

Evaluation Report:

Tier 4 Social Prescribers

Executive Summary

Prepared by Research Oxford for Response and
Buckinghamshire, Oxfordshire and Berkshire West Integrated
Care Board

November 2023

“We are proving that this works, that for some young people, it isn't about medication, or very strict Cognitive Behavioural therapy or Dialectical Behaviour therapy or whatever it is, sometimes it's about having a chat and playing football and going to a club. And that is equally as impactful as doing things in a medical way.”

(Operations Manager)

“It would be fantastic if we could have more Social Prescribers.”

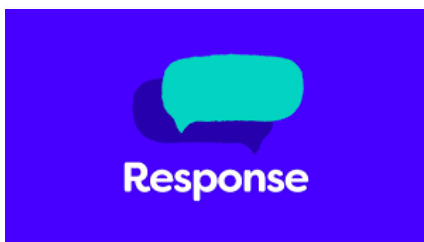
(Unit manager)

“I think hospitals are a really supportive environment for young people. There are always activities so that they are entertained. And then they think about going into the community or going home, where there is nothing for them to do. So I think just having something in the community that they can go to, gives them so much more motivation. Almost something to live for and something to work towards.”

(Social prescriber)



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board



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Acknowledgements:

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EXECUTIVE SUMMARY

The purpose of this evaluation is to better understand the impact of the Social Prescribers in the CAMHS Tier 4 services for children, young people and the clinical team. This evaluation was commissioned by Response in November 2022 on behalf of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICS) to inform their onward commissioning intentions.

In this report we define social prescribing as a non-medical intervention which “offers time, space and a supported personalised approach to explore what matters to individuals”. The intervention is able to provide support quickly and in an easy and accessible way.

The context of this evaluation is the ongoing mental health crisis experienced by children and young people in the UK, exacerbated by the post-COVID fallout and the Cost of Living Crisis. In light of the most recent data published by the NHS and YoungMinds charity, it is essential that mental health services and further sectors working with children and young people seek to not only maximise their positive impact on the children and young people seeking support, but also ensure that this support is timely, holistic and joined up.

This evaluation involved a literature review of existing publications, interviews with 5 professionals working within the mental health services for children and young people, a review and analysis of demographic and outcomes data and collation of qualitative feedback gathered from young people, their families and mental health professionals.

SUMMARY OF KEY FINDINGS

Background

The Tier 4 CAMHS Social Prescribers project ran from August 2022 to September 2023, with a further 6 months extension to the project agreed. Whilst Response was initially commissioned to provide three Social Prescribers across three CAMHS Tier 4 units, the service scope was changed following a consultation with the commissioner to two workers to be embedded in two CAMHS Tier 4 units for 20 months - the Highfield Unit, Oxford and the Phoenix Unit, Woking. Whilst there was a performance assessment framework for this pilot, there were no specific output targets or activities agreed to as this was a brand new approach to services for children and young people. Literature review has shown that there is need for timely and high quality mental health support for children and young people on the national and local levels, with an estimated 1 in 6 children and young people having a probable mental health disorder.

