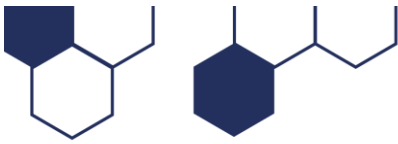


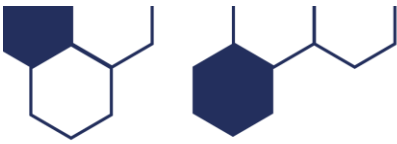
Health
Innovation
Manchester

Paediatric Autism Communication Therapy
(PACT)
Barriers and Enablers Capture Report
March 2021



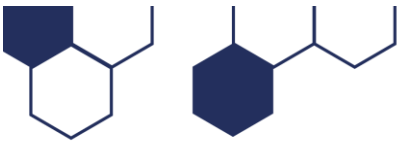
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EXECUTIVE SUMMARY

- 1.1 Following a decision by commissioners to commission Paediatric Autism Communication Therapy (PACT) roll out across Greater Manchester in 2019, the Greater Manchester Health and Social Care Partnership (GMHSCP) requested support from Health Innovation Manchester (HInM) to develop and carry out a barriers and enablers capture of the PACT intervention to help feed into learning of progress being made with adoption and also capture information which could aid wider spread across other geographies through the Academic Health Science Network (AHSN).
- 1.2 The primary objectives of the PACT Barriers and Enablers capture review were to:
- Complete a barriers and enablers capture informing an understanding of the issues arising related to implementation factors, acceptability, and barriers and enablers
 - Consider the work the GMHSCP PACT team are carrying out in the phased implementation/co-ordination of roll-out to ensure successful implementation.
- 1.3 HInM have captured relevant information through varying data collection sources such as face to face (virtual) interviews and online surveys, both within the GM system and nationally to inform the content of this report.
- 1.4 From analysis of the information gathered and a review of key documents within the system, the following themes emerged as key areas of importance:
- Supporting the workforce
 - Family centred, evidence-based approach
 - Alignment with the wider system
 - Putting in place practical processes to ensure effective delivery
- 1.5 This report provides detailed findings for each of these themes and provides learning to inform future implementation.



1 PURPOSE

1.1 This document provides the findings from the Barriers and Enablers capture on the PACT project.

2 BACKGROUND

2.1 Paediatric Autism Communication Therapy (PACT) is an evidence-based intervention in which therapists work with parent/carers to enhance social communication with their young child with autism spectrum disorder (ASD).

2.2 PACT is the first autism intervention to have shown long-term reduction in autism symptom severity¹: in a large clinical trial, the group of children receiving PACT pre-school, when compared to usual care, showed improvements in social communication and a reduction in level of restricted and repetitive behaviours that were sustained into middle childhood, six years after the end of treatment.

2.3 Health Innovation Manchester has worked with the Greater Manchester Health and Social Care Partnership and the PACT team at the University of Manchester to undertake a barriers and enablers capture to better inform successful implementation in the future.

3 APPROACH

3.1 The Delivery Team at Health Innovation Manchester led the Barriers and Enablers capture on behalf of the Greater Manchester Health and Social Care Partnership (GMHSCP) and the University of Manchester PACT team to help inform future rollout of the intervention across other GM localities and wider.

3.2 We have drawn on the expertise of the Applied Research Collaborative (ARC) in developing this approach.

3.3 Between November 2020 and January 2021, we gathered information from a range of different sources including.

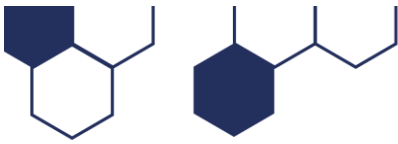
- Interviews with key stakeholders
- Engagement with parents and carers
- Learning from outside GM

Interviews with key stakeholders

3.4 The interviews took place from the **10th December 2020** to the **8th January 2021**. A total of 12 interviews with a range of key stakeholders were carried out. 14 were invited to participate in an interview and 12 responded to accept, with 2 declines. This high response rate to the interview invitations is a good indicator of interest in Autism in Greater Manchester.

3.5 Interview invites were sent via Health Innovation Manchester and shared via key stakeholders. Interview questions can be seen in Appendix A.

¹ <https://researchoutreach.org/articles/working-parents-carers-help-autism-development/>



Engagement with parents and carers

3.6 We had initially planned to engage with parents and carers through the Manchester Parents and Carers Forum and invite them for an interview. We advertised via their website for people to share their views though we didn't receive any responses to this. This may be because we were looking to speak to parents and carers who have specifically had experience of PACT within Greater Manchester, so this is a limited cohort. At the time there were also additional restrictions and pressures as a result of COVID-19 and lockdown, which may have impacted on people's ability to engage with the project. In order to address the gap in engagement of parents and carers, we decided to use the survey as a way to engage with this group, with the support of the PACT Project Task and Finish Group. The survey link was shared on the PACT practitioners peer support Facebook group so that they could share with parents and carers they thought would be interested.

3.7 Using a survey rather than interviews meant that parents and carers might be more likely to engage as it did not require a dedicated hour of time.

3.8 The survey took place from **26th January 2021** to **12th February 2021**. At the end of the surveying exercise, 22 responses had been received, which was well over the target of 12 responses we had initially set. Survey questions can be seen in Appendix B.

Learning from outside GM

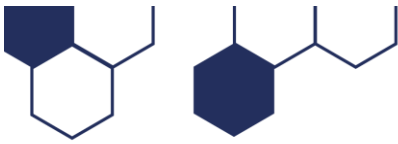
3.9 In addition, we interviewed 2 sets of stakeholders from outside of Greater Manchester to find out their perspectives on the key barriers and enablers. This included interviews with stakeholders in London and North Wales who were early adopters of PACT. We wanted to make sure that we represented the voices of stakeholders from outside of GM to ensure we had a fully rounded understanding of the barriers and enablers faced nationally. We therefore held interviews with this group of stakeholders, who had already implemented, to gather their insights.

