

Matrics Plant Implementation Plan



Introduction

This plan has been designed to support the implementation of Matrics Plant: Guidance on the Delivery of Psychological Interventions for Children and Young People in Wales¹. It is anticipated that it will assist health boards and partners in ensuring that both the spirit and detail of Matrics Plant are transferred into action. It has not been designed as a performance management tool but rather a process to recognise existing practice and plan for improvement, if needed. It offers the opportunity for health boards and partners to consider the needs of all children, irrespective of diagnosis or neurodevelopmental profile; identifying examples of good practice and action needed to address gaps in current provision.

Both Matrics Plant and this implementation plan should be considered in relation to children's human rights under the United Nations Convention on the Rights of the Child² and in particular, every child's right to express their opinion freely about all matters affecting them and the principles of participation as set out in the national participation standards³. The Children's Commissioner for Wales has

produced materials to support the implementation of the Convention in your work⁴. They also sit within the overall policy context in Wales which includes the Whole School Approach⁵ and the NEST Framework⁶.

Ensuring services are equitable to all those in need of them will be central to provision of effective psychological interventions. Reasonable adjustments for those with protected characteristics, including refugee and asylum seeking children, the ongoing development of services available in the Welsh language and more broadly culturally competent services will be essential.

1 <https://phw.nhs.wales/services-and-teams/improvement-cymru/improvement-cymru-programmes/mental-health/psychological-therapies/resources-psychological-therapies/matrics-plant/>

2 <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

3 <https://gov.wales/sites/default/files/publications/2018-02/Bilingual-Participation-Standards-poster2016.pdf>

4 <https://www.childcomwales.org.uk/the-right-way-a-childrens-rights-approach/a-childrens-rights-approach-in-wales/>

5 <https://gov.wales/framework-embedding-whole-school-approach-emotional-and-mental-well-being>

6 <https://collaborative.nhs.wales/networks/wales-mental-health-network/together-for-children-and-young-people-2/the-nest-framework/>

A Note about Evidence Tables

A process for reviewing the evidence tables, which are currently published as addenda to Matrics Cymru, is underway and new evidence tables will be published over the coming months. Evidence tables in respect of children and young people will be included in this work. These will be developed to encompass interventions in a variety of settings and services and include, but not be limited to, child health, children with additional needs, looked after children, children with learning disabilities and neurodevelopmental needs. In the interim, practitioners are referred to the Scottish Matrix⁷ (which includes infant mental health) and National Institute for Health and Care Excellence⁸.

Psychological Interventions

Within Matrics Plant, Psychological Interventions are defined as:

“...purposeful courses of action driven by a formulation which itself will be based on an assessment of need and informed by one or more psychological theories. The formulation should consider where in the child or young person’s system an intervention can be most effective for improving psychological resilience and wellbeing”

As such, evidence-based psychological interventions encompass a wide range of courses of action including:

- Targeted training to upskill key members of a child or young person’s system

- Network consultation to support the development of a shared framework for understanding and responding to the child or young person’s specific presentation
- One off or ongoing consultative support to an individual or specific team
- Interventions with main carers/parents
- Interventions directly with child or young person.

Whilst the formulation driven psychological intervention will seek to create more favourable conditions for the child or young person’s social and psychological development, the recipient of the intervention will not always be the child or young person.

When considering who accesses our services, there is therefore a need to encompass:

- The child or young person
- Their parent(s) or carer(s)
- Health, social care, education and third sector staff who may receive targeted training and/or consultation and who may be responsible for all or part of a psychological intervention.

⁷ https://www.nes.scot.nhs.uk/media/420chmra/matrix_-_children_youngpeopletablesfinal_2015.pdf

⁸ For example, possible depression: <https://www.nice.org.uk/guidance/ng134/chapter/Recommendations>

Purpose

This plan is intended to assist health boards and their partners in the delivery of Matrics Plant. Matrics Plant has been designed for practitioners working in psychological services for children, young people and families to assist in the development, planning and delivery of a Wales wide approach to providing psychological services to children, young people and their families.

This requires an evidence-based theoretical framework to guide the provision of a range of interventions, in addition to the delivery of direct therapy specific interventions. Matrics Plant does not recommend specific models of service - accepting that models may vary according to local need and resource and change over time. It does, however, have a number of organising principles for services which recognise that children and young people:

- Live in their own specific circumstances
- Will have their own developmental needs
- Will have differing levels of control over their lives and/or the ability to seek support
- Should receive appropriate and proportionate psychological services based on distress/need rather than always requiring a mental health or other diagnosis
- May be best helped by services working with the people that the child or young person spends time with as well as offering individual work with them when this is needed.

