Evaluation Report: Getting Help/Getting More Help Social Prescribers

Prepared by Research Oxford for Response and Oxford Health

Executive Summary

September 2023

"I've worked in CAMHS for 20 years and have been amazed how helpful the introduction of a social prescriber in our team has been! I received some support with a few incredibly complex young people on my caseload, whose lives have become incredibly constricted. Those young people are now getting out more, growing in confidence and engaging better with our mental health treatments."

Child and Adolescent Psychiatrist







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Acknowledgements:

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1. EXECUTIVE SUMMARY

The purpose of this evaluation is to better understand the impact of the Social Prescribers in the CAMHS Getting Help and Getting more Help teams for children, young people and families, as well as upon the team itself. This evaluation was commissioned by Response in March 2022 on behalf of Oxford Health NHS Foundation Trust 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"¹. 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 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 6 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 Getting Help/Getting More Help Social Prescribers pilot ran from July 2022 to June 2023, with a further 6 month extension to the project agreed. Two Social Prescribers were embedded in the CAMHS team, one in the South and one in the North of Oxfordshire². Whilst there was a performance assessment framework for this pilot, there were no specific output targets or activities agreed due to the holistic and person-centred nature of social prescribing. 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 pilot was delivered by a collaboration between Response and Oxford Health. The initial set up and staff recruitment went well, with staff commenting on the high effectiveness of

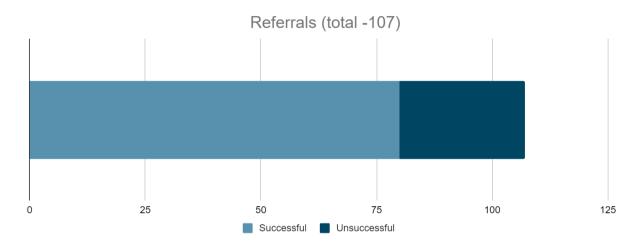
¹ Children and Young People's Social Prescribing Good Practice Guide (South East), National Children's Bureau, June 2023

² CAMHS in Oxfordshire is separated into 2 geographical team areas. The South team covers half of Oxford and the South of the county; the North team covers North and West Oxfordshire and the remaining areas of Oxford. By placing one social prescriber in each team, the pilot aimed to maximise its coverage.

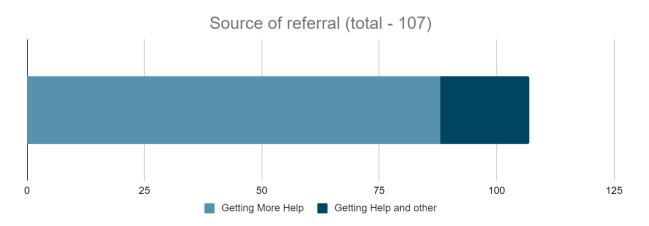
communication and good collaboration between the two organisations. While Oxford Health inputted into the creation of job roles and then line management of the Social Prescribers, Response dealt with the day-to-day support and monitoring of the delivery.

Referrals

• There were a total of 107 referrals made to the pilot, with 80 of those being successful.



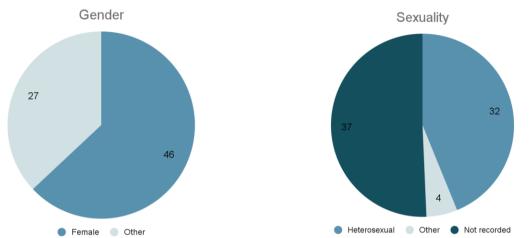
- The average waiting time between receipt of a successful referral and the start of the support was 13 days.
- All of the referrals were made through either Getting Help (pathway supporting children and young people with low mental health needs) or Getting More Help (service supporting young people with moderate to high mental health needs) services. The majority were made through Getting More Help (82.2%), which led to the project supporting more young people with complex needs.