3.10 We have also considered learning shared at an Autism Symposium, which was held on the 26th June 2020. This symposium was designed to provide insight into key topics such as; national policy frameworks, delivering the intervention, user experiences and provide a good source of information on wider PACT implementation, particularly in Greater Manchester.

3.11 Health Innovation Manchester, on advice from the ARC (Applied Research Collaborative), drew on an implementation science framework called the Consolidated Framework for Implementation Research (CFIR)² to inform our data collection and analysis. CFIR is widely used to systematically assess factors likely to influence the uptake of new interventions and ways of working. It comprises a comprehensive taxonomy of defined constructs across five domains that are likely to influence the implementation. The domains represent constructs relating to the planned intervention, the contexts where the implementation activities will occur (known as the inner and outer settings), the individuals involved, and the process of delivering the actual intervention.

3.12 This analysis forms the basis of the themes in this final report.

² Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci* 2009;4:50.



4 SUMMARY OF FINDINGS

4.0.1 There are some overarching themes which emerge from these responses. These include:

4.1 SUPPORTING THE WORKFORCE

4.1.1 A common theme arising throughout all aspects of the exercise was the need to support the workforce to be able to effectively deliver the intervention. PACT professionals require the full support of their managers and executives, backed with funding and backfill and with established peer support networks. The workforce also needs to be supported with funding to complete their training, the autonomy to manage their own diaries and with adequate resource of trained professionals within their locality to manage the workload.

4.2 FAMILY CENTRED, EVIDENCED BASED APPROACH

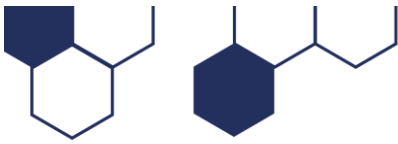
4.2.1 Another recurring theme was that the intervention is family centred and has an evidenced based approach. The robust evidence base gives greater confidence in the intervention, resulting in increased engagement, both with families and managers and executives. The culture and approach were endorsed by the majority of practitioners; many noted that it was refreshing and a successful change from standard off-the-shelf offerings within autism. However, due to the impact of COVID 19 on people's everyday lives, some families were not ready to engage. It was also suggested that in order to improve the approach, consideration needs to be given to how it could be adapted to be culturally relevant in different contexts.

4.3 ALIGNMENT WITH THE WIDER SYSTEM

4.3.1 Analysis indicated that PACT should be embedded as part of the wider system. Awareness of the intervention and its benefits could be increased, both within Learning Disability & Autism (LD&A) and the wider system as a whole. There are policy levers and incentives that could be utilised to support embedding the intervention, and thought is needed about how PACT fits within the pathway of a locality. There was also a suggestion that further consideration is needed around how to prioritise families that will benefit most from the intervention.

4.4 PUTTING IN PLACE PRACTICAL PROCESSES TO ENSURE EFFECTIVE DELIVERY

4.4.1 There is a need to make sure there are practical processes in place to enable PACT to be delivered effectively. Practical processes include information governance, administration and recruitment, but also touches on aspects such as marketing to make sure PACT is ready for the next stage of growth. Further consideration also needs to be given to ensuring the intervention is financially sustainable, including processes to gain funding and securing backfill.



4.5 KEY BARRIERS AND ENABLERS TO IMPLEMENTATION

4.5.1 The key barriers and enablers to implementation are summarised in the table below.

| Enablers to implementation | Barriers to implementation |
|---|---|
| <ul style="list-style-type: none"> • Supportive managers and executives • Backfill and funding for role • Peer support networks • Culture and approach of PACT • A different approach to off-the-shelf • Evidence based • Practitioner training / funding for training • Session supervision • PACT manual | <ul style="list-style-type: none"> • Information Governance • Cultural differences of communities within GM • Funding and backfill • Number of trained practitioners in locality • Awareness of PACT within system • Cost of training • Admin work/time required to recruit families • Current pathway design & diagnosis |

5 DETAILED FINDINGS

5.1 SUPPORTING THE WORKFORCE

5.1.1 Supportive managers and execs

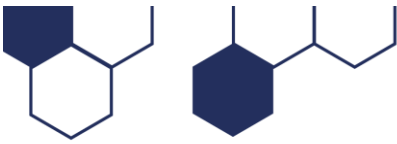
One of the most common themes arising from the interviews that enabled the implementation of PACT was having a supportive manager who is able to allocate the practitioner the time and space to focus on delivering PACT. A supportive manager has the ability to effectively communicate the progress, benefits, and achievements of the PACT intervention to executive level and attempt to gain further funding and support to further roll out the intervention.

5.1.2 Backfill and funding

It is important that funding is available to support the role and provide sufficient backfill. This will enable the practitioner to focus on the delivery of the intervention and give it the best chance of success. Most practitioners had two days per week allocated working on PACT, which gave sufficient time to implement effectively. Time is needed to complete the following activities to ensure the intervention is successful; recruit families, plan/prepare and evaluate the sessions, delivery of the session and completion of all administration required. Staff turnover also posed a barrier, alongside the transfer of a family mid-process which disrupts the routine with the child.

5.1.3 Peer Support Networks

Peer support networks were another common theme, and respondents cited the networks as a key



enabler to their development as a practitioner, which aids their delivery of the PACT intervention. Localities and individuals that had access to a fully developed peer support network clearly stated their appreciation of peer feedback, interaction and problem solving in their ability to deliver. It was suggested on a few occasions that the development of a network from the group that completed the training together would be effective, due to the relationships already built and similar stages of progress. Although there is already a PACT Professionals Facebook page, some interviewees cited that they did not use Facebook, and would like direct access to a peer support group.

5.1.4 Training

Practitioner training on PACT was positively highlighted by interviewees - it gave a solid foundation to be able to successfully deliver the intervention. The small group setting with role play and peer support enabled a positive experience for the practitioner. This coupled with the session supervision by a certified trainer on initial cases enabled the practitioner to progress quickly through to accreditation. Respondents in the parent and carer survey regularly highlighted that the knowledge and communication of those delivering the intervention was one of PACT's biggest strengths.

