? (e.g. unable to see each other, technical problems, impact of having other young people in session) How do you think online support compares to face-to-face? Same/worse/better – why?
What are your views on the long term sustainability of online support within 42nd Street's services?	● Thinking about personal and organisational level, any barriers? ● What could be improved about the way online services are delivered? Could anything be improved about the way you are involved/supported in delivering online services? ● What are your views on rolling out online services more widely? Any barriers/risks/benefits? ● What would need to be in place to encourage wider uptake of online support? ● What advice would you give other practitioners who were new to delivering online support?

APPENDIX 4: Service managers/senior leaders interview schedule

Questions	**Prompts/follow up questions** *Prompts/follow ups will be used to elucidate more information where needed (they may be omitted when already covered by a previous answer)*
Can you tell me about role in the delivery and implementation of 42nd Street's online support?	When did you become involved? Pre or post COVID-19?
Thinking back to before 42nd Street started to deliver online support, what were your expectations?	Did you have any concerns from a personal or young person' organisational perspective? What did you think the benefits might be from an organisational perspective? Did you have an impression of colleagues' expectations prior to implementing online support? Did you feel prepared to support practitioners in their role? Why/why not? What was/is your role in preparing practitioners to deliver online support? How does this differ from your role in supporting staff delivering traditional face-to-face services?
How has the implementation of online support within 42nd Street gone?	What has gone well? Any challenges? Any unexpected benefits? How do you think working online has impacted on quality of 42nd Street's services and what it be offers as a service? How well does online support fit with the organisations' values and objectives? Has the service affected outcomes? Who is online support most suitable for? Are there times when it's not suitable? (if not covered) - Do you have any sense of how young people view online support?
How has delivering online support	Has it made your role easier/harder? What

affected your role?	about those delivering online support? Any benefits or negative impacts? E.g. for workload, time, work satisfaction etc. Did you feel equipped/supported in your role? E.g. in terms of resources, tech, time for supporting staff. How could this be improved?
What are your views on the long term sustainability of online support within 42nd Street's services?	● Thinking about personal and organisational level, any barriers? ● What could be improved about the way online support delivered? Could anything be improved about the way services are delivered or your role in supporting staff? ● What are your views on rolling out online services more widely? Any barriers/risks/benefits? ● What would need to be in place to encourage wider uptake of the online platform? ● What advice would you give other services who were new to delivering online support?

APPENDIX 5: Tables 4-12 from Quantitative study

Table 4. Characteristics of Gender identity across the service platforms (Online Vs Face-to-face)

	All	Online	Face-to-face
N (%)	2718 (100.0)	641 (23.6)	2077 (76.4)
Male	821 (30.2)	168 (26.2)	653 (31.4)
Female	1776 (65.3)	446 (69.6)	1330 (64.0)
Gender Queer / Non-Binary	49 (1.8)	13 (2.0)	36 (1.7)
Trans Female	10 (0.4)	1 (0.2)	9 (0.4)
Trans Male	22 (0.8)	8 (1.3)	14 (0.7)
Not Known (PERSON STATED GENDER CODE)	18 (0.7)	0 (0.0)	18 (0.9)
Other gender identity	5 (0.2)	2 (0.3)	3 (0.1)
Prefer not to say	10 (0.4)	3 (0.5)	7 (0.3)
Questioning / Not sure	5 (0.2)	0 (0.0)	5 (0.2)
Missing	2 (0.1)	0 (0.0)	2 (0.1)

Table 5: Characteristics of Sexuality across the service platforms (Online Vs Face-to-face)

	All	Online	Face-to-face
N (%)	2718 (100.0)	641 (23.6)	2077 (76.4)
Heterosexual or Straight	1104 (40.6)	353 (55.1)	751 (36.2)
Gay	51 (1.9)	17 (2.7)	34 (1.6)
Lesbian	61 (2.2)	24 (3.7)	37 (1.8)
Bisexual	267 (9.8)	111 (17.3)	156 (7.5)
Other LGBTQ+	40 (1.5)	16 (2.5)	24 (1.2)
Not known (not recorded)	458 (16.9)	28 (4.4)	430 (20.7)
Not stated (person asked but declined	127 (4.7)	14 (2.2)	113 (5.4)
Other sexual orientation not listed	32 (1.2)	16 (2.5)	16 (0.8)
Person asked and does not know or is	135 (5.0)	17 (2.7)	118 (5.7)
Prefer not to say	81 (3.0)	27 (4.2)	54 (2.6)
Missing	362 (13.3)	18 (2.8)	344 (16.6)