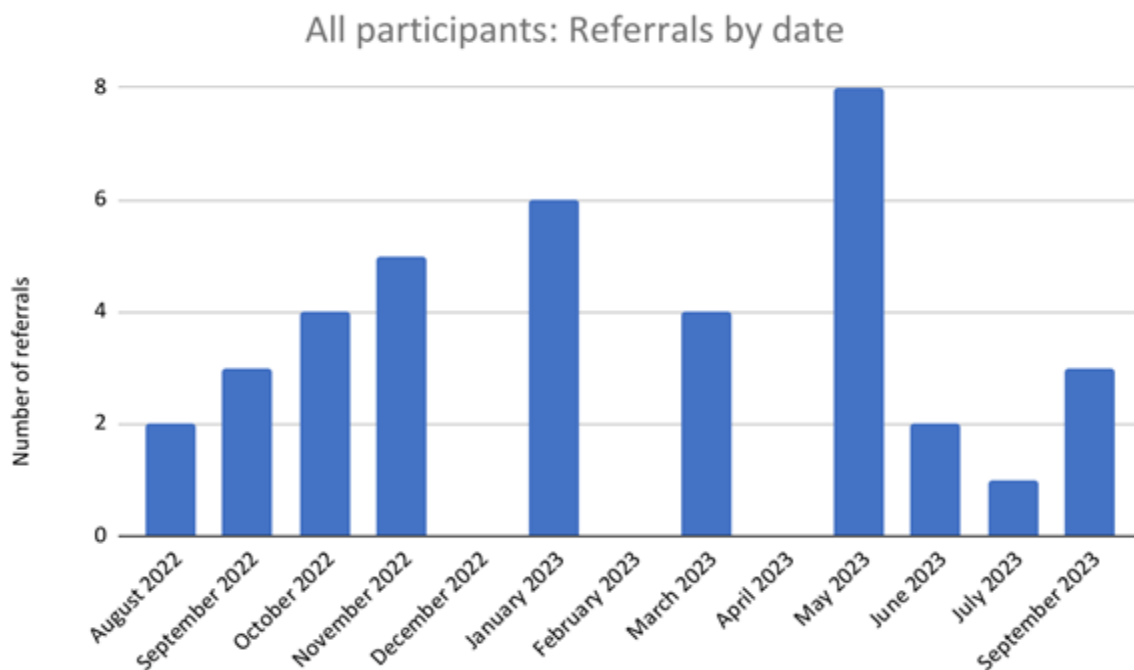
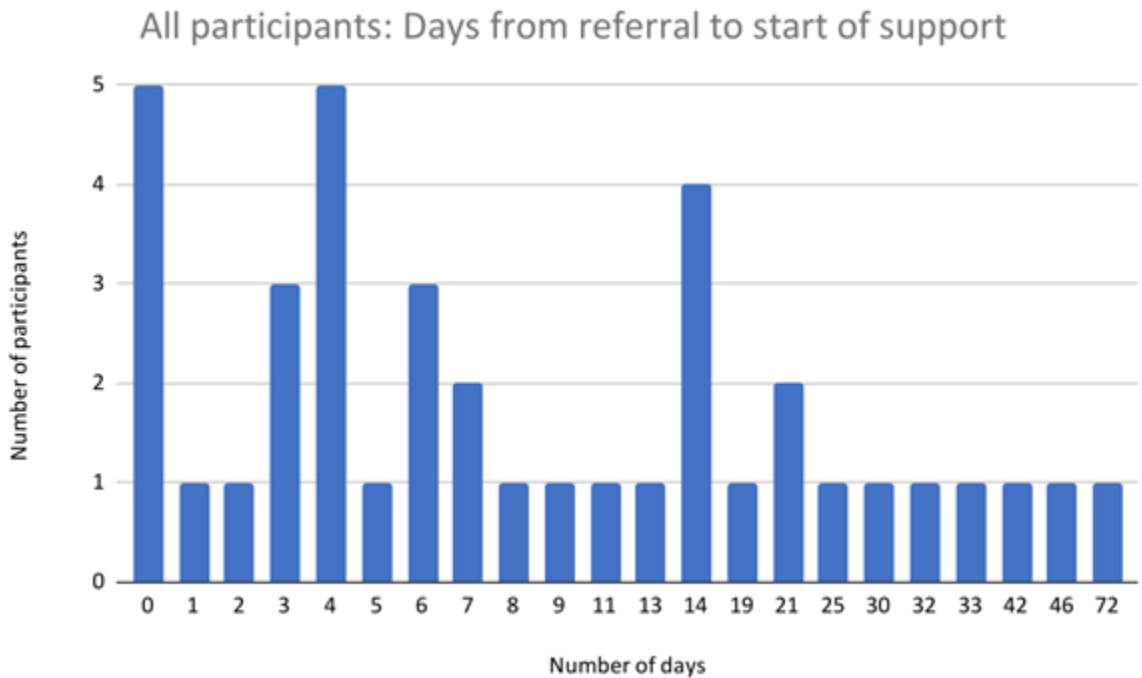
Partnership

The project was delivered by a collaboration between Response, Berkshire West/BOB ICS and Berkshire Health and the teams at each of the Tier 4 units. The initial set up and staff recruitment varied in its success and effectiveness between the two units due to the strength of working relationships between partners and the length of time available for set up. Response was responsible for day-to-day support and monitoring of delivery, local teams provided line management of Social Prescribers and any relevant training/shadowing.