Q. What do you see as the main strengths of the PACT approach?

A. *“Communication, more engaging & able to follow instructions”*

A. *“Clear and easy guidance, what we needed to do to achieve the goals we wanted. Well supported to set and achieve manageable goals each week...”*

5.1.5 PACT Manual

All practitioners were provided with a PACT manual at the time of initial training - this was cited by nearly all respondents as a vital resource to deliver the intervention. Those who had a hard copy of the manual were more enthusiastic about its importance to their development as a practitioner. For those who did not have access to a hard copy of the manual, it was suggested that this would be helpful to act as a reference guide.

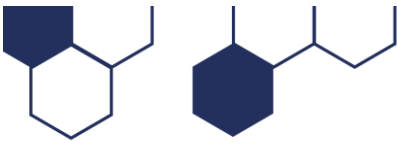
5.1.6 Autonomy to deliver the pilot and gain positive feedback gave the opportunity expand PACT resources

Feedback from outside of GM was that, particularly in Wales, PACT teams who were interviewed credited that they were given autonomy in the way that they were able to deliver the PACT programme. This ability to adapt their processes to suit the intervention and the workings of their system enhanced the quality of delivery to the patient. In contrast, teams within GM were regularly bound to regulations, system processes and administration requirements which took up valuable resource time.

5.2 FAMILY CENTRED, EVIDENCED BASED APPROACH

5.2.1 Culture and Approach

All stakeholders that we spoke to were enthusiastic about the culture and approach of the PACT intervention. The approach was particularly favoured by practitioners due to how it differs from



standard off-the-shelf offerings that have been used historically in the LD&A system. The approach and culture feel unique and fresh, and this is reflected in feedback given by both parents and carers. Autism has been shown to be consistent around the world in the challenges that it presents, so the PACT approach can be replicated in all settings, with just minor tweaks to take into consideration the culture within it is being delivered. In the parents and carers survey, the most popular response to Q2 (*questions can be seen in appendix B*) was that PACT is a two-way process between the parent and child, and both parties grow together. The simplicity and convenience of the intervention was also highlighted.

Q. How has PACT helped you and your child?

A. *“Appears calmer, able to engage better, can now have a two way conversation*

A. *“I understand more about my child and what she needs to communicate better with me, to relax demands on her in general routines (we have used PACT in more than just “our time”)” and my child is able to share attention with me when PACT techniques are used”*

5.2.2 Evidence Based

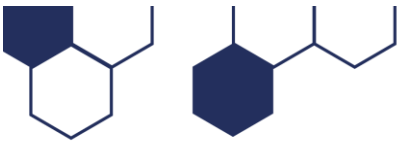
Another key enabler to implementation is that PACT has a long and detailed evidence base behind the intervention, built over several years and from across the globe. This evidence base was regularly cited by interviewees as key to getting managers, commissioners and parents/carers on board. It can be difficult to get commissioners and trusts to invest in a brand-new intervention, but a solid evidence base makes this process easier. Increased awareness within the system of what constitutes a certified evidence base would also benefit the scaling up process.

5.2.3 Cultural differences of communities within GM

Another clear theme that emerged which requires further consideration is how to tailor the intervention so that it is culturally competent and relevant. The concept of the approach being parent-led and focussing on the parent changing the way they communicate is culturally very different from standard interventions which focus on the expert practitioner delivering an intervention to a child. It was cited that slightly adapting the language and approach used to initially recruit families may be of benefit at the early stages to clearly set out expectations and requirements. Practitioners that used an interpreter to communicate with families noted that, because the PACT language is very particular, it would be beneficial that the interpreter had an understanding of PACT and the language used, and so would the use of the same interpreter for every session with a particular family. It was felt that some of the concepts which are key to PACT could be lost in translation. It may therefore be helpful to have information available to parents and carers in different languages.

5.2.4 Number of trained practitioners in locality

Due to the up-front cost and backfill required to train a therapist, the number of accredited therapists is relatively low at present (usually just 1 or 2 per locality). This causes a barrier due to the limited number of days they have allocated and their capacity when considering the waiting list and number of eligible families. Interviewees commented that when talking about PACT with colleagues, all are interested in learning more about the intervention, and the demand to be trained within the LD&A sector would be high. It was suggested that impact would be greater if more staff were trained in the intervention and would provide wider reach.



Q. Tell us about any challenges you've experienced with PACT?

A. *"The main challenge for us was the cost of doing the PACT privately while we were on the NHS waiting list"*

A. *"Reducing the waiting list on the NHS. Offering PACT in all NHS hospitals"*

5.2.5 Benefit to the child

When replying to the parent and carer survey, respondents noted how PACT has helped themselves and the child. The most popular response to this was that the parent or carer now understand their child more, and that their child now engages back with them. Other positive effects included that the child is calmer and more confident, and that they are able to focus for longer periods of time. Overall, parents and carers rated their experience of PACT as 4 out of 5 (where 1 is poor and 5 is excellent). The biggest challenge faced for parents and carers was the time dedication needed throughout the course of the programme, although this can be mitigated with clear guidance and expectation/requirement setting at the start. These views were backed by very similar findings in a paper conducted by Ladbitter K et al. in July 2020³.

5.3 ALIGNMENT WITH THE WIDER SYSTEM

5.3.1 Awareness of PACT within system

As PACT is relatively new to the wider GM region, awareness of the intervention, both with the public and in the system can be increased. This causes a barrier when attempting to expand or implement the intervention. Although practitioners noted that they were wary of communicating and raising awareness of the intervention to families due to already full waiting lists. Clear priority guidelines and how the intervention fits within the wider pathway are required to ensure practitioners are not overwhelmed by demand until such a time that the capacity is available.

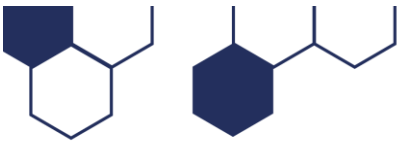
5.3.2 Journey and Patient Benefit

The current journey of the patient varies widely across localities and has not necessarily been designed with the PACT approach at the centre. To be of most benefit to the patient, a pathway journey design in particular for PACT would be required. This would also benefit the system in being able to prioritise, diagnose and recruit families to the programme.