Table 6: Characteristics of Age across the service platforms (Online Vs Face-to-face)

	All	Online	Face-to-face
N (%)	2718 (100.0)	641 (23.6)	2077 (76.4)
Age at Referral	16.9±3.1	18.3±3.2	16.4±3.0
Age Categories (years)			
"10-12"	107 (3.9)	2 (0.3)	105 (5.1)
"13-15"	947 (34.8)	129 (20.1)	818 (39.4)
"16-19"	1085 (39.9)	290 (45.2)	795 (38.3)
"20-26"	579 (21.3)	220 (34.3)	359 (17.3)

Table 7: Characteristics of Ethnicity across the service platforms (Online Vs Face-to-face)

Ethnicity	All N (%)	Online N (%)	Face-to-face N (%)
(Not Known)	125 (4.6)	12 (1.9)	113 (5.4)
Asian or Asian British - Any other Asia	100 (3.7)	13 (2.0)	87 (4.2)
Asian or Asian British - Bangladeshi	13 (0.5)	6 (0.9)	7 (0.3)
Asian or Asian British - Indian	19 (0.7)	8 (1.3)	11 (0.5)
Asian or Asian British - Pakistani	69 (2.5)	22 (3.4)	47 (2.3)
Black or Black British - African	56 (2.1)	22 (3.4)	34 (1.6)
Black or Black British - Any other Black	71 (2.6)	2 (0.3)	69 (3.3)
Black or Black British - Caribbean	22 (0.8)	8 (1.3)	14 (0.7)
Mixed - Any other mixed background	34 (1.3)	2 (0.3)	32 (1.5)
Mixed - White and Asian	44 (1.6)	12 (1.9)	32 (1.5)
Mixed - White and Black African	31 (1.1)	9 (1.4)	22 (1.1)
Mixed - White and Black Caribbean	75 (2.8)	22 (3.4)	53 (2.6)
Not stated	66 (2.4)	6 (0.9)	60 (2.9)
Other Ethnic Groups - Any other ethnic	42 (1.6)	15 (2.3)	27 (1.3)
Other Ethnic Groups - Chinese	8 (0.3)	0 (0.0)	8 (0.4)
Prefer not to say	37 (1.4)	6 (0.9)	31 (1.5)
White - Any Other	101 (3.7)	38 (5.9)	63 (3.0)
White - British	1789 (65.8)	437 (68.2)	1352 (65.1)
White - Irish	16 (0.6)	1 (0.2)	15 (0.7)

Table 8: Referral routes used to access 42nd Street services (Online Vs Face-to-face)

	All **N (%)**	**Online** **N (%)**	**Face-to-face** **N (%)**
Education	561 (20.6)	5 (0.8)	556 (26.8)
Primary Care	415 (15.3)	11 (1.7)	404 (19.5)
Secondary Care	79 (2.9)	1 (0.2)	78 (3.8)
Mental Health Services	32 (12.0)	4 (0.6)	321 (15.5)
Family/Friends	200 (7.4)	11 (1.7)	189 (9.1)
Self	893 (32.9)	605 (94.4)	288 (13.9)
Other	245 (9.0)	4 (0.6)	241 (11.6)

Table 9: Appointment attendance by service platform (Online Vs Face-to-face)

Appointment Attendance	**All Appointments** **N (%)**	**Online Appointments** **N (%)**	**Face-to-face Appointments** **N (%)**
Attended (Late)	233 (2.3)	69 (3.0)	164 (2.1)
Attended (On Time)	7822 (76.7)	1768 (76.7)	6054 (76.7)
Cancelled (By Patient)	714 (7.0)	112 (4.9)	602 (7.6)
Cancelled (By Professional)	172 (1.7)	25 (1.1)	147 (1.9)
Did Not Attend	1232 (12.1)	322 (14.0)	910 (11.5)
Did Not Attend (Late)	24 (0.2)	8 (0.4)	16 (0.2)
Total	10197 (100.0)	2304 (100.0)	7893 (100.0)

