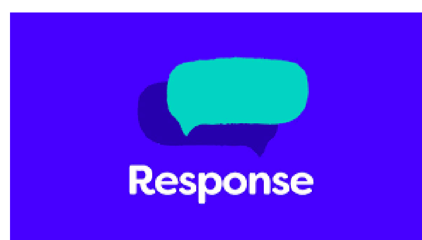
Evaluation Report:
Getting Help/Getting More Help Social Prescribers

Prepared by Research Oxford for Response and Oxford Health

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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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 Oxfordshire[2]. 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 communication and good collaboration between the two organisations. While Oxford

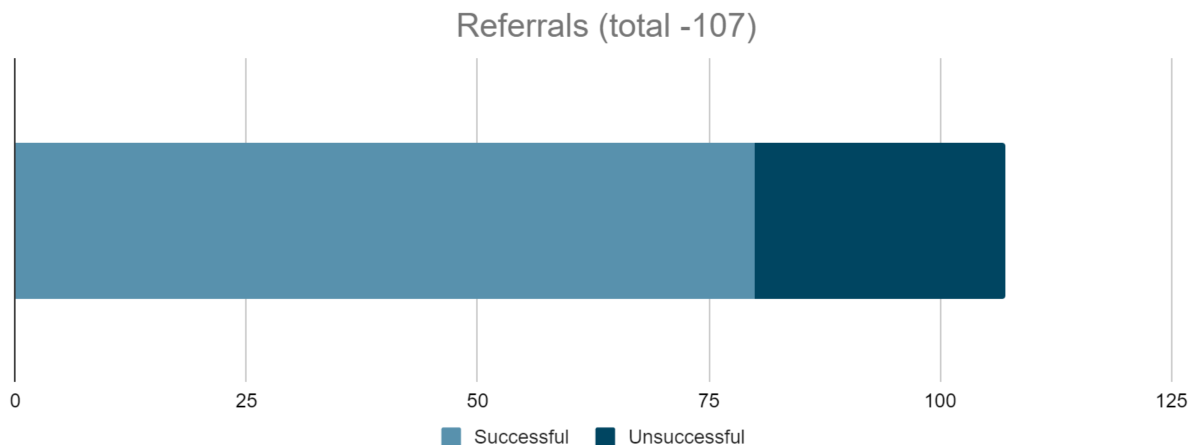
[1] *Children and Young People's Social Prescribing Good Practice Guide (South East)*, National Children's Bureau, June 2023

[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.

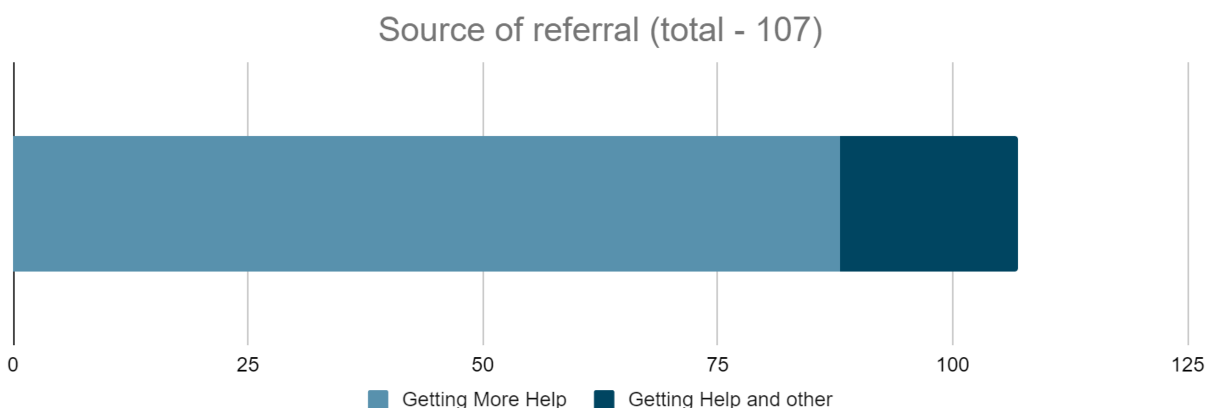
Health inputted into the creation of job roles and then line management of the Social Prescribers, Response dealt with the day-to-day support and monitoring of the delivery.

Referrals

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



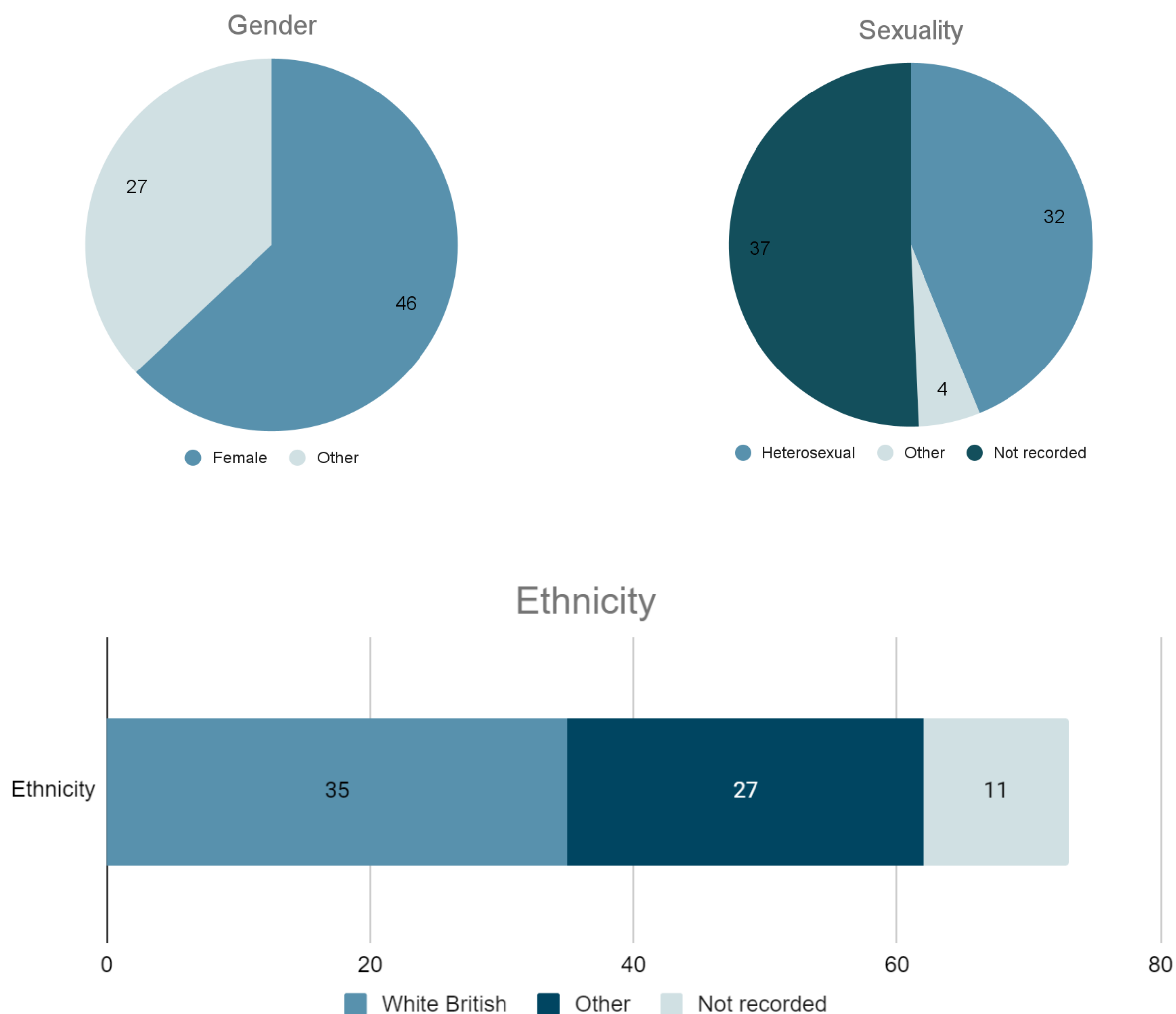
- The average waiting time between receipt of a successful referral and the start of the support was 13 days.
- All of the referrals were made through either Getting Help (pathway supporting children and young people with low mental health needs) or Getting More Help (service supporting young people 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