5.3.3 Education Setting

Being able to embed PACT methodology into education is a complex process, with schools regularly having unique cultures. Parents and carers expressed frustration within the survey that they were

³ <https://doi:10.1177/1362361320936394>



not able to share information on the techniques used with their child with teachers, leading to a mixed approach whilst in an educational setting, and confusion for the child.

Q. Tell us about any challenges you've experienced with PACT?

A. "It has been incredibly difficult dealing with...teachers, teaching assistants and even the outside agencies from Autism support who had never heard of it before. Trying to get them to put the strategies in place to keep the consistency is very difficult"

A. "Sharing information learnt with schools and trying to get them on board"

5.4 PUTTING IN PLACE PRACTICAL PROCESSES TO ENSURE EFFECTIVE DELIVERY

5.4.1 Information Governance

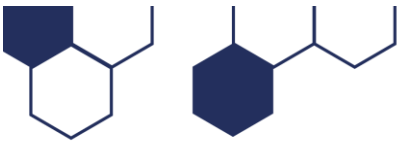
One of the biggest barriers that was cited throughout the interview process was information governance (IG), particularly since lockdown and the intervention being delivered online. The intervention requires the sharing of video recordings between the family and practitioner, of the child taking part in activities, which is then analysed. The sharing of these videos has been a challenge for nearly all localities. The most successful areas with this issue have been those who have had permission from IG teams to share videos using easy and familiar software such as WhatsApp. Manchester in particular has faced issues with this, with requirements to upload to the University of Manchester's Servu software. This user friendliness and reliability of Servu came up several times as a barrier and was also one of the most common answers in the parent and carer survey when asked about any challenges experienced. Being able to use video for review by therapists and as a tool to aid improvement and monitor their progress, was one of PACT'S biggest strengths, according to the same survey. Areas from outside of GM who were able to gain advanced IG and Trust approval (i.e. use of WhatsApp and video calling software) were better able to share videos and interact with families.

Q. What might help you address these challenges?

A. "better IT systems at the university!"

5.4.2 Funding and Backfill

Successful delivery and implementation of PACT requires sufficient funding and backfill for practitioners, to ensure that they are able to attend training they have dedicated time to commit to the project. In the current climate, this can be problematic for a therapy that is, at present, not particularly widespread. It is important to use the above enablers (such as the evidence base and supportive managers) to gain commissioner support and access sufficient funding and backfill. A suggestion to the challenges of PACT in the parent and carer survey was to increase the capacity of the service within the locality (i.e. more therapists) to reduce waiting lists.



5.4.3 Cost of Training

The cost of the PACT training was regularly noted as a barrier during the interview process. This may in part reflect the current system environment and limited funds available to support and pilot new interventions. Using the above enablers to raise awareness and engage executives and commissioners will be crucial to combat this. A number of interviewees also suggested that the training could be updated and modernised, to reflect the relatively high cost of the training.

5.4.4 Admin work/time required to recruit families

A common theme across all practitioners was the administrative time required to fulfil the role, both for preparation and review of session, and for the recruitment of and communication with families. Most practitioners had little administrative support available to do this. These tasks can be time-consuming, particularly when only allocated 1 or 2 days per week along with the pressure of ever-increasing waiting lists.

5.4.5 Access to good quality technology enhanced the overall experience for both therapist and family

Feedback from outside of GM was that, particularly since lockdown started in March 2020, high-quality technology has been key to providing professional delivery, making the whole process easier for the therapist. This means access to mobile phone that is able to handle large file transfers from services such as WhatsApp and a competent laptop with a clear webcam. Within GM localities, some professionals only gained access to video sharing software such as Microsoft Teams towards the end of 2020, months after lockdown started.

Q. Tell us about any challenges you've experienced with PACT?

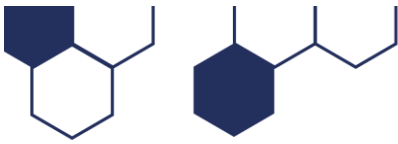
A. *"Uploading the videos can take a while and also recently we haven't been able to have a session because of problems with IT"*

5.4.6 Utilising the COVID response and relaxation of restrictions, including remote delivery, enabled PACT to be delivered further throughout the region

Further feedback from outside of GM was that COVID-19 provided an opportunity to spread the PACT offering across a wider geographical area, and to families who previously did not have access to the service. This was enabled by remote delivery and no need to travel to appointments. Unfortunately, this was not possible within GM as therapists are tied to the locality that they operate in. Those that were able to expand the service have been able to expedite their evidence base and claim for further support and funding.

5.4.7 Overcoming barriers outside of GM

Through discussions with stakeholder from outside of GM and the information provided throughout this report so far, it was evidently clear that their ability to overcome common barriers was reliant on available funding and grants. Having access to sufficient funds was regularly cited as the main driver in being able to scale and implement their PACT operations.



5.6 ANALYSIS USING CFIR FRAMEWORK

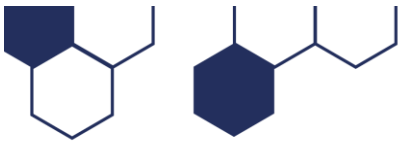
The interviews were analysed using the CFIR framework (Consolidated Framework for Implementation Research⁴). The framework was able to support rapid cycle evaluation of the research and is specifically aimed at the evaluation of the implementation and of health care delivery interventions, with the intention to improve implementation in a timely manner.

The framework is made up of five main constructs, of which the interview responses were tagged and themed against. Below you can see the five characteristics, and some common responses and themes that were included in the interview responses. Common themes within each construct are tabled below, with a more detailed analysis contained within Appendix C.