Table 10: User experience assessed via the PEQ questionnaire

	All N (%)	Online N (%)	Other N (%)
Q1 - Information Given?	831 (99.5)	19 (100.0)	812 (99.5)
Q2 - Prefer Support Types?	774 (92.8)	16 (84.2)	758 (93.0)
Q3 - Preference Offered?	748.0 (89.7)	19 (100.0)	729 (89.5)
Q4 - Satisfied with Assessment?			
Completely Satisfied	718 (86.0)	18 (94.7)	700 (85.8)
Mostly Satisfied	104 (12.5)	1 (5.3)	103 (12.6)
Neither satisfied/dissatisfied	12 (1.4)	0 (0.0)	15 (1.8)
Not at all satisfied	1 (0.1)	0 (0.0)	1 (0.1)

Table 11: User experience assessed via the ESQ questionnaire (ESQ [12-18])

Questions/Statements	Face-to-face		Online	
	Certainly True(1)	Partly True(2)	Certainly True(1)	Partly True(2)
I feel that the people who saw me listened to me	5 (2.0)	245 (98.0)	1 (3.6)	27 (96.4)
It was easy to talk to the people who saw me	28 (11.3)	220 (88.7)	3 (10.7)	25 (89.3)
I was treated well by the people who saw me	1 (0.4)	249 (99.6)	0(0 .0)	28 (100.0)
My views and worries were taken seriously	6 (2.4)	242 (97.6)	1 (3.6)	27 (96.4)
I feel the people here know how to support me	20 (8.0)	230 (92.0)	6 (21.4)	22 (78.6)
I have been given enough explanation about the support available here	24 (9.9)	219 (90.1)	0 (0.0)	27 (100.0)
I feel that the people who have seen me are working together to support me	21 (9.1)	211 (91.0)	1 (4.4)	22 (95.7)
The facilities here are comfortable (e.g., waiting area)	25 (13.0)	167 (87.0)	3 (30.0)	7 (70.0)
My sessions are usually at a convenient time (e.g., don't interfere with school,	47 (19.5)	194 (80.5)	4 (14.3)	24 (85.7)
It is quite easy to get to the place where I have my sessions	27 (11.6)	205 (88.4)	1 (5.6)	17 (94.4)
If a friend needed this sort of support, I would suggest to them to come here	15 (6.1)	230 (93.9)	1 (3.6)	27 (96.4)
Overall, the support I have received here is good	3 (1.2)	246 (98.8)	1 (3.6)	27 (96.4)

Total score	23.1±1.3	23.0±1.5

Table 12: Characteristics of the participants present in those who exited the services dataset

	All	Online	Other	p value
N (%)	2246 (100.0)	306 (13.6)	1940 (86.4)	
Male	704 (31.4)	74 (24.2)	630 (32.5)	0.112
Female	1477 (65.8)	223 (72.9)	1254 (64.7)	
Non-binary/Queer	26 (1.2)	3 (1.0)	23 (1.2)	
Trans Male	18 (0.8)	3 (1.0)	15 (0.8)	
Trans female	5 (0.2)	1 (0.3)	4 (0.2)	
Not known/disclosed/other	15 (0.7)	2 (0.7)	13 (0.7)	
Age at Referral	16.7±3.1	18.1±3.1	16.5±3.0	<0.0001
Age group				
10-12	83 (3.7)	0 (0.0)	83 (4.3)	<0.0001
13-15	876 (39.0)	67 (21.9)	809 (41.7)	
16-19	827 (36.8)	139 (45.4)	688 (35.5)	
20-26	460 (20.5)	100 (32.7)	360 (18.6)	
Sexuality				
Heterosexual	993 (44.2)	171 (55.9)	822 (42.4)	<0.0001
Gay	41 (1.8)	6 (2.0)	35 (1.8)	
Lesbian	47 (2.1)	10 (3.3)	37 (1.9)	
Bisexual	192 (8.6)	49 (16.0)	143 (7.4)	
Other LGBTQ+	55 (2.5)	12 (3.9)	43 (2.2)	
Not Recorded	918 (40.9)	58 (19.0)	860 (44.3)	
Ethnicity				0.189
White	1644 (77.8)	236 (79.7)	1408 (77.5)	
Any Asian	54 (2.6)	12 (4.1)	42 (2.3)	
black	94 (4.5)	12 (4.1)	82 (4.5)	
Mixed	154 (7.3)	21 (7.1)	133 (7.3)	
Other	39 (1.9)	5 (1.7)	34 (1.9)	
Not known/Prefer not to say	128 (6.1)	10 (3.4)	118 (6.5)	
Referral Source				
Education	79 (3.5)	0 (0.0)	79 (4.1)	<0.0001
Primary Care	395 (17.6)	8 (2.6)	387 (20.0)	
Secondary Care	63 (2.8)	0 (0.0)	63 (3.3)	
Mental Health Services	278 (12.4)	3 (1.0)	275 (14.2)	