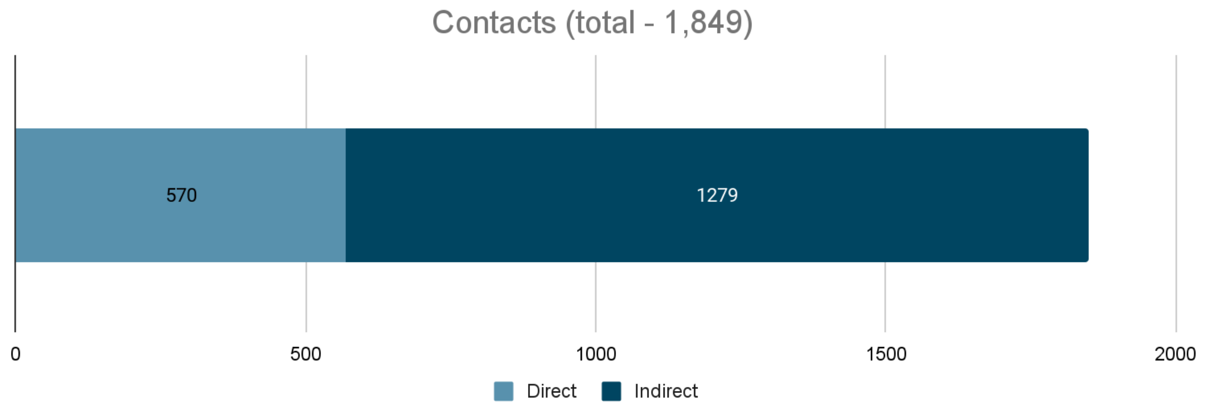
- The largest proportion of young people successfully referred for support identified as female (63%), heterosexual/straight (44%), White British (47.8%) and were supported by CAMHS at some point during their engagement with the Social Prescriber (78.5%).



- 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).



- 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.

2. Background

In March 2022, Response, in partnership with Oxford Health, commissioned Research Oxford to produce a report evaluating the Getting Help/Getting More Help Social Prescribers pilot. The evaluation looked at the setup and implementation of the new service, delivery of activities, outcomes and impact on the children and young people who engaged, their families and healthcare professionals. The evaluation also looked at the current landscape (nationally and locally) with regards to the levels of mental health and wellbeing of children and young people and inclusion of social prescribing within healthcare services and the VCSE (Voluntary, Community and Social Enterprise) sector.

The pilot project ran between July 2022 and June 2023, with further funding awarded to allow for delivery to continue until March 2024. This evaluation will only report on findings from the first 12 months of the project (July 2022-June 2023).

3. Evaluation aims

The evaluation aims were outlined as part of the proposal created by Research Oxford and were then confirmed and specified further, in collaboration with Response and Research Oxford.

Aims

- To produce an overview of the national and local context with regards to the mental health and wellbeing of children and young people in the UK;
- To produce an overview of the inclusion of social prescribing in healthcare services and the VCSE sector;
- To review the setup and implementation process of introducing Social Prescribers as part of the CAMHS team - what worked well and what could be improved;
- To understand the outcomes and impact of the social prescribing on children and young people accessing the service, their families and clinical professionals.

4. Research methods

The evaluation comprised of the following research activities:

Individual depth interviews - one-to-one interviews carried out by consulting researchers from Research Oxford. The individuals were nominated by our project lead from Response to maximise the breadth of perspectives and ability to comment on different parts of the process. Interviews were conducted between May and June 2023 with a mixture of Response and CAMHS staff, including Social Prescribers, managers and clinical staff. All interviews were conducted either virtually or

face-to-face and lasted between 30 and 90 minutes. No incentive was offered to take part in interviews.

Desk research - a review of literature related to the evaluation aims. This included national and local reports, published by the NHS, Oxfordshire County Council and other organisations. Desk research was informed by, and refined using, insights gathered via other research activities undertaken as part of the study.

Case studies - collected by Social Prescribers as part of their support for children and young people. All case studies were submitted using a pre-approved template, containing standardised, open and close-ended questions.

Demographic and outcomes data - collected by Social Prescribers/CAMHS team as part of the referral process and interventions delivered to children and young people.

Other feedback: further qualitative feedback was gathered by Response/CAMHS staff from their colleagues, parents and young people. It was either transcribed or provided in a written format (email).

- ➢ All data has been anonymised to protect the identity of participants
- ➢ When reporting quantitative data, the percentage value of the whole is shown with the number of cases in brackets.

Limitations of this evaluation

Due to various methodological and logistical barriers, some of the sample sizes on which this evaluation is based are limited. For this reason, it is recommended that the findings be viewed as indicative rather than conclusive. Nevertheless, the report presents the experiences and perceptions of a range of young people, their families and clinical professionals regarding the inclusion of social prescribing as part of the CAMHS offer.

5. Services and Pilot details

Getting Help[3] is a current CAMHS pathway which provides an early, time-limited intervention. It is the first level of help CAMHS offers for children and young people, aged 0-18, with emotional or mental health difficulties. The pathway provides opportunities for learning new skills to self-manage emotional or mental health and support for parents and carers.