Psychologically minded services for children, young people and families should therefore:

- Be able to engage children and young people in a way that supports their level of ability and communication
- Be able to offer interventions with children, young people and families' immediate and wider contexts/systems as well as with the identified child or young person
- Be trauma, attachment and ACE (Adverse Childhood Experiences) informed with appropriate competencies and skills
- Engage proactively with health, local authority, education, third sector and youth organisations in order to create conditions to foster positive child development
- Understand presenting difficulties within a relational, contextual and developmental framework, recognising that difficulties are most often understandable responses to difficult circumstances and environments
- Help children, young people, their families and the systems around them to understand the emotional and psychological needs of the child or young person within this relational, contextual and developmental framework
- Help children, young people and families to have a say in how services which support children and young people's psychological wellbeing are delivered
- Contribute to strengthening the evidence base, drawing on and developing practice-based evidence and evidence informed models.

And in direct psychological work with the child, young person or family be able to:

- Offer a service in Welsh
- Deliver evidence-based care via appropriately qualified, supported and supervised staff
- Provide an appropriate choice of evidence-based interventions
- Operate within a framework of values-based practice which places children's needs as central
- Communicate effectively according to the developmental needs of the child – this may include non-verbal interventions such as through play, music, art or drama
- Deliver measureable outcomes improving and/or associated with psychological health and wellbeing
- Help children, young people and families to achieve personally meaningful progress
- Evaluate and respond to feedback from children, young people and families about the appropriateness of the service, quality of the therapeutic relationship and progress towards therapy goals at every stage of therapy.

In practice, this means having practitioners within the workforce who:

- Are able to deliver a service in Welsh
- Are trained to recognised standards with the competences necessary to deliver psychological interventions effectively within the service context in which they work
- Are delivering interventions which make sense in respect of the presenting needs and are supported by the best possible evidence
- Are operating within a well-governed system which offers regular high quality, psychological supervision (model-specific, where appropriate) support and relevant Continuing Professional Development (CPD)
- Are monitoring the quality of the therapeutic relationship, recognising that this is an essential factor in achieving a successful outcome
- Have a role appropriate understanding of social, emotional, psychological, cognitive and physical development and the impact of acute, chronic or life limiting physical health problems on emotional wellbeing and mental health
- Have a role appropriate understanding of systemic case conceptualisation
- Have the ability to communicate effectively with children, young people, their carers and practitioners in their contexts, the systems and to maintain a compassionate approach

- Have an awareness of the impact of attachment, developmental trauma and ACEs with role appropriate competencies
- Have role appropriate training to appropriate standards with the competences required and the support necessary to deliver psychological interventions effectively within the service context in which they work
- Contribute to innovative and reflective practice.

A Note about Examples of Evidence

This plan sets out key questions in relation to the points above, gives examples of the type of evidence that may be provided, asks health boards to identify their local evidence and invites health boards to outline a plan for improvement, where needed. For some of these areas, local services will already be well developed and health boards will be able to demonstrate this through reports, data and appropriate up to date policies etc. This will give scope to identify and improve the less well-developed aspects of services.

Examples of the types of evidence that might be provided are included in the tables. These are examples only and not dimensions against which evidence must be provided. Health boards should not be constrained by these and may have other innovative approaches to achieve the required outcomes.

Section 1: Be able to offer interventions with children, young people and families⁹ immediate and wider contexts and systems as well as with the identified child or young person

Key questions	Health board evidence	Plan for improvement if needed
Are the following types of services ¹⁰ available? <ul style="list-style-type: none"> ▪ Targeted training ▪ Network consultation ▪ A range of consultative support ▪ Direct intervention with parents/carers ▪ Direct interventions with children and young people 		
Is there an appropriate range of evidence-based 1:1 or group direct psychological interventions available at varying levels of intensity linked to current evidence tables?		
Are a range of psychological interventions involving parents/carers routinely available and linked to evidence tables?		
What is the capacity/provision for interventions for the system around the child?		

Examples of evidence could include: A menu of psychological interventions' is available and accessible for service users, families, staff and stakeholders; Agreed guidelines about when each type of intervention would be appropriate; A menu of quality assured targeted training modules available to meet common needs; An operational process for arranging, recording and following up on network consultation and consultative support including its impact on the child, young person, or family's wellbeing and goals; A menu of direct psychological interventions' is available and accessible for service users, families, staff and stakeholders; A menu of psychological interventions with parents/carers is available and accessible for service users, families, staff and stakeholders; Job plans/job descriptions/person specifications etc.