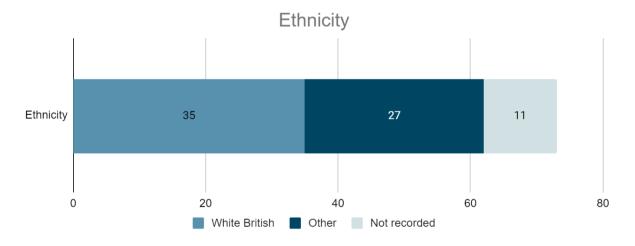


- The main reasons for referrals were anxiety (33.6%) and low mood (15%), with the majority of young people referred into the service being between 15 and 17 years old (58%).
- Out of the 80 successful referrals, 56 young people engaged with the service.
- On average, young people spent 96 days on caseload before completing their support with Social Prescribers.

Participant profile

• The largest proportion of young people successfully referred for support identified as female (63%), heterosexual/straight (44%), White British (47.8%) and were supported by CAMHS at some point during their engagement with the Social Prescriber (78.5%).



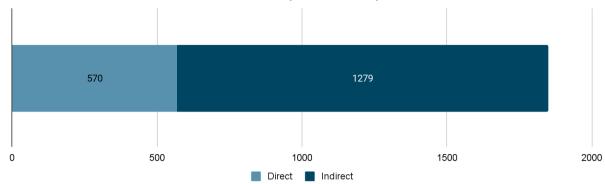


- The majority of children and young people accessing the service had a supportive family (85.7%) but lacked other support networks, including friendships (71.4%).
- The most common desired outcomes, reported by the young people, from social prescribing were improving their ability to engage with support available (21%), maintain friendships (18%) and pursue new interests or activities (15%).

Service delivery

• A total of 1,849 contacts were made between January and June 2023. Those included direct contacts (1 to 1s with the child or young person) and indirect contacts (queries about the child or young person, including case reviews or communications with other organisations on behalf of the participant).

Contacts (total - 1,849)



• The main types of support provided to the children and young people accessing social prescribing were advice and support in joining a club/society/group (78.6%) and listening to their needs (50%). This was done by exploring their interests and offering suggestions for accessible and interesting activities.

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:

- improved their ability to manage their own mental health (86%);
- showed an improvement in their mental wellbeing (67%);
- reported an increase in their self-confidence.

Other outcomes reported for the young people included:

- re-engagement with employment, education and training (EET);
- being more aware and accessing local support services (62%);
- Improvement of relationships and bigger support networks.

Parents and carers reported:

- improved awareness around mental health and wellbeing;
- improved confidence in supporting their children;
- improved understanding of the available services and support.

Outcomes and impact on the partners included:

- improved collaboration and connections with other services;
- ability to access advice on services available;
- ability to provide more holistic support to the children and young people.

Challenges

The main challenges encountered by the pilot included:

- referrers being unsure about a person's suitability for referral;
- staff being unsure about supporting high numbers of young people with complex medical needs;
- length of social prescribing support being insufficient in some cases;
- disengagement from participants resulting in gaps in the evaluation data;
- outcome monitoring tools being ill-aligned with the outcomes of the project.

Conclusions

Oxfordshire is experiencing a crisis of worsening mental health in children and young people. Rises in waiting lists for access to support and 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 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. This has been further supported by the outcomes of the evaluation of the Getting Help/Getting More Help Social Prescribers pilot project.

Children and young people, who engaged with social prescribing, reported positive changes to their self-confidence, ability to access and knowledge of available support, and improvements to their social mobility (including ability to travel, improved digital access and support to re-engage with EET).

While not primary recipients of support, parents and carers reported positive impact of social prescribing not only on their children but also on their own ability to support their child, understand their mental health and wellbeing, and growing their own support networks and confidence.

The positive impact of the inclusion of social prescribing in the 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 and support increased and the pressures of dealing with their caseloads lessened.

Data has shown that inclusion of social prescribing as part of the CAMHS offer allowed the service to provide a quick non-medical intervention, with the average waiting time of 13 days. This allowed children and young people to grow their ability to engage with the service and develop or improve other support networks, while going through the process of accessing further mental health support.

The evaluation of the pilot has shown that future outcome and impact evaluation would benefit from a review of the desired outcomes, both short and long term. While most of the desired outcomes used for this evaluation were experienced by the target groups (children, young people, parents and carers, CAMHS staff), data suggests that outcomes stemming more directly from the social prescribing activities might be more relevant and meaningful. These could include connections with other organisations/clubs made with the help of social prescribing, new activities undertaken, personal goals reached, barriers to engagement which were overcome.