Getting More Help[4] support is offered to young people, up to 18 years old, with moderate or severe mental health conditions. Those include: anxiety disorders, depression and mood dysregulation, post-traumatic stress disorder, self-harm (alongside other mental health difficulties), bipolar disorder, somatic symptom disorder and functional neurological disorders. Interventions provided as part of the pathway include cognitive behavioural therapy, systemic family therapy, psychotherapy and medication.

[3] https://www.oxfordhealth.nhs.uk/camhs/oxon/community/ (19/09/2023)
[4] https://www.oxfordhealth.nhs.uk/camhs/bucks/getting-more-help/ (19/09/2023)

Getting Help/Getting More Help Social Prescribers is a partnership project run by Response and Oxford Health, providing additional support to children and young people who have been referred to or are currently accessing services provided by CAMHS Getting Help and Getting More Help. It aims to:

- Embed Social Prescribing Youth Workers into the CAMHS Getting Help and Getting More Help team to complement the mental health support underway and accelerate discharge;
- Develop a non-medical model of supporting wellbeing for young people by connecting them with community offers;
- Reduce the reliance on CAMHS workers to be the only support for young people and complement support plans underway through a holistic approach;
- Help increase capacity of CAMHS staff through providing non-clinical staff, who can focus on non-clinical duties, freeing up CAMHS staff time for clinical duties;
- Connect young people with community interests and services for longer-term engagement.

CAMHS in Oxfordshire is delivered by two teams, each responsible for a different geographical area. The South team covers half of Oxford City and the South of the county, while the North team covers North and West Oxfordshire and the remaining areas of Oxford City. The pilot project embedded 2 Social Prescribers within CAMHS services (one in each of the delivery teams) in Oxfordshire to provide non-clinical intervention which was personalised, non-stigmatising, easily adapted and not reliant on diagnosis. All children and young people who are included in the service are referred by CAMHS.

There were no specific activities or targets agreed for the project, as all non-medical interventions delivered by the Social Prescribers are based on the needs and interests of the individual children and young people. Activities delivered included:

- One to one sessions (telephone, virtual or in person);
- Supporting to join activities and local groups, such as gyms, boxing, museums, youth clubs, music lessons, swimming, online art courses, and cycling;
- Providing support in referrals to external organisations, e.g. drug misuse support;
- Supporting with everyday activities to increase social mobility, e.g. taking a bus, using video and phone to access support;
- Provision of further resources and signposting to further support, e.g. Youth in Mind guide;
- Supporting with re-engaging with EET;
- Supporting with engaging with other support groups, e.g. LGBTQI+ community;
- Support with personal care, e.g. getting a haircut.

5.1. Planned outcomes for young people

In order to facilitate outcome and impact evaluation a set of desired outcomes for children and young people was outlined in the planning stages of the pilot. Those included:

- NEET young people re-engage with Education, Employment or Training;
- Young people are more aware and accessing community support services;
- Reduction in high-risk behaviours (including offending behaviours and substance misuse);
- Young people's mental health and wellbeing needs met upon case closure;
- Young people have an improved sense of wellbeing upon case closure;
- Young people are able to safely share their feelings and emotions;
- Young people have and are able to use safe strategies to manage their physical and emotional health and wellbeing;
- Young people's relationships with parents/ carers improve;
- Young people's relationships with friends improve;
- Young people have a personal network of people that they trust and can go to for support should they need it;
- Young people are able to advocate for themselves or can ask for advocacy support should they need it;
- Young people are able to recognise when their health is deteriorating and know where to access support;
- Improvement in WEMWBS scores;
- Young people's cases are closed to the referring service.

5.2. Planned outcomes for parents/carers

In order to facilitate outcome and impact evaluation a set of desired outcomes for parents and carers was outlined in the planning stages of the pilot. Those included:

- Parents/carers have improved awareness around mental health and wellbeing;
- Parents/carers have improved confidence in supporting young people with their mental health and wellbeing;
- Parents/carers have improved relationships with the young people;
- Parents/carers agree that their young person has a trusted personal support network to aid and sustain their recovery;
- Parents/carers have an improved understanding of risk factors relating to the young person's physical or mental health;
- Parents/carers have an improved understanding about local community services.

6. Detailed findings

The following section provides the detailed research findings of the evaluation.

6.1. Current landscape

National landscape

According to the most recent numbers published by the YoungMinds charity[5], it is estimated that in July 2021 "1 in 6 children aged five to sixteen were identified to have a probable

[5]ttps://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/?gclid=CjwKCAjwjaWoBhAmEiwAXz8DBd9cpsHQgWuvDRxfnFonlKdp9r8SqJZ3uiQSgk6r1zkbwOmF-IsvqxoCgKgQAvD_BwE 20/09/2023

mental health problem - that’s five children in every classroom”. This would show a drastic increase from 2017, when that figure was more likely to be 1 in 9 children.

Figures provided by the clinical staff show a similar trend with the number of A&E attendances by children and young people, aged 18 or under, with a recorded diagnosis of a psychiatric condition has more than tripled between 2010 and 2018-19.

The impact of worsening mental health is having a catastrophic impact on our children and young people. In 2018-19, a quarter of 17-year-olds reported having self-harmed in the preceding 12 months, with a third of those having self-harmed with suicidal intent at some point in their lives. This gets worse for young people with a diagnosable mental health disorder - nearly half reported self-harming or attempting suicide (figure rises to 53% for young women). In the same year, suicide was the leading cause of death for both males and females aged between five and 34.

Our understanding of the impact of adverse childhood experiences (ACEs) is improving and the link between ACEs and mental health problems is significant. It’s estimated that a third of mental health problems presented by adults are linked to ACEs[6]. What is more, research has shown that adults who experience four or more ACEs are 4 times more likely to have low levels of mental wellbeing and life satisfaction[7].

Local landscape

Mental health and wellbeing of children and young people in Oxfordshire seems to be following similar trends. There is an estimated 167,000 children and young people aged 0-19 years old in Oxfordshire[8]. In 2020-21 alone, there were 515 self-harm hospital admissions of children and young people (aged 10-24) in the county. The number of mental health referrals for young people has increased significantly. A large number of children and young people living in Oxfordshire are at a higher risk of ACEs:

- 1 in 11 children live in low-income families;
- In 2021 alone, Thames Valley Police recorded a total of 3,345 child victims (aged 0-17) of all crimes in Oxfordshire;
- An estimated 46,000 children in Oxfordshire live in a household with a parent reporting symptoms of emotional distress.

Due to high demand on services, which was exacerbated by COVID-19, waiting lists to access support are getting longer. Between January and June 2022, the median number of days of all children and young people waiting for CAMHS appointments was between 40 and 60 days[9].