Referrals

- There were a total of 39 referrals made to the social prescribing pilot. Referrals were made by hospital CAMHS clinicians or were identified by the Social Prescribers themselves through contact with the young people accessing CAMHS services.

- The average waiting time between receipt of a referral and the start of the support was 13 days. This time was needed for the social prescriber to link with the wider support team to ensure the social prescribing would complement wider treatment plans.



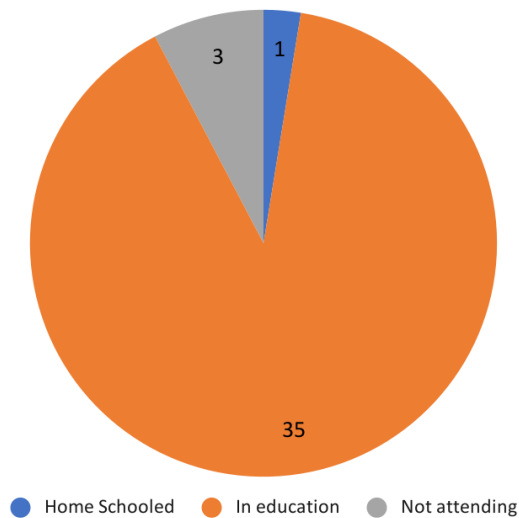
- May 2023 saw the most referrals (8). Apart from the spike of referrals in May 2023, referrals appeared to follow a trend whereby they rose from late summer/autumn to a peak in January, before dropping off again towards the summer. This is in line with

the general trend of admissions at both units, with a drop off in the summer (partly linked to school closures).

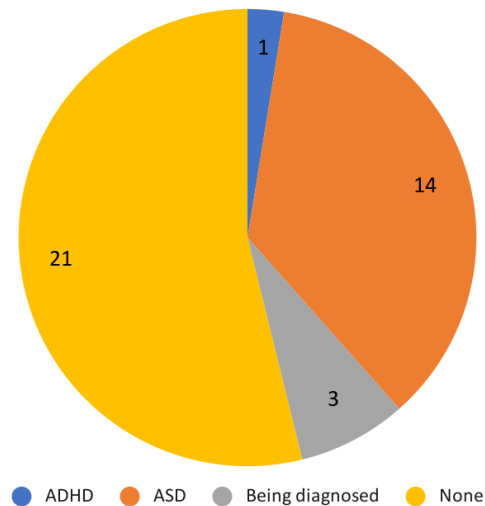
Participant profile

- Of the young people engaging with Social Prescribers that had demographic data recorded or disclosed, the largest proportion of young people were 15 years old (35%), straight (33%) or bisexual (33%), White British (64%), neurotypical (54%) and in education including school and college (90%).