Enablers

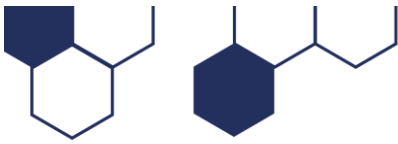
| Intervention | Inner Setting | Outer Setting | Individual | Implementation |
|---|---|-------------------------------------|-------------------------------|---------------------|
| Available prep/admin time | Managerial relationship | Stakeholder engagement and support | PACT training | Session supervision |
| Informed parents | COVID-19 (reduced commuting and digital delivery) | Commissioner engagement and support | Motivation and personal drive | Remote delivery |
| Allocation to familiar families | Sustainability | Local policy and procedures | Influencing | PACT manual |
| Building relationships with nurseries/schools | Resources for delivery | Communication and engagement | | Peer support |
| Sustainability | Peer support | | | |

⁴ <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-017-0550-7#Tab1>

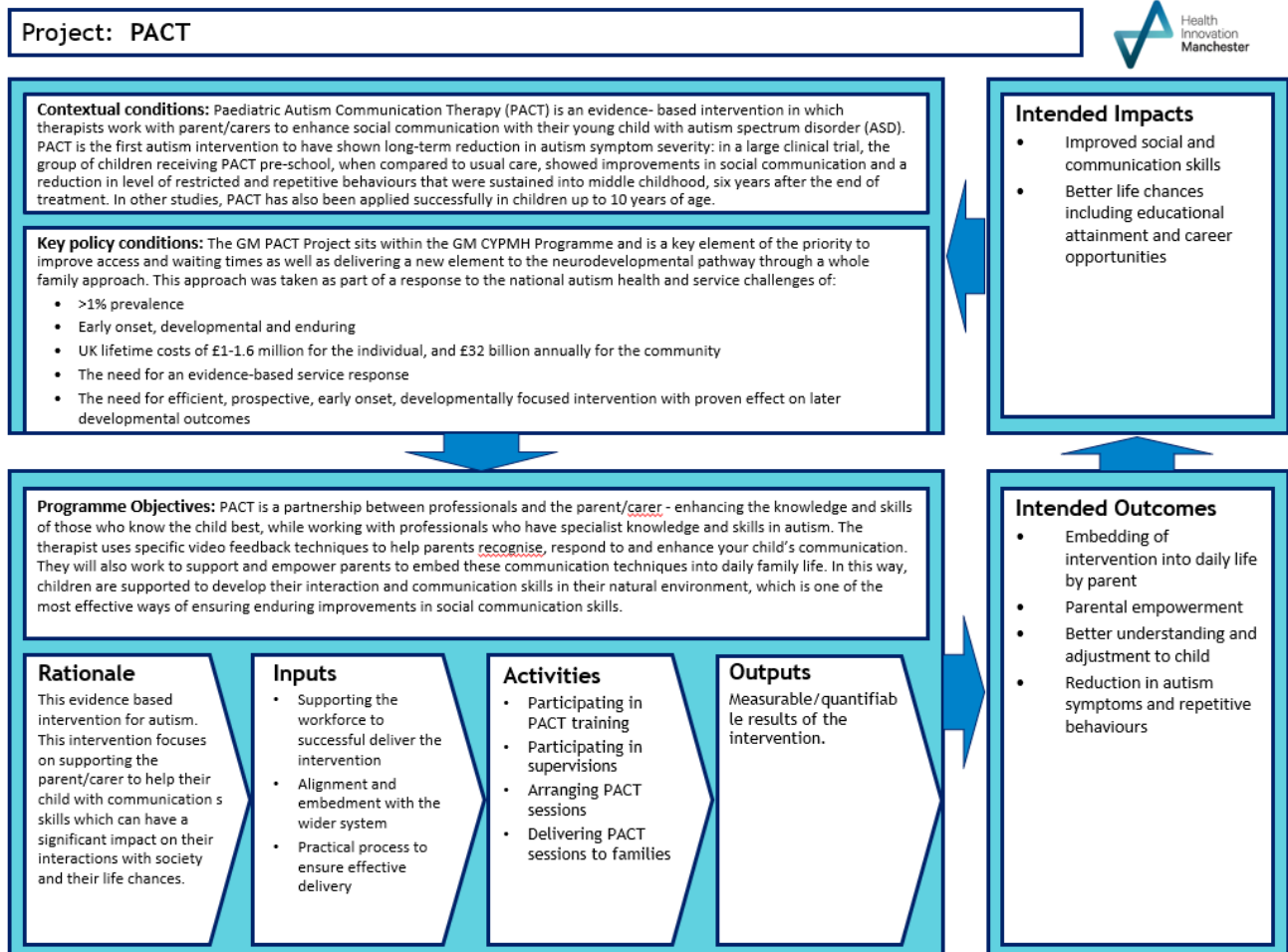


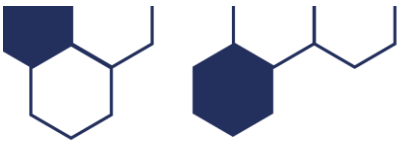
Barriers

| Intervention | Inner Setting | Outer Setting | Individual | Implementation |
|---|--|-------------------------------------|---|--|
| Limited awareness of PACT in wider system | Challenges with obtaining investment and funding | Limited parent and carer investment | Experience and understanding of working within CAMHS services | Technology and digital access |
| Training | Existing caseloads and waiting lists | Locality waiting lists | Motivation to train and deliver new service | Unique approach |
| Access after pre-school age | COVID-19 | External investment and funding | Experience with technology | PACT language |
| Preparedness for delivery | Communication | Information governance | | Number of children/needs within family |
| Supervision and refreshers | | Recruitment of families | | Team approach |



5.7 LOGIC MODEL





6 SUGGESTIONS & RECOMMENDATIONS

6.1 SUPPORTING THE WORKFORCE

6.1.1 Developed peer support networks

Throughout this exercise, it is clear that peer support networks are one of the most powerful tools to the development of the professionals, and the PACT team already does well at facilitating these. It is recommended that these continue in their current format and are expanded where appropriate. Possible options for expansion are networks by region or locality, from training groups, those at a similar level of experience and those by improvement theme.