⁹ When this document refers to children and young people, it refers to all those aged 0 to 17 years. Family can mean very different things to different people at different times. In this document, family can mean the people with whom a child or young person lives with and who may or may not be related to them, as well as people to whom they are related.

¹⁰ Descriptions of these services can be found in Matrics Plant: <https://phw.nhs.wales/services-and-teams/improvement-cymru/news-and-publications/publications/matrics-plant/>

Section 2: Deliver measureable outcomes improving and/or associated with psychological health and wellbeing

Help children, young people and families to achieve personally meaningful progress

Evaluate and respond to feedback from children, young people and families about the appropriateness, accessibility and acceptability of the service, quality of the therapeutic relationship and progress towards therapy goals at every stage of therapy

Key questions	Health board evidence	Plan for improvement if needed
How are the services offered reviewed and developed in relation to current and emerging evidence base?		
How are children and young people enabled to seek advocacy support, as needed, to promote and empower their participation in setting goals and aspirations they seek for themselves?		
How are outcome measures ¹¹ routinely used to: <ul style="list-style-type: none"> ▪ Ensure goals are personally meaningful? ▪ Evaluate service user satisfaction? ▪ Demonstrate and support improvement in mental health and emotional wellbeing? 		

Examples of evidence could include: Regular, documented review of interventions offered by service in relation to new and emerging evidence tables, gaps identified and training/development plan generated; Staff survey feedback; Service user feedback; Policy regarding monitoring of engagement, attendance and participation etc. to ensure that this indirect feedback as to acceptability, accessibility and appropriateness is used to improve services; Evidence of changes made where service user satisfaction has indicated they are necessary etc.

11 <https://phw.nhs.wales/services-and-teams/improvement-cymru/improvement-cymru-programmes/mental-health/outcome-measures/framework/>

Section 3: Understand presenting difficulties within a relational, contextual and developmental framework, recognising that difficulties are most often understandable responses to difficult circumstances and environments

Help children, young people and their families to understand the emotional and psychological needs of the child or young person within this framework

Be able to engage children and young people in a way that supports their level of ability and communication¹²

Be trauma, attachment and ACE informed with appropriate competencies and skills

Key questions	Health board evidence	Plan for improvement if needed
<p>Do staff have a role-appropriate working knowledge and understanding of the impact of the following on emotional wellbeing and communication:</p> <ul style="list-style-type: none"> ▪ Child development (physical, cognitive, emotional, social including neurodevelopmental differences)? ▪ Current attachment theory? ▪ Up to date knowledge of ACEs? ▪ The impact of developmental trauma? ▪ Learning disability? 		
<p>Is there a process for determining what training or CPD will be necessary to enable staff to deliver appropriate psychological interventions in relation to the above?</p>		

¹² The importance of children and young people, especially those with mental health needs or a learning disability, being able to communicate in Welsh (or other first language of choice) is recognised as fundamental to their ability to express their thoughts and needs

How are services made accessible for children, young people and families who have mental health needs and may struggle to engage with traditional clinic-based services due to, for example, developmental trauma, presenting need, neurodiversity, learning disability?		
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Examples of evidence could include: Database/record of staff training; Database/record of staff competency; Review at annual staff appraisals (e.g. PDR, PADR etc.); Training plans including programme of staff development opportunities and knowledge updates, could include special interest groups; Policy around follow up for families who have struggled to engage; Allowances are made within capacity planning for establishment of rapport and relationship with these children, young people and families; A range of engagement methods are available, ranging from text messaging through to face to face.

Section 4: Engage proactively with health, local authority, education¹³, third sector and youth organisations in order to create conditions to foster positive child development

Help the systems around children, young people and their families to understand the emotional and psychological needs of the child or young person within this relational, contextual and developmental framework

Key questions	Health board evidence	Plan for improvement if needed
What are the pathways/processes for relevant systems and organisations to access expert psychological/psychologically informed support in order to assist them to improve the appropriateness, accessibility and acceptability of their services?		
What are the links/pathways for staff working with children, young people and families more broadly within the health board (e.g. health visitors, school nurses) and outside the health boards (e.g. local authority staff, family support workers) to access expert mental health advice/consultation/training?		
Where staff working with children, young people and families within and outside the health board are delivering psychologically informed interventions, how can they access psychologically informed supervision/support?		
What is the capacity/provision for joint and multiagency working in order to provide the most effective psychological intervention?		

Example of evidence could include: Clearly identified points of contact for these staff within psychological intervention services; Clear, published and publicised pathway for accessing and providing this type of support; Proactive, published and publicised training offering is available to these staff; Agreed mechanism/procedure to capture non-direct intervention as meaningful clinical activity; Local partnership agreements; Job plans/job descriptions/person specifications etc.