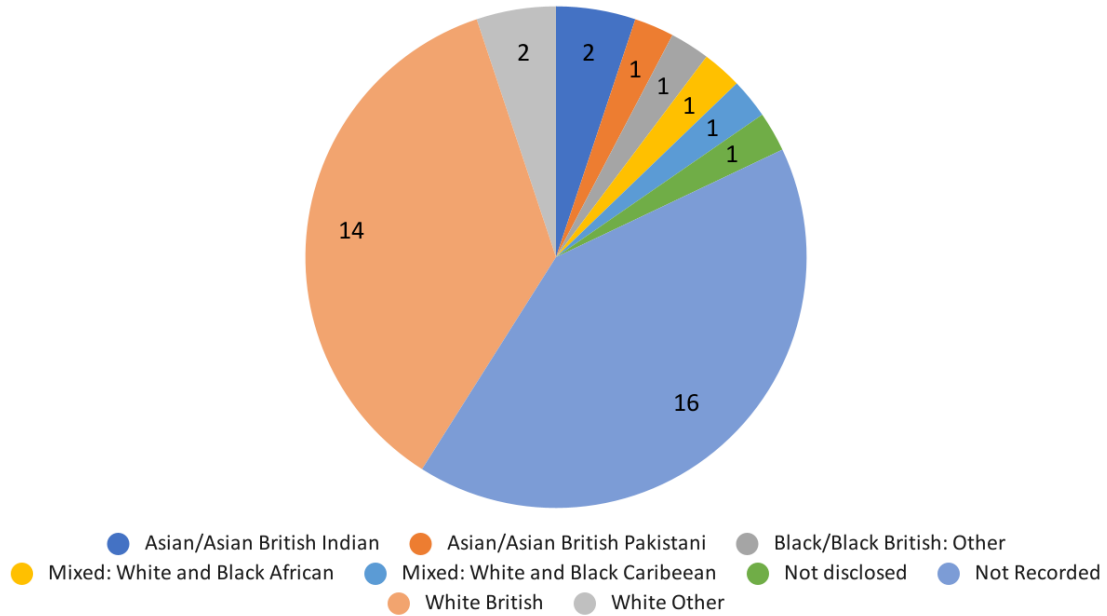
All participants: EET status



All participants: Neurotype breakdown



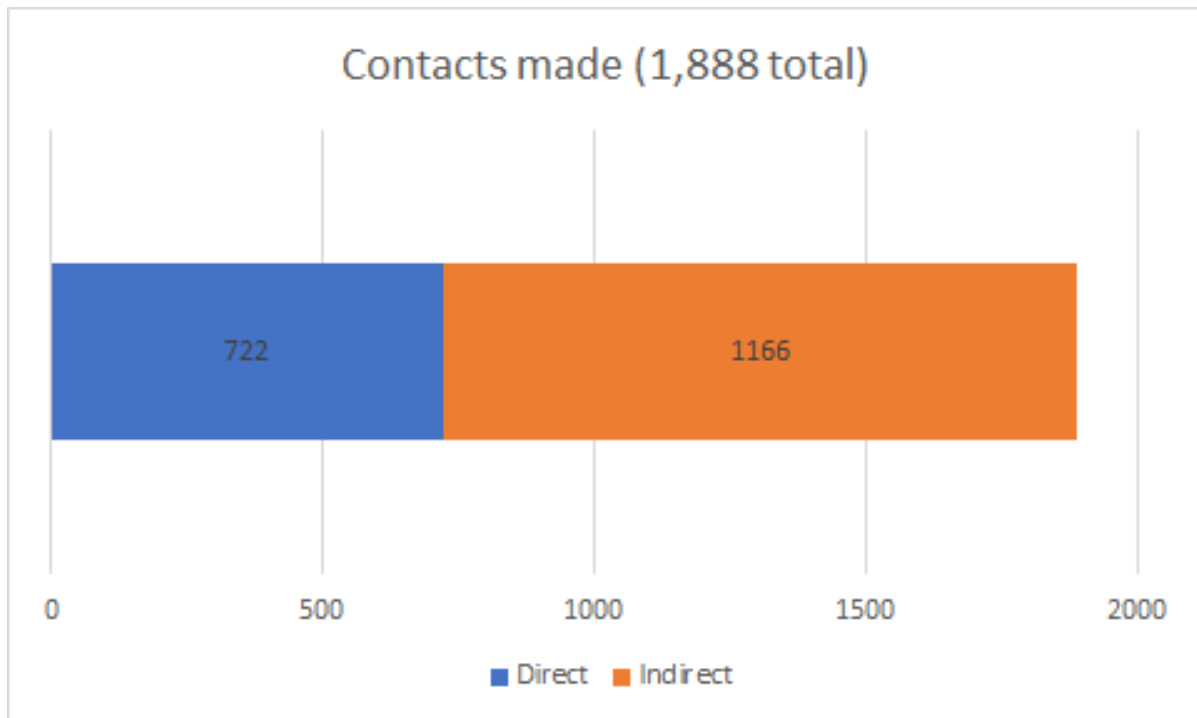
All participants: Ethnicity background



- The reasons young people were admitted to Tier 4 CAMHS varied, with some young people presenting with a comorbidity of issues. The most common reasons for admission to Tier 4 were Emotional Dysregulation (21%) and Suicidal Ideation (13%).