[6] Kessler, R. (2010) ‘Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys’ British Journal of Psychiatry 197(5): 378–385.
[7] Mehta, D. et al. (2013) ‘Childhood maltreatment is associated with distinct genomic and epigenetic profiles in posttraumatic stress disorder’ Proceedings of the National Academy of Sciences 110(20): 8302–8307.
[8] ONS Census 2021
[9] Oxfordshire Joint Strategic Needs Assessment 2023

Early intervention

The importance of early intervention and timely support for children and young people experiencing mental health difficulties and deteriorating wellbeing is clear. As reported by the NHS, just over one in three children and young people with a diagnosable mental health condition get access to NHS care and treatment.[10] A survey, carried out by YoungMinds, found that 76% of parents said that their child's mental health had deteriorated while waiting for support from CAMHS[11]. What is more, YoungMinds also reports that two-thirds of young people surveyed by Censuswide said they would prefer to be able to access mental health support without going to see their GP, with half saying that they did not know how else to access this help[12].

Social prescribing

One of the pathways for improving wellbeing and mental health is social prescribing. Research has found that social prescribing is linked to a wide range of benefits, including not only improvements to both mental and physical health, but also reducing pressure and saving costs in primary care[13]. Oxford Social Prescribing Research Network suggests that through the use of social prescribing, "patients receive the appropriate support for their non-medical needs" and the approach "relieves pressures on overburdened healthcare systems.[14]"

Social prescribing is now a part of the NHS's Universal Personalised Care and is available at local GP surgeries. There are also a number of other projects offering social prescribing as part of their services, including Response, Oxfordshire Mind and Aspire.

There are numerous advantages to using social prescribing with children and young people. As reported by the National Children's Bureau in their Good Practice Guide, social prescribing provides children and young people with a sense of empowerment and enables them to build confidence, make connections and feel less isolated. It offers a person-centred approach, which allows for their voices to be heard, valued and for their needs to be supported in a non-medical and holistic way. They highlight that, as part of the NHS's Long Term Plan, social prescribing supports us in "giving every child the best start in life".

Social prescribing is very adaptable. As children and young people referred to CAMHS come from varying backgrounds, including living in areas with high deprivation, poverty and unemployment, social prescribing makes a highly effective approach in those circumstances. It offers support to not only children and young people, but also adults around them, with potential to improve social mobility and life chances.

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[10] NHS Five Year Forward View for Mental Health dashboard.
[11] YoungMinds (2018) 'A new era for young people's mental health'.
[12] YoungMinds (2020), First port of call: the role of GPs in early support for young people's mental health.
[13] Hayes, D., Jarvis-Beesley, P., Mitchell, D., Polley M., & Husk K. [On behalf of the NASP Academic Partners Collaborative]. (2023). 'The impact of social prescribing on children and young people's mental health and wellbeing'. London: National Academy for Social Prescribing.
[14] Turk A, Mahtani KR, Tierney S, Shaw L, Webster E, Meacock T, Roberts N. Can gardens, libraries and museums improve wellbeing through social prescribing? A digest of current knowledge and engagement activities. (2020)

6.2. Partnership

Getting Help/Getting More Help Social Prescribers pilot was delivered as a partnership initiative between Response and Oxford Health, with Response being the leading partner. Social Prescribers were embedded in the CAMHS teams, with line management provided by Oxford Health and day-to-day role overview and monitoring of activities provided by Response.

This partnership approach to delivery allowed for the Social Prescribers to be embedded in the clinical services teams. This enabled them to not only better support the children and young people (they were able to discuss their care plans and needs with relevant members of the clinical team), but also be more involved in the referral process and build relationships with the wider team.

6.2.1 Recruitment

It was important for the project's success to ensure that people recruited to the roles of Social Prescribers had key attributes and skills, including excellent communication, working independently, ability to embrace and develop a new position, ability to build positive relationships and passion for helping young people.

> *"I think what has worked really well are the two members of staff recruited for the role. We chose the right people. And they really bought into this role."*
>
> (Interview participant)

> *"The Social Prescriber is very good at building rapport. It comes across that they really want to help. I think young people can tell that so they are more willing to engage."*
>
> (Interview participant)

> *"The CAMHS team has been very complimentary, they say they are glad to have them [Social Prescribers] there."*
>
> (Interview participant)

6.2.2. Communication

Communication between managers was seen as effective and allowed the setup and delivery of the project to work well.

> *"The initial setup was done really well. We met regularly and reviewed progress. We had clear plans in place with regards to the caseload management, the referral process and what the expectations were. The manager was always approachable."*
>
> (Interview participant)

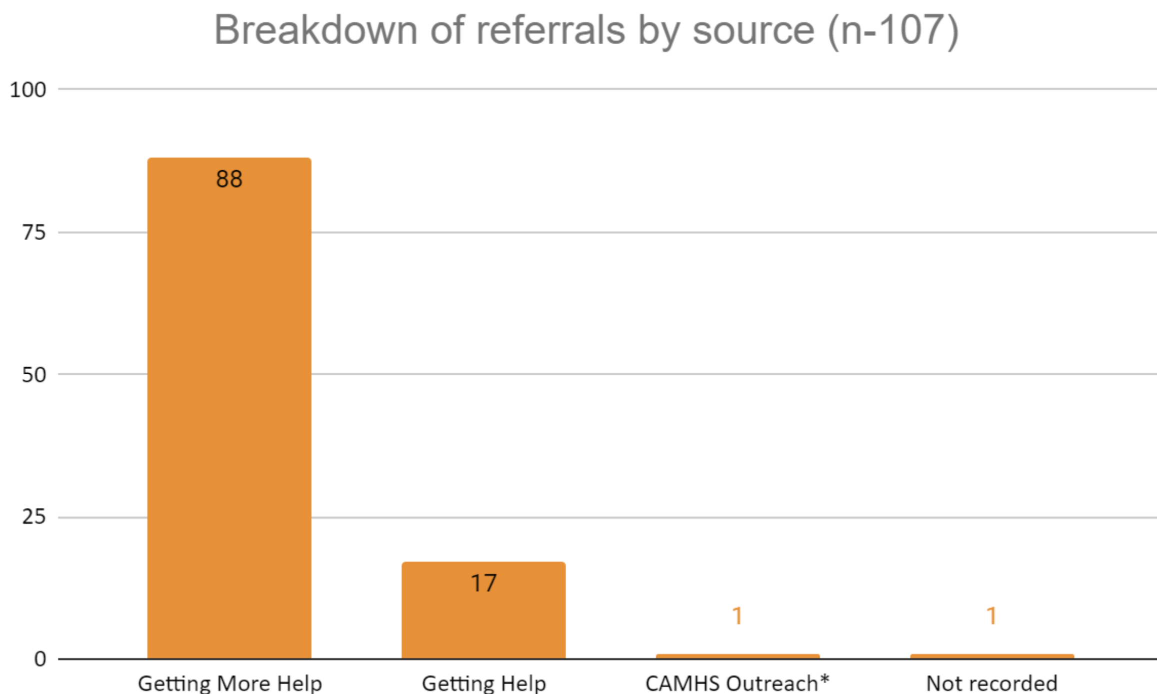
6.3. Referrals

All referrals to the pilot were made by CAMHS clinicians. Between July 2022 and June 2023 there were 107 referrals made, of which:

- 6 young people did not take up the offer
- 6 cases are in triage
- 6 young people are yet to respond

Out of all referrals, 80 (75%) were successful.

