

# LEARNING SPACE COMMUNITY TRIAGE

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*A pilot to demonstrate Getting Advice, Signposting and Shared Decision Making with Children Young People and their parents/carers.*

Natasha Adams, deputy manager and community wellbeing lead at 'Learning Space' Mindworks, Surrey, describes a recent pilot to improve and facilitate how children, young people and families in the community can obtain advice, be directed to support, and share decision-making. She also explains how the Learning Space offer aligns with the Thrive Framework for system change (Wolpert et al., 2019).

## Background

Learning Space, a service that is part of the Surrey Mindworks Alliance Partnership, is a mental health charity working across Surrey to improve the emotional wellbeing of children aged 5 – 18 years old. Learning Space has centres in Guildford, Redhill and Tadworth and adopts a strengths-based, solution-focused approach to meet the needs and interests of children, young people and families.

## How did the pilot come about?

In Spring 2021, we held several voice and engagement events for children and families to understand how to meet their needs for emotional wellbeing services in the community. Children, young people, and their families identified that they wanted:

- Greater involvement in the decisions made about their care.
- A quicker and smoother process to access services and transition between services.
- A stronger focus on positive attributes within the family to build their confidence and sense of self-worth.

We met regularly with our alliance partners and recognised a strong focus on delivering interventions for children, but less on supporting the family by providing advice and signposting. This lack, led to a collaboration with our colleagues in the Access and Advice service (Surrey Mindwork's single point of access service), to pilot a new triaging system designed to meet the needs of children and families at the point of initial contact to services.

## What were your aims?

- To construct a community-based triage model offering choice and genuinely shared decision making.
- To use solution-focused methods to identify the family's existing resources and develop coping skills and resilience.
- To recognise and celebrate family strength and develop a sense of hope.
- To build relationships with services in the local community.

## How did the pilot work?

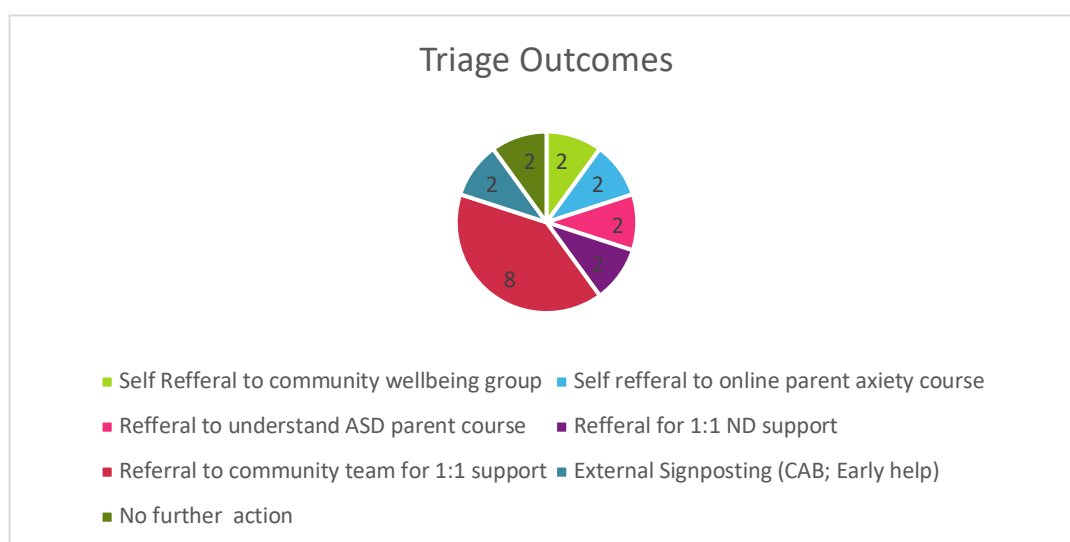
A total of 18 children, young people and families from East Surrey, took part in the pilot in May 2022. The families were from East Surrey (Mole Valley, Reigate and Banstead or Epsom and Ewell).

1. We received and accepted 18 referrals from Access and Advice for children aged 7 to 15.
2. A Learning Space community practitioner contacted the family via email, phone or text and the young person was included in the decisions of where to meet.
3. We triaged ten families in person, including home visits and eight families via zoom.
4. We used a solution-focused script to understand and identify the strengths of the whole family, their best hopes and what it would look like if things were going well.
5. We shared various provisions with families and asked them to choose the most beneficial for them going forward.

**See Page 4 for a visual of the process, along with the previous processes.**

## What were the results of the pilot?

Following triage, 75% of young people who had or were awaiting a diagnosis of Autism Spectrum Disorder, felt their immediate needs (building confidence, family relations and coping mechanisms) could be met within the community well-being or parent anxiety group and did not feel they needed an automatic referral to the neurodevelopmental team.



## Aligning with the THRIVE needs based grouping and principles?

By adopting a solution-focused approach and script for our triaging process, we have been able to meet the needs of the young person, by identifying the family's strengths and best hopes, and developing a shared understanding of their difficulties, e.g. bullying, low confidence and school attendance. This has enabled us to consider options and appropriately signpost young people to services which best suit them and work at their pace.

### Example 1

We used our solution-focused approach with a mother and her 15 year old son who attended an initial triage at their local centre. The family identified that they were good at communicating and wanted to focus on improving the young person's sleep and helping them to feel more settled in school. We outlined different services for the family, and they felt they would benefit from six sessions of school-based mentoring with the support of a Learning Space mentor.

### What has been the impact of the pilot?

Children and families have described the service as kind and supportive, and they felt their ideas were listened to and implemented. Following triage, families reported increased optimism as their strengths weren't typically recognised and they were hopeful their child would engage with the signposted services.

As a team, we have felt more equipped to utilise our knowledge of local services to meet the needs of more families, in a timely manner.



"I am very happy with the support we have received so far. We did not have to wait long, and N really listened to us and made my daughter feel important".

"N really listened to us. After coming out of the session, it's made me think about my own mental health"



### Future directions

Getting Advice and Signposting is an alliance-wide approach, and we hope to use our experience and knowledge from this pilot in other local community settings, to support young people. We can do this by sharing our learning with our alliance partners, to develop a sustainable and high-quality delivery model for emotional wellbeing services at a local level.

## The three models of the process

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Please see over.