Service delivery

- By mid-September 2023, 90% of young people referred to the social prescribing pilot in the first 12 months had completed their sessions, spending an average of 73 days open to support with the social prescriber.
- 1,888 contacts were provided to 39 young people (on average 48 contacts per person). Those included 722 direct contacts (1 to 1s with the child or young person) and 1,166 indirect contacts (queries about the child or young person, including case reviews or communications with other organisations on behalf of the participant).



- The greatest barrier to providing support to young people was their health (mental and physical) when first admitted to the units, preventing Social Prescribers from providing support until towards the end of their stay. The social prescriber linked with the wider support team to ensure young people were well enough to access support when it would be most impactful for them.
- The main support provided to the children and young people accessing social prescribing was facilitating them to engage in activities or hobbies (80%), which empowered them to seek their own support rather than being presented with solutions.

Outcomes and impact

Engagement with social prescribing yielded positive outcomes and impact for not only children and young people involved, but also their parents and clinical professionals in CAMHS.

As a result of their engagement, children and young people:

- Connected with their communities and increased their use of available services;
- Were supported to focus on recovery and going back to their daily lives;
- Built confidence and support networks for an easier transition back into the community;
- Were more motivated to take up new, or re-engage with past, interests/hobbies.

Furthermore, young people and their families reported being more open to accessing new support and gaining better understanding of their conditions.

Outcomes and impact on the clinical staff included:

- Connection with other services to improve support available to young people;
- Better understanding of the impact that social prescribing can have;
- More staff availability to provide wrap-around support;
- Bridge between hospital and day-to-day life for the young people;
- Different perspective on how clinical teams can support young people;
- Readily available youth work support in a hospital setting;
- Additional service complementing existing care provision.

Challenges

The main challenges encountered by the pilot included:

- Varying levels of engagement from partner organisations in the initial recruitment and set up, resulting in more challenging embedding of the role in some of the Tier 4 services;
- Initial lack of clarity of the roles and responsibilities of the Social Prescribers;
- Length of social prescribing support being insufficient in some cases;
- Lack of clarity on some of the outcomes and impact of the project;
- Outcome monitoring tools being ill-aligned with the outcomes of the project.

Conclusions

Similarly to the national reports, children and young people living in Berkshire West and Oxfordshire are experiencing a crisis of worsening mental health. Rises in waiting lists for access to support and a reduction in available resources, further exacerbated by the post-pandemic fallout and the Cost of Living Crisis, highlight the need for timely and holistic interventions at all levels of support and the importance of partnership work.

There is strong evidence that social prescribing has a positive impact on mental health and wellbeing, when provided in both clinical and non-clinical settings. It has the ability to support clinical services into providing more holistic and personalised care, while also removing some of the pressures put on the clinical staff. Despite there being no available previous research on provision of social prescribing in an inpatient setting, it is reasonable to assume that, when adjusted, some of the outcomes and impact previously reported could be achieved for the most complex and vulnerable children and young people. This has been further supported by the outcomes of the evaluation of the Tier 4 CAMHS Social Prescribers project.

Children and young people, who engaged with social prescribing, reported positive changes to their confidence and having the help to build support networks for when they go back to their daily lives. They were able to engage with education, gain motivation to take on hobbies and became more open to trying new things.

While not primary recipients of support, parents and carers were able to improve their understanding of the issues young people might be facing and became more open to explore different services available to them.

The positive impact of the inclusion of social prescribing in a clinical setting was further reported by the CAMHS staff, who felt that the care provided by the service as a whole was more rounded, their access to advice increased and transition between inpatient and community services improved.

The evaluation of the pilot has shown that future delivery and adoption of the model in other inpatient settings would benefit from: a joined up approach to recruitment; review of the Social Prescriber role to ensure roles and responsibilities are more clearly defined; and a review of the desired outcomes, both short and long term. Data suggests that outcomes stemming more directly from the social prescribing activities might be more relevant and meaningful, especially ones centred around the transition between the inpatient and community services. These could also include connections with other organisations/clubs made with the help of social prescribing, new activities undertaken, personal goals reached, and barriers to engagement which were overcome.

There have also been suggestions of social prescribing becoming a link between Tier 4 and Tier 3 community services, which would be able to support the young person during the transition and allow for a more continuous provision of care. This could be something that could be explored as an extension to the current model.