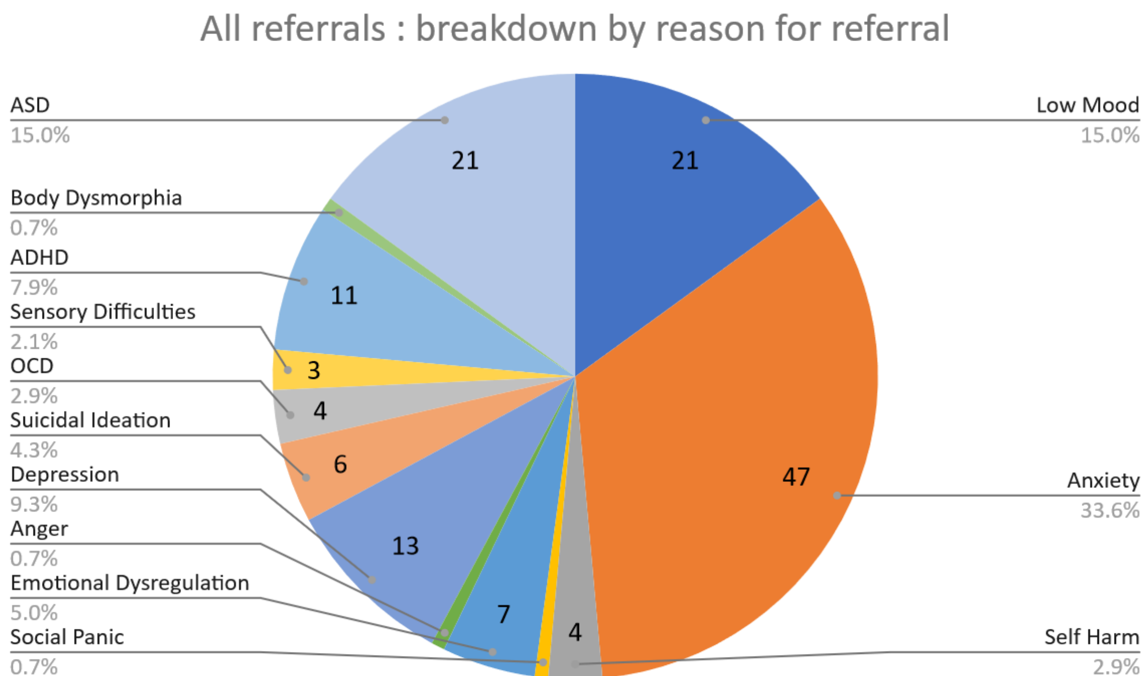
6.3.1. Source of referrals



*indicates person referred in error

In the initial stages of the project it was anticipated that the majority of referrals would be for children and young people accessing the Getting Help pathway. However, in practice the majority of referrals, 82.2% (88), came from Getting More Help, with only 15.9% (17) of referrals coming from Getting Help. This meant Social Prescribers were supporting more young people with higher, more complex needs than initially forecast.

6.3.2. Reasons for Referral



There was a wide spectrum of needs identified by the referrers as reasons for accessing social prescribing services.

The three most common reasons for referral were:

- Anxiety (33.6%);
- Low mood (15%);
- Autism Spectrum Disorder (ASD) (15%).

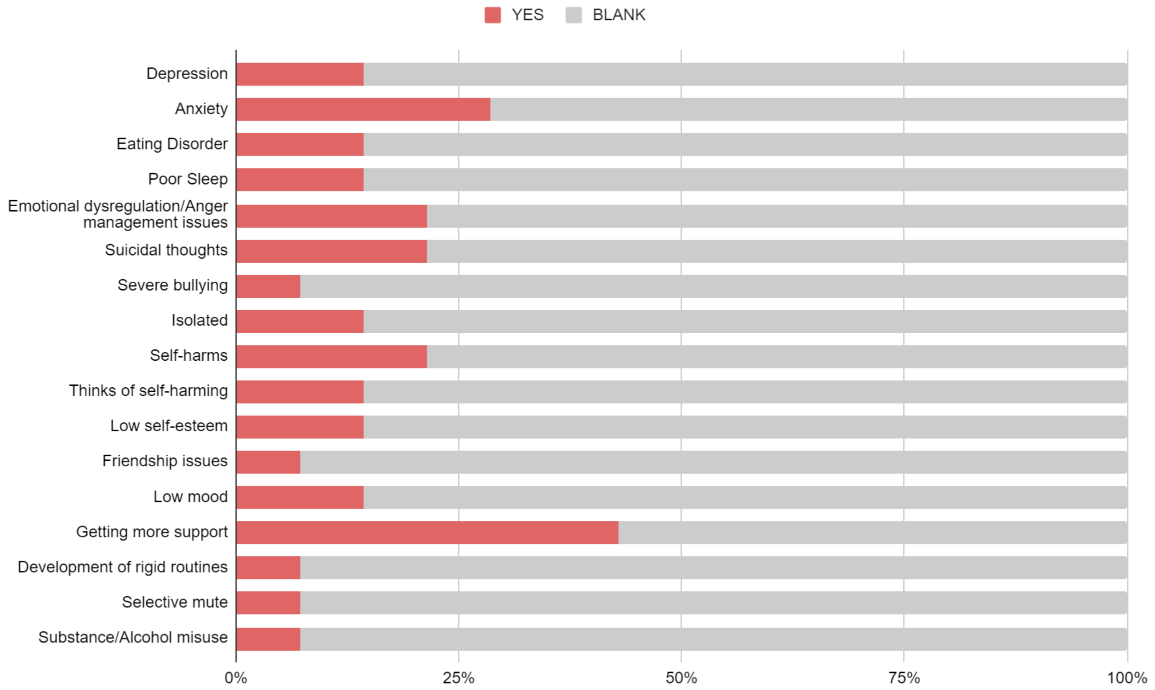
It was not uncommon for children and young people accessing the service to present a comorbidity of issues, where they may have had multiple reasons for referral recorded.

CASE STUDIES

As part of the case studies, 14 young people were asked for the reasons they used the Social Prescribing service.