Family/Friends	241 (10.7)	6 (2.0)	235 (12.1)	
Self	578 (25.7)	279 (91.2)	299 (15.4)	
Other	606 (27.0)	5 (1.6)	601 (31.0)	

APPENDIX 6: Tables 15 and 16

Table 15. Invitations sent to young people

Mailshot round	Invitation letters sent	Who was invited	Adaptations made following step
Mailshot 1	99	Young people who had used service, representative of following 9 categories (most YP fitting into 2-3 categories each) 1. Asynchronous 2. Synchronous 3. Groups attendees 4. LGBTQ+ 5. Young Carers 6. BAME 7. Disability 8. DNA mid-service 9. DNA no service 10. Completed support	None
Mailshot 2	96	As above	None
Mailshot 3	141	As above	42nd Street were aware that some young people's invitations were going to 'spam' folders and were therefore potentially being missed. Researchers realised that no young people who had discontinued had taken part so far. Therefore, a new invitation to specifically target those young people was introduced following ethical approval.

Mailshot 4	68	As above, with a focus on young people who had discontinued using the service after registration. Technical adjustment made to avoid invitations going to spam folders.	Recruitment was successfully increased following the new approach.
	Total 404		

Table 16: Changes to recruitment procedures for young people during course of study

	Details of change	**Date amendment ethically approved**
1	● Invitation letter amended to make the language more friendly/lay and to specify that participants have the option of being interviewed by a young person co-researcher (alongside the study researcher) and that there is a high street voucher available for taking part, in recognition of participants' time. ● Invitations to be sent using 'MailChimp', a secure mass-mailing system allow 42nd Street to send personally addressed invitations (to the first name of the young person) and email it to as many young people as needed without having to use less secure 'Blind carbon copy' functions.	30/04/21
2	● Creation of an additional invitation letter, specifically for young people who registered but then discontinued 42nd Street's service, for the purpose of making it clear to young people that we were keen to get their views on the service even if they did not go on to use it. ● Extension of interviewing window to allow early evening interviews (from 9–5pm to 9-6pm Mon-Thursday and 9-4pm on Fridays). This change was intended to increase access to the study for young people. ● Option for young people taking part by text chat to give electronic written consent via secure survey software, instead of verbal recorded consent.	22/07/21
3	● Introduction of an additional study poster, designed by young person co-researchers in consultation with the Peer Ambassadors, aimed specifically at young people aged under 18, due to poor recruitment in this younger group. ● Introduction of two multi-slide social media posts (one targeting under 18s and a second for over 18s). These posts were displayed as ‘carousel posts’ or Instagram stories. These designs were viewed and modified in line with comments from a group of <18s within 42nd Street. ● New webpage on the 42nd Street website, introducing the study. ● Additional poster aimed at young people who discontinued using the service after registration.	04/10/21

	● Option to highlight study to young people at the end of support.	
	● Shift to 42nd Street sending individual study invitations to young people, due to learning that previous invitations had been going to 'spam' folders.	N/A

APPENDIX 7: Table 19 Points of interaction, between CFIR and NPT

CFIR	**NPT**	**Interaction between CFIR and NPT**	**Verbatim examples**
Intervention characteristics			
Innovation source	Coherence	Sense making stakeholders did about whether the platform is externally or internally developed and maintained and its impact	when you see a referral and you see someone and see what they're struggling with, you immediately want to respond to that and whether that's getting other professionals to do something about it and, especially, with them being self-referrals on the online platform. (Interview 6 staff) I think the platform it's alright, it's still evolving, isn't it? (Interview 10 staff)
Evidence Strength and Source of online support	Coherence	Staff and YP's experience about the efficacy/outcomes of delivering, accessing and receiving online support	I think I've learnt a lot of new skills about communicating just via texts, and I've also, stuff that I would never really have ever thought of before, or the impact on me of seeing the written word, has been quite powerful (Interview 1 staff).