6.1.2 Access to the PACT manual

It is suggested that a current version of the PACT manual is available to all trained practitioners. Although there were benefits to the e-manual, such as regularly updated, a majority of the therapists spoken to prefer the use of a hard copy, which is easier to locate and can be personalised with notes.

6.1.3 Provide of backfill and funding

A recommendation that is of course easier said than done, however backfill and funding is vital to a successful implementation. Alternative and innovative options for funding could be looked at, such as national, regional and local bidding opportunities, to fundraising and financial arrangements with commissioners.

6.1.4 Education sector engagement

It was cited a number of times within the parent and carer survey that teachers were unaware of PACT principles once their child started to attend school, which hindered the development of the child and confused them. It is suggested that outreach to schools in particular which have PACT children is commenced, and that teachers are provided with a short document or video which details basic PACT techniques. The next phase of the project could look to embed the therapy within schools and nurseries.

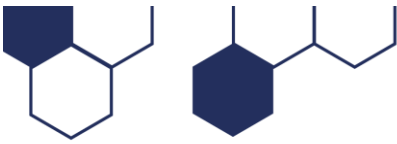
6.2 FAMILY CENTRED, EVIDENCED BASED APPROACH

6.2.1 Maintain culture and approach

The culture and approach of the PACT intervention is held in high regard both by the professionals and parents, carers and child. It is recommended that this is not diluted as the intervention grows and it is maintained, just as it has done so far. The users and providers benefit from taking part in something that is so unique and innovative, and it is one of the key drivers of success.

6.2.2 Develop number of trained therapists per locality

As expected, one of the biggest challenges around growing PACT is the number of therapists that are able to deliver the intervention. It is suggested that PACT look into solutions for expanding training options and availability. This could be through more training sessions, building up a network of train the trainers, to financial support and solutions to increase access to NHS services and providers that are financially constrained.



6.3 ALIGNMENT WITH THE WIDER SYSTEM

6.3.1 Build awareness of PACT across GM

The PACT team have noted that there have been continual efforts to build awareness of PACT through different avenues. Accessing professional communications and public relations support can help the team. It is suggested to engage with comms and PR leads from organisations such as GMHSCP, UoM and NHS Digital for advice and support.

6.3.2 Drivers and leaders within the system

Another area that would build awareness of the intervention is identify, engage and utilise the drivers and leaders in the system to propel and prioritise PACT in upcoming programmes of work.

6.3.3 Develop the patient journey

The journey of the patient should be what is the most effective for them, and this should be built around PACT. It is suggested that where possible, pathways are redesigned with PACT at the heart, which would prioritise what is effective and what the evidence points towards.

6.3.4 Education Setting

As suggested earlier in the report, embedding PACT into the education setting is complex and a big task. The PACT team have already been looking into this, and it is suggested that research continues in this area. Once a child who has undertaken PACT moves into school or nursery, it is important that educational professionals have the tools and knowledge to continue implementing the relevant techniques.

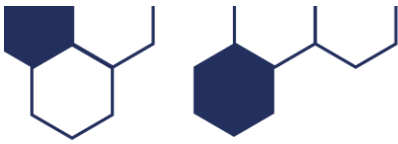
6.4 PUTTING IN PLACE PRACTICAL PROCESSES TO ENSURE EFFECTIVE DELIVERY

6.4.1 Develop IG processes

Due to the varying IG regulations within each locality of GM, there is not a one-size-fits-all approach to information governance. However, there was greater success with the teams that were able to gain approval to use digital systems that were familiar with parents and carers, such as WhatsApp. It is recommended that a locality about to implement attempts to engage their IG team and push for using WhatsApp, that is as safe as possible.

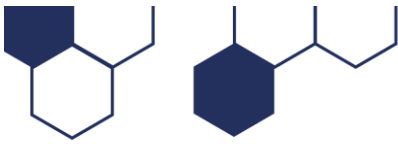
6.4.2 Admin support to therapists

Another major barrier was the spare time therapists had to complete their admin. If the team is off a sufficient size, the availability of admin support will free up time for therapists to focus on their cases and where appropriate and increase caseload availability to avoid them feeling overwhelmed.



APPENDIX A: INTERVIEW QUESTIONS

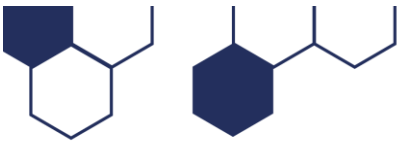
| # | Question |
|----|--|
| 1 | What is your role? What has been your role in relation to implementing PACT? |
| 2 | How successful do you feel the implementation of PACT has been in your area? |
| 3 | From your perspective, what helped you to implement PACT? What were the key enablers? |
| 4 | What challenges did you face during implementation? What helped you to overcome these challenges? |
| 5 | Which person(s) were responsible for making PACT happen? |
| 6 | Which key stakeholders did you need to engage with to ensure implementation of PACT? |
| 7 | What governance processes did you need to go through? What would have helped you to navigate through these? |
| 8 | What resources did you have in place to implement PACT? Is there anything else that would have helped in this respect? |
| 9 | What have you put in place to make sure PACT is sustainable? |
| 10 | Did you experience any resistance to implementation? How did you overcome this? |
| 11 | What issues did you experience during implementation? How did you overcome these? |
| 12 | How did you find the PACT training? <i>(N/A for commissioners)</i> Do you have any thoughts on how it might be improved? |
| 13 | How have you managed to embed the key principles from the PACT training and support ongoing learning? What do you think might help with this? |
| 14 | What lessons have you learned through implementation - what advice would you provide to someone who is about to implement PACT for the first time? |
| 15 | What do you see as the top 3 ingredients for successful implementation? |
| 16 | Do you have anything else you would like to tell us or have any questions before we finish the interview? |



APPENDIX B: ONLINE SURVEY QUESTIONS - PARENTS AND CARERS

- Q1. On a scale of 1-5 where 1 is very poor and 5 is excellent, how would you rate your experience of PACT (Paediatric Autism Communication Therapy)?
- Q2. What do you see as the main strengths of the PACT approach?
- Q3. How has PACT helped you and your child?
- Q4. Tell us about any challenges you've experienced with PACT.
- What might help to address these challenges?
- Q5. Do you have any suggestions for how the PACT approach might be improved in future?