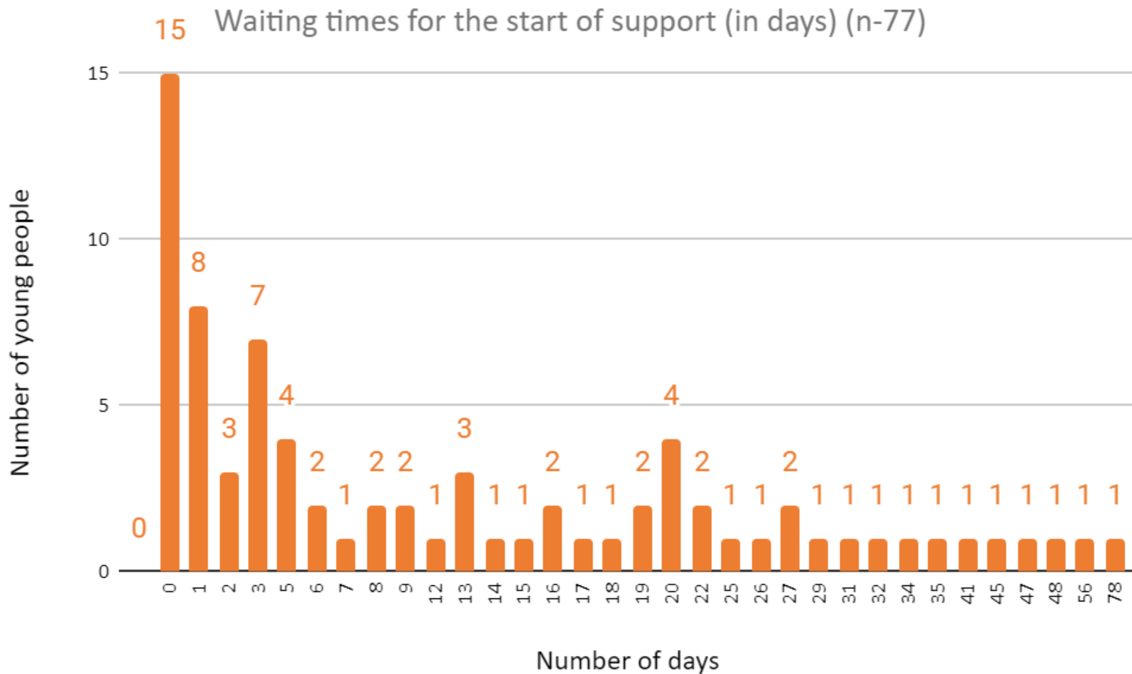
The most common reasons young people reported for using Getting Help/Getting More Help Social Prescribers programme, were:

- The need to get more support (42.8% (6));
- Anxiety (28.6% (4));
- Suicidal thoughts (21.4% (3));
- Emotional dysregulation/anger management issues (21.4% (3));
- Self-harm (21.4% (3)).



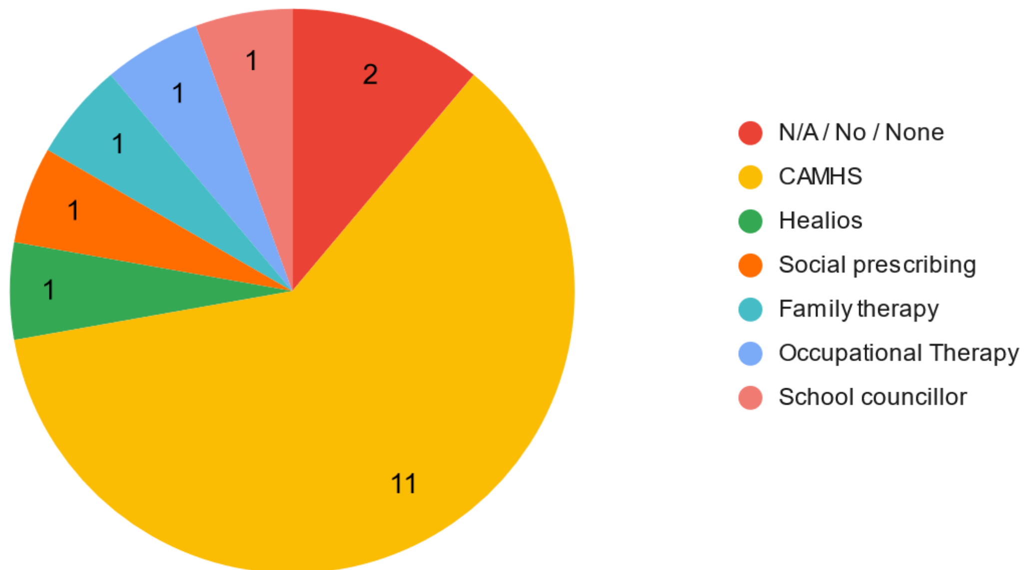
6.3.3. Waiting times

Waiting times were recorded for young people that were successfully referred, from the referral being received by the Social Prescribers to starting to receive support.



Waiting times ranged from 0 to 78 days. The average wait time was 13 days.

6.3.4. Other Agencies (**CASE STUDIES**)



The majority of young people who accessed the support provided by Social Prescribers did so while also being supported by at least one other agency (85.7% (12)).

The most common agency supporting young people involved in the project was CAMHS (78.5% (11)). Other agencies included school councillors, occupational therapists, family therapists, social prescribing and online therapy (Healios), for which each agency had 1 young person reporting using it.

6.3.5. Desired outcomes - young people (**CASE STUDIES**)

The most common desired outcomes from engaging with the support provided by Social Prescribers, reported by case study respondents, were:

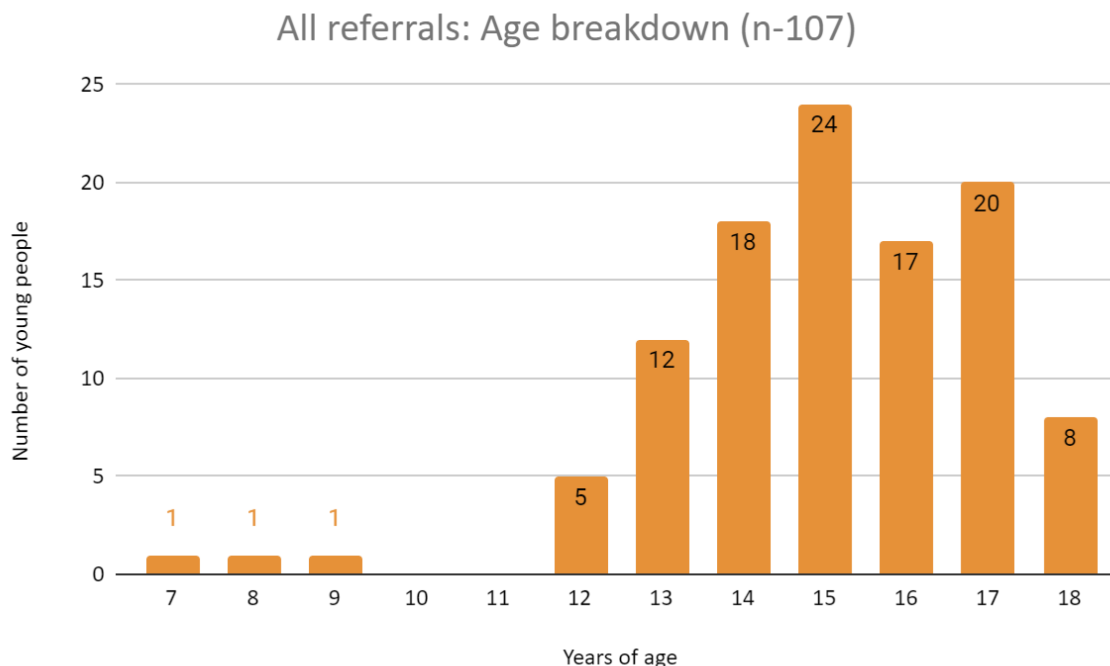
- Being open to support, 57.1% (8);
- Desire to make or maintain friendships, 50% (7);
- Improving their ability to pursue interests, 42.9% (6).