Relative advantage of the online offer	Coherence	Sense making about the advantages of the platform for YP	Traditionally I think online has catered well to a specific cohort of young people who maybe find face-to-face intimidating or they're chaotic or maybe they're agoraphobic or maybe it's a bit daunting, so online captures a lot of young people. It's accessible as well so if you've got any other barriers that you can't leave the house or you're disabled or whatever, and I think that's why there's a bigger cohort, there's a bigger diversity that goes through online than there is face-to-face […] there's a lot more range than you would do through the main service. (Interview 10 staff).
Adaptability of the online offer	Collective Action	The way 42nd St has implemented and adapted its online offer	[...] we did, kind of, come together and looked at, kind of, a bit more protocol around that (risk and referral) and just around scenarios where actually, you know, around decision making. (Interview 12 staff)
Complexity	Coherence and collective action	How much effort/work staff perceived online offer created (compared to previous way of working), any new challenges experienced in	[…] one of the staff members would send out the meetings via Teams or by email round and obviously that wouldn't happen in real life. But I guess, like, the staff members were probably more heavily… Like, it

		delivering the offer (particularly during COVID-19), anxiety/stress arising from implementation.	probably created a lot more work for them, to be quite honest (YP 8) […] you'd finish a session and it'll still be in the ether, it's still there, there wasn't a cut off, a boundary between home and now and work. […] it's isolating as well because you don't have your peers around you, it's harder to hold risks because there's no-one to talk it through with. When you're at home and you're dealing with risks it feels a bit more imposing. Whereas if you're in the office you've got people to bounce off and I think sometimes it can intrude on your home environment (Interview 10, staff).
Design quality, appearance and usability of online platform	Coherence and Collective Action	Sense making about the usability of the systems (e.g. signposting to appropriate pathways, functionality), views about the online offer's visual appearance, alongside suggestions to improve usability, functionality and appearance	I think it looks quite plain but I think that's good. It doesn't look too busy. It looks quite, like, functional. (Interview 5 staff) I think they need to do a bit of double checking around access, young people with eye conditions, young people with hearing conditions, young people with autism, dyslexia, dyspraxia, eye sensitivity. Then there's other languages and if that's something we need to look at

			doing is the information we have on there (Interview 9 Staff) […] maybe having a profile with a picture and stuff would help to find out a bit more about them! If that was possible. Knowing some of their interests and stuff would've helped as then you can kind of find a bit more about their personality to make it easier! (YP 6)
Outer setting			
Needs and resources of those served by 42nd St	Coherence and Collective Action	The sense-making work people engage in when identifying young people's needs in order to reach them.	I think we've had quite a lot of young people from the orthodox Jewish community have accessed online support in group or one to one settings and they then have got a flavour of what we offered (Interview 9 Staff)
Cosmopolitanism	Coherence and Collective Action	The way staff think about relationship building with other providers outside 42nd St to address young people's needs. The degree to which 42nd St is networked to and works with other organisations to reflect the online service. (This is outside the	one of our practitioners is working with them online, but CAMHS immediately jumped to, oh can they move to face-to-face, and I said, well why would we move them to face-to-face, and they were like, well we think because of the risk that… it's just that, kind of like, conversation, isn't it, and that partnership working round well, actually the young person's really engaging online, we'd still manage risk online, you

		scope of NPT)	know, like this is how we would manage it. Like that's…we don't have to make it face-to-face to manage the risk. So, maybe, it's just like those conversations that you have with different partners about how it works (Interview 12 staff)
External Policy & Incentives		Strategies discussed which relate to UK policy which underpins the online offer, any statements about outside funding which have supported development, ways in which the service demonstrates its outcomes e.g. PROMs.	[…] they do the YP-CORE forms which are kind of like every week they'll do…you know, it's got the questions about how they've been doing in that week, and they're meant to do them before every session (Interview 2 staff)
Inner Setting			
Networks and Communications	Coherence, Cognitive Participation, and Collective Action	The nature and quality of formal and informal communications within 42nd St. How teams are supported and statements about how practitioners share and receive learning and knowledge	the online team created guides for online managers, duty managers, duty co-work team and also professionals in using templates to set up welcome messages (Interview 9 staff)
Culture	Coherence and Cognitive	Sense making about the norms and values	We champion young person-centred approaches and

	Participation	within 42nd Street in terms of their approach to working with young people when setting up, using and the flexibility of the online offer	young people are constantly telling us in loads of different ways through loads of different routes that the waiting times and the barriers in place to access mental health support are a real issue. Having this platform enables us to offer a different modality, reduce our waiting times and meets that need (Interview 9 staff)
Implementation climate including constructs: tension for change, compatibility, relative priority, goals and feedback, learning climate	Coherence, Cognitive Participation, and Collective Action	The sense making work people engage in to understand the online offer, any apprehension about processes such as risk and safeguarding and the ways COVID exerted an impact on mobilising the online offer	[…] it's pushed us into the digital age. There was always talk about how we would do it. I think it's sped that up. I think for me, I'm interested in that we don't lose the strength of the other way of working. At various stages I've been worried that let's not all go on digital (Interview 7 staff)
Readiness for implementation includes three sub-constructs: Leadership engagement; available resources; and access to information and knowledge	Coherence and Cognitive Participation	The sense making work among leaders at 42nd St to identify and connect new implementation team roles with existing groups to support integration of the innovation. Availability of resources	[…] then it is other professionals or crisis numbers and I feel that's who we are as a service, because we're not ChildLine, we're not Samaritan's, so why have we got a I need help now button? I don't know. […] we haven't got the resources to respond, to practice in that way (Interview 6 staff)
Characteristics of Individuals			

Knowledge and beliefs about the online offer	Coherence and Cognitive Participation	Sense making work staff engage with concerning the adequacy of staff training around tech/functionality and guidance around online working. How current knowledge has changed beliefs and integrated into practice.	I didn't know enough about it to think that it would have online support, could have the same impact as face-to-face. I'd probably say I was a little bit cynical initially. But I've been proven, thankfully, very, very wrong (Interview 9 staff)
Self-efficacy	Coherence, Cognitive Participation, and Collective Action	Sense making work staff engage with about their ability to support YP online in relation to current knowledge and skills. The ways this is implemented and how they support others.	I wasn't sure if I could establish a rapport and a decent relationship with a young person. I was still figuring that out. I know the first few young people that I had, I had some really good experiences and I had some good feedback from them, so I guess I was starting to feel a little bit more secure in my work and a bit more confident in my abilities as well (Interview 11 staff)
Process			
Planning	Coherence and Cognitive Participation	How staff and young people engage in sense making around building a community of practice around the online offer. Informing how to perform new tasks, adequacy of protocols and	Initially, the waiting list was quite small and then obviously it's grown quite a lot, I think that probably had an impact for a while negatively on having that quite long wait. But I think they've put things in like the drop ins and like the duty that incorporates the online

		processes needed for integration	system now and I think that really probably has helped quite a lot. (Interview 5 staff)
Engaging	Coherence, cognitive Participation, and Collective Action	The relational work 42nd Street engaged in to implement the online service alongside the use of the online team and knowledgeable colleagues to deliver training and support to staff.	[...] staff also have had links to an external supervisor who's experienced online, so having the right supervision in place. Skill building, so having the right sessions and the right kind of training in place, but not just about doing a one-off training session, it's about staff having forums so where they're able to bring, kind of, things to and talk through practice issues, talk about dilemmas, talk about how it's working. (Interview 12 staff)
Reflecting and Evaluating	Reflexive Monitoring	Using quantitative and qualitative feedback in an ongoing reflection and evaluation of implementation progress.	I think it would be helpful to ask a few questions when they fill out the form for the online chat, because maybe they are struggling more but they aren't going to say or they, you know, if they're not asked, they won't say. But if they are asked […] it would be a good opening for them to just be like, yes, and then the counsellor, the supporter knows a bit more what they are dealing with then with the level of the client really (YP5)
External Change Agents	Coherence and legitimation	The influencers in 42nd Street who facilitate change and	The monthly online meeting was one strategy used by 42nd Street to support and

		enable it to become embedded in everyday practice	shape ongoing *coherence* and *legitimation* among team members on the online platform. They were encouraged to share and learn through their experiences
Additional Code			
Future Development and sustainability	Reflexive Monitoring	The reflection by 42nd Street as to the sustainability of the online offer. Barriers to managing future demand and scaling up or wider implementation.	[…] one barrier might be that I guess rolling it out to other services. So is it a good fit, you know, in terms of their model? So they need to understand what that online offer offers, what it looks like. So a barrier might be just lack of understanding (Interview 13 staff)

For more information, please contact Alison Littlewood, Research Manager: alison.j.littlewood@manchester.ac.uk
Produced by Applied Research Collaborative, December 2022.