| Question | Answer notes/themes | Notes |
|--|---|-------|
| Q1 On a scale of 1-5 where 1 is very poor and 5 is excellent, how would you rate your experience of PACT? | Average 91/100 22 responses | |
| Q2 What do you see as the main strengths of the PACT approach? | Focus on the adults and child (2 way experience / both grow together) | x5 |
| | Video reviewing for improving and monitoring progress | x3 |
| | Reassurance the process is correct | |
| | Knowledge and communication of therapists | x3 |
| | Clear and easy guidance | x2 |
| | Following the child's lead | |
| | Uniqueness of building skills through playing games | |
| | Builds relationships up between parent and child | |
| | Convenience & simplicity | x2 |
| | Low demanding and not overwhelming child | |
| | Intervention that is built into every day life | |
| | Parental empowerment | |
| | Skills learnt can be used forever | |
| | Ability to adapt the programme to the child | |
| | Remote delivery | x2 |
| Q3 How has PACT helped you and your child? | Child is calmer & more confident | x3 |
| | Child now engages with parent | x5 |
| | Parent now has the skills to communicate effectively with the child | x3 |
| | Knowing how to encourage your child | |
| | Focus for longer periods of time | x4 |
| | Letting the child lead the play sessions / child seeks out play | x2 |
| | Understanding my child more | x6 |
| | Being aware of how to speak to my child | |
| | Increased bond with child | x2 |
| | Ability to overcome challenges | |
| | Achievement of goals/milestones | |
| Q4 Tell us about any challenges you've experienced with PACT | PACT is not always suitable for highly complex needs | |
| | Child wanted to see therapist (not possible virtually) | |
| | Uploading/recording videos | x3 |
| | Finding a time when child is relaxed but not too tired | |
| | Lockdown and sibling interference | x2 |
| | Occasional sounds issues virtually | |
| | Child not interested and having to record for a session | x2 |
| | Face to face would have been more cohesive | |
| | No challenges at all | x4 |
| | Cost of doing it privately | |
| | Virtual sessions | |
| | Louisa Harrison | |
| | Patience needed by parent | |
| | Intense programme / time dedication | x3 |
| | Trying to get schools on board/sharing learning with teachers | x2 |
| Q5 What might help to address these challenges? | Delivered in conjunction with other therapies | |
| | Child needs to be calm to be receptive | |
| | Identify time of day when child is more responsive | |
| | Improve UoM IT systems (video sharing) | |
| | Staff modelling techniques via video | |
| | Face to face sessions when possible | |
| | Longer than 2 weeks between sessions to allow child to develop | |
| | Reducing NHS waiting list/larger offer of PACT in NHS | x2 |
| | Challenges will end along with pandemic | x3 |
| | Dedicated time to commit every day (parent) | |
| | Awareness within schools | |
| | 1 day training summary course for teachers | |



APPENDIX C: CIFR CONSTRUCT ANALYSIS

1. Intervention characteristics

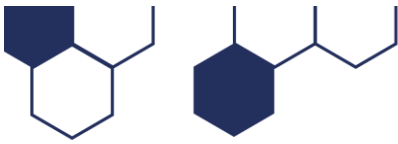
Enablers

| | |
|--|--|
| Available prep/admin time | Practitioners being given the required time to perform all required preparation and administration |
| Informed parents | In some areas (notably outside of GM), parents who are generally informed in the LD&A area are aware of PACT. Most parents want more sessions once underway |
| Allocation to familiar families | It helps when a therapist/practitioner is able to be allocated a familiar family who they already have a relationship with |
| Building relationships with nurseries/schools | A good relationship with a nursery or school enables clear communication and co-operation between all parties |
| Sustainability | Discussing and planning for sustainability early on during the pilot or implementation is advised, to ensure stakeholders are aware of the advantages of implementing the intervention |

Barriers

| | |
|------------------------------------|--|
| PACT awareness | Awareness of PACT both within the system and community can be increased |
| Training | All practitioners must attend official training - colleagues cannot pass skills onto one another |
| Access after pre-school age | It can be frustrating if parents are not ready to take part during pre-school years as it is generally not accessible after ages 5-6, as is more beneficial to the child if delivered pre-school |
| Preparedness for delivery | PACT professionals can initially find sessions daunting due to the innovative approach of the PACT intervention |
| Supervision and refreshers | Some professionals felt that the drop-off in supervision after accreditation left them feeling alone, and that they would welcome refresher sessions and ad-hoc supervision |

2. Inner setting

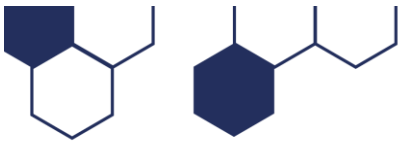


Enablers

| | |
|------------------------------|---|
| Managerial Leadership | All professionals noted that the PACT project was primarily driven by a supportive and influential manager who pushed their organisation to take part in PACT |
| COVID-19 | The current COVID situation has enabled delivery to go online, which has enabled professionals to deliver remotely and access a greater number of families |
| Sustainability | Numerous interviewees noted that management are keen for PACT to continue and engagement with managers on the benefits and outcomes is key for sustainability plans to progress |
| Resources | Having all of the required resources available and ready to use at the start by the therapist is key to successful delivery. This has been improved through remote delivery - with parents using their own resources such as toys |
| Peer Support | Peer support is one of the most common themes arising throughout the interview process. A fully developed peer support network (within the region of delivery) enabled a greater development of the practitioner's skills |

Barriers

| | |
|---|--|
| Department Investment and Funding | Internal departmental funds are a barrier to further expansion of PACT already in place within a locality - limiting the number of those who are able to be trained or to provide sufficient resources for sustainability. |
| Existing Caseloads & Waiting Lists | With already very long waiting lists for LD&A interventions, the number of eligible children for PACT therapy is much larger than the capacity of accredited PACT therapists |
| COVID-19 | The current climate for implementation is restricted due to COVID-19 pressures on the system and capacity to implement a new intervention. Capacity of families can also be reduced in some cases due to picking up extra activities (i.e. home-schooling) |
| Communication | A number of interviewees noted that communication of the therapy could be improved throughout their organisations and with other |