Other desired outcomes included: engagement with employment, being less anxious to go outside, improving educational attainment/involvement, improving personal fitness, becoming comfortable with accessing support, reduction of anxiety, having someone to talk to and having access to support during challenging times.

6.4. Participant profile

Demographic information was gathered on young people referred to the Social Prescribers. Age was recorded for all referrals (107), while further demographic information was recorded for only 73 of those successfully referred to the Social Prescribers.

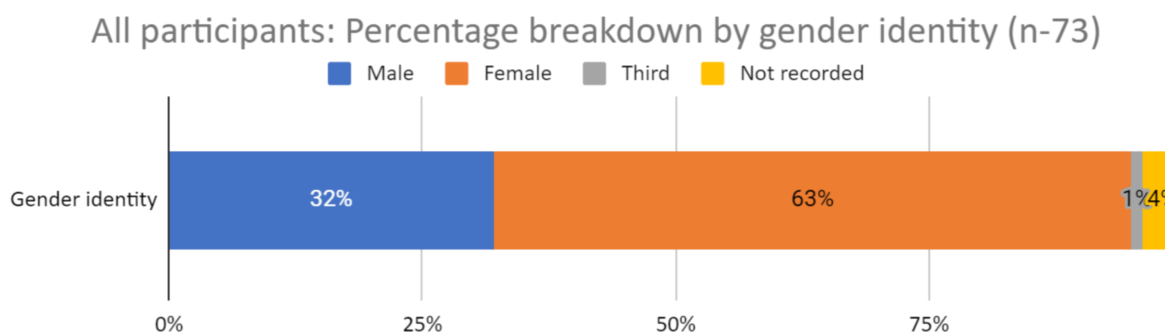
6.4.1 Age



Age was recorded for all children and young people referred to the service.

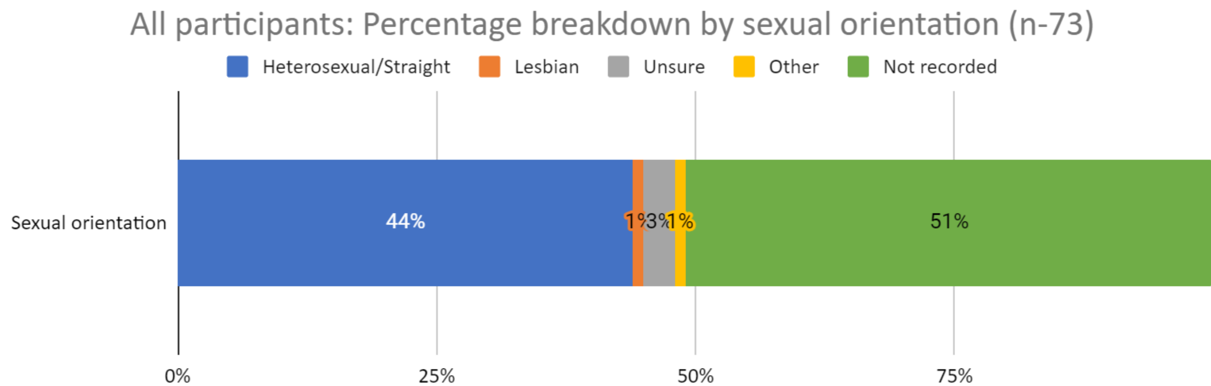
The majority of those referred, 97.2% (104), were between 12 and 18 years of age. Within this range, 15 to 17 year olds were the most common age group comprising 58% (61) of all referrals.

6.4.2. Gender



The majority of young people who were successfully referred to the pilot identified as female, 63% (46). Other groups were: male, 32% (23); other gender identity, 1% (1); no gender identity recorded, 4% (3).

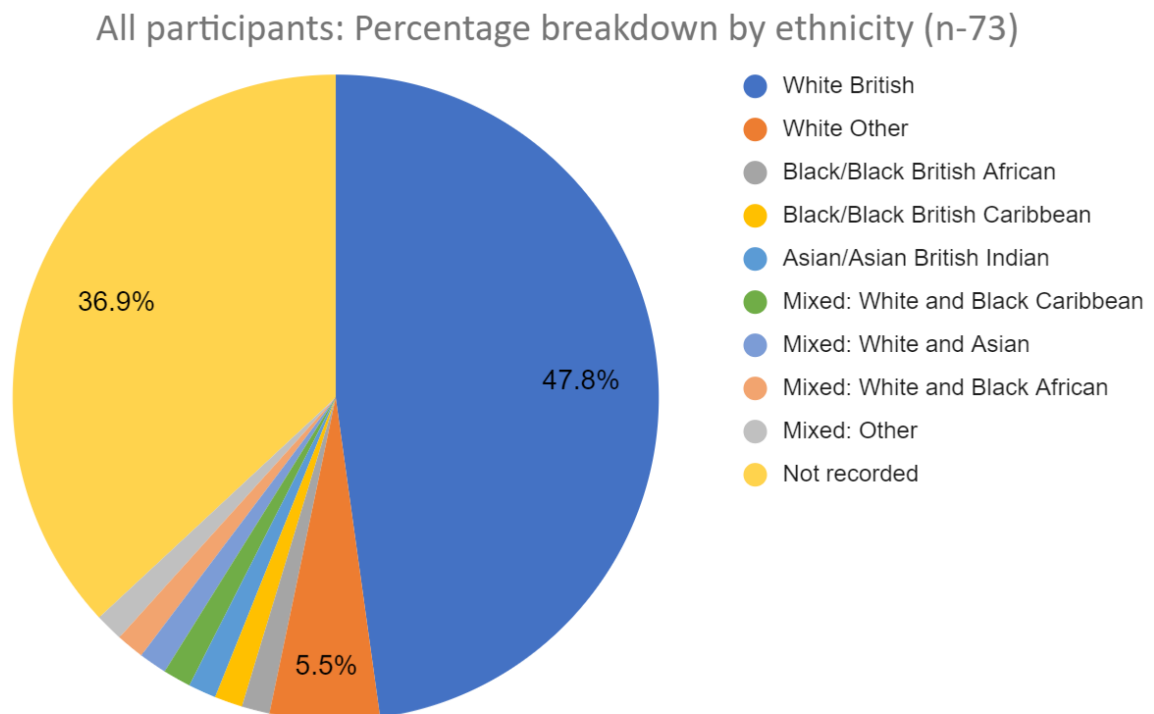
6.4.3 Sexual orientation



The majority of referrals, 51% (37) did not have their sexual orientation recorded.