¹³ <https://gov.wales/framework-embedding-whole-school-approach-emotional-and-mental-well-being>

Section 5: Staff will receive the appropriate level of supervision – this should include mental health staff, other health board staff and staff in other agencies, as appropriate

Key questions	Health board evidence	Plan for improvement if needed
Is there provision for role-appropriate supervision of practitioners engaged in psychological interventions?		
What are the links/pathways for staff working with children, young people and families more broadly within the health board (e.g. health visitors, school nurses) and outside the health board to access appropriately skilled supervision and support?		

Examples of evidence could include: Local supervision policies and compliance with these are monitored; There is an index of supervisors, to include capacity and the psychological therapy model(s) offered; Supervisory capacity will meet the needs of all staff; Job plans include time for regular clinical supervision and this is monitored at least quarterly; Jointly developed and agreed framework/policy for the provision of psychological intervention supervision/support etc.

Section 6: Contribute to strengthening the evidence base, drawing on and developing practice-based evidence and evidence informed models

Key questions	Health board evidence	Plan for improvement if needed
How are practitioners within the service involved in research?		
How are practitioners supported to remain up to date with the current evidence base?		
How are the analyses of outcome measures audits shared appropriately, internally and/or externally in order to support the evidence base in relation to most effective outcomes?		

Examples of evidence could include: Evidence of support for research activity; Links to local academic institutions; Research publications of staff; Evidence of sharing outcomes of audits appropriately etc.

Section 7: Help children, young people and families to have a say in how services which support children and young people's psychological wellbeing are delivered

Key questions	Health board evidence	Plan for improvement if needed
How are the opinions of children, young people and families used to inform, co-produce and develop the service and the range of indirect interventions offered?		
How are children, young people and families fully involved in co-production of care plans and/or intervention goals?		
How much informed choice do children, young people and families have around which psychological intervention is provided (both in terms of the type of intervention and the way in which it is delivered)?		

Examples of evidence could include: Services have conducted a review of youth and mental health organisations locally through which young peoples' views on current/future psychological intervention services can be accessed and have robust pathways to access and feedback these views to inform service development; Policies and procedures reflect current views of children and young people as published in relevant reports (e.g. Young Minds) and from local intelligence; Sample audit of assessments, care plans, or other relevant goal setting documentation for children and young people demonstrate informed engagement in goal setting; There is clear and accessible information proactively provided (perhaps in the form of a leaflet) which outlines for children, young people and families the range of psychological interventions available, the benefits of each and why services may recommend a particular approach (e.g. parent work rather than direct work with child); Where appropriate and available, children, young people and their families have a choice of evidence-based psychological interventions; *Where a choice is not available due to a lack of trained staff or other service constraints, this is recorded and plans are in place to reach a position of being able to offer this choice meaningfully etc.

Section 8: Equity and Accessibility

Key questions	Health board evidence	Plan for improvement if needed
Are there a range of psychological intervention services available to meet the needs of children, young people and families irrespective of diagnosis?		
How is it ensured that all services and documentation are available in the Welsh language?		
What are the mechanisms in place where the child, young person or family prefer or need to access services in a language other than Welsh or English?		
What reasonable adjustments exist to ensure services are accessible to people with protected characteristics and marginalised populations ¹⁴ ?		
How is equity of service access ensured across the geographical area?		

14 <http://www.legislation.gov.uk/ukpga/2010/15/contents>
<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equalityduty-wales>
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-248>

Are services provided in accessible locations?		
Are services available digitally ¹⁵ where appropriate?		
How are children, young people and families supported to access digital services where there are barriers?		

Examples of evidence could include: Overview of services available to meet the psychological wellbeing needs of children, young people and families; Clear pathway to ensure children and young people can access appropriate psychological intervention (may not be with the service to which they have been initially referred); Record of practitioners who are able to deliver a service fluently in Welsh; Translators used have an appropriate level of psychological fluency; All bespoke written material available in Welsh without delays; All standardised written material available in Welsh; Evidence of compliance with current legislation on disabled access; Building and rooms appropriate for the developmental stage and age of the child or young person; Leaflets/reading materials appropriate for a range of developmental stages and ages and in an appropriate range of languages; Appropriate facilities and locations including waiting areas, access, clear signage to and within the building, confidential and safe consultation rooms etc.; Consideration of children, young people and their family's individual circumstances including rurality, access to transport and cultural context.

¹⁵ E.g. video conferencing via telephone or text