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| | professionals, noting that PACT is generally only known to the small circle involved. |
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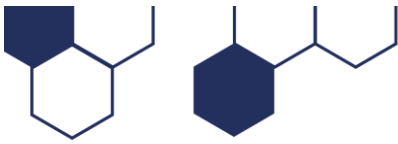
3. Outer setting

Enablers

| | |
|--|---|
| Stakeholder Engagement and Support | Key stakeholder support, both within and external to the organisation is necessary to positively engage and push for sustainability and spread of the intervention. |
| Commissioner Engagement & Support | Commissioner engagement and support is also essential to secure funding to maintain, sustain and spread the intervention. |
| Local Policy and Procedures | Specific policy and procedures within a locality can enable PACT to progress and be implemented quicker. It can also benefit the practitioner if they are able follow procedures already in place that enable easier delivery (i.e. IG approvals and the sharing of videos) |
| Communication and Engagement | A strong communication strategy and engagement both within the trust and to parents/carers enables a greater understanding of the intervention and potential for further spread. |

Barriers

| | |
|------------------------------------|--|
| Parent and Carer Investment | Parents and carers need to be fully invested in the course of sessions to obtain the greatest benefit. Clear communication with the parent or carer on the requirements and expectations involved can enhance the motivation to take part |
| Locality Waiting Lists | Along with specific autism waiting lists, wider locality lists in the LD&A area can be a barrier to access due to the capacity of therapists delivering other interventions |
| External Investment/Funding | Without external investment and funding support, it is likely most trusts would not have the required budget to fully deliver the PACT intervention. Commissioner engagement and support can be vital to gaining access to this support |
| Information Governance | Wider information governance regulations and protocols can hinder the ability for a therapist to successfully delivery the intervention (particular post-COVID). Those areas who have favourable IG guidelines have had greater success in delivering remotely |



| | |
|---------------------------------------|---|
| <p>Recruitment of Families</p> | <p>The recruitment of families has been noted as a barrier in some instances. Reasons for this range from; unable to commit at present due to other priorities (COVID), PACT is unique and different compared to other standard interventions, parents are not comfortable participating online, practitioners do not have the available time to communicate and engage with potential families</p> |
|---------------------------------------|---|

4. Individual characteristics

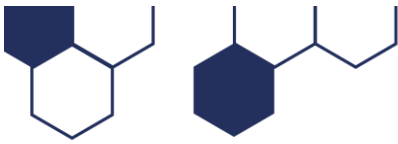
Enablers

| | |
|---|--|
| <p>PACT Training</p> | <p>The PACT training and enhance knowledge of PACT methods enablers therapists to confidently deliver the intervention to the highest level</p> |
| <p>Motivation/Personal Drive</p> | <p>A number of people stated they were fully committed to PACT and its potential, completely trusting the intervention and giving them the motivation to champion and drive the intervention.</p> |
| <p>Influencing</p> | <p>Therapists that are able to motivate and influence families are able to enable the intervention. Persuading families to pick up something new during lockdown and complete it remotely requires these skills.</p> |

Barriers

| | |
|---|---|
| <p>Experience within CAMHS services</p> | <p>It was noted in a some of the interviews that PACT would be easier to understand if the person had built up experience within CAMHS services</p> |
| <p>Motivation to train/deliver new service</p> | <p>Capacity for healthcare workers is at an all time low, with demand increasing on services, so it comes as no surprise that in cases there is not the desire or motivation by some professionals to train in another services that they would then have to deliver.</p> |
| <p>Experience with technology</p> | <p>Online PACT delivery requires the use to be tech-savvy and au fait with using technology. On occasions, this is not within the skill remit or previous experience of a profession who is used to delivering online.</p> |

5. Implementation process

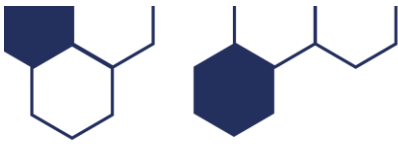


Enablers

| | |
|----------------------------|---|
| Session Supervision | Nearly all of the interviewees noted that session supervision during the accreditation period was beneficial to the learning and progression. It was also noted that they would have liked this to have continued after they had been accredited. |
| Remote delivery | During the COVID response period, most practitioners stated that remote delivery enabled more families take part in the programme, due to increased time at home and access to the therapy remotely. |
| PACT Manual | Every interviewee that was involved in the delivery of the intervention to families stated that the PACT manual was their most important resource, and that it was used on a daily basis. |
| Peer support | The process of peer support, both within training sessions and after accreditation was another key factor in enabling successful implementation and developing the therapist. |

Barriers

| | |
|---|--|
| Technology and Digital Access | There are numerous families across the GM region who do not have access to the required digital technology to fully engage with remote delivery, which requires regular video uploading and sharing, and video call session delivery. |
| Unique Approach | PACT is a particularly unique approach, which is different from standard and off-the-shelf LD&A interventions. This can put families off who are used to standard offerings, requiring communication skills to interest and recruit families. |
| PACT Language | PACT delivery requires the use of specific language delivered in a particular way. This can be difficult when using interpreters to communicate with families, who would not be experienced in PACT language. There were also barriers raised around cultural differences within localities, and the need to adapt the approach to suit. |
| Number of children/needs within family | A common instance is that family would have a number of children within the family that have needs, which makes the parents unable to fully commit to taking part in PACT - or have a number of children |



| | |
|----------------------|--|
| | who would benefit from PACT, but the intervention is designed to be used on 1 child at a time. |
| Team approach | Most of the time, the accredited PACT therapist within a locality is required to undertake all aspects of the intervention (communication, recruitment, admin etc.). This can be time consuming for the individual, who would most likely have very little time allocated. A team approach has been noted that would be successful, with administration and recruitment support. |