Of those that had their sexual orientation recorded, the majority, 88.9% (32) identified as heterosexual/straight; 5.6% (2) identified as unsure; 2.8% (1) identified as lesbian and 2.8% (1) identified as Other.

6.4.4. Ethnicity

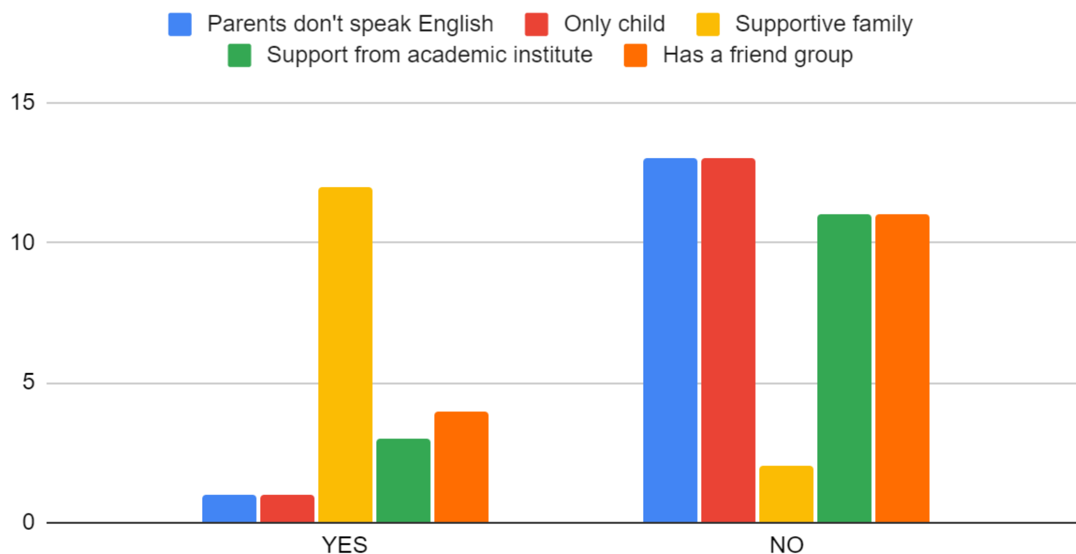


Over a third of participants did not have their ethnicity recorded (36.9% (27)). Of the remaining, a large majority reported being White British, 76.1% (35).

Other ethnicities reported by the participants were: White Other, 8.7% (4); Black/Black

British African, 2.2% (1); Black/Black British Caribbean, 2.2% (1); Asian/Asian British Indian 2.2% (1); Mixed: White and Black Caribbean 2.2% (1); Mixed: White and Asian 2.2% (1); Mixed: White and Black African 2.2% (1); Mixed: Other 2.2% (1).

6.4.5. Support networks (**CASE STUDIES**)



There was a mixture of support networks available to participants. Case study respondents (n-14) generally reported having a supportive family, 85.7% (12). However, a large proportion, 71.4% (10), reported not having a friend group which they could count on for support.

Approximately 1 in 5 (21.4%) respondents reported having support from an academic institution.

Only 7.1% (1) of respondents reported having parents that don't speak English or were an only child.

6.4.6. Support needs (**CASE STUDIES**)

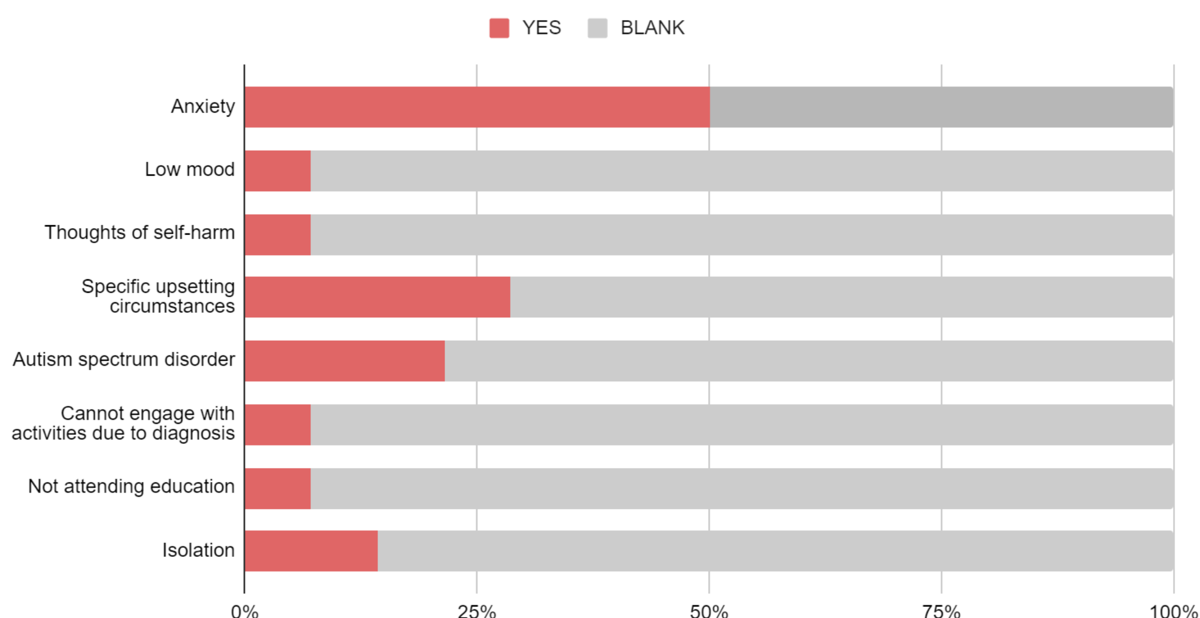
There was a mixture of support needs presented by the young people accessing support services provided by the Social Prescribers. The most common were:

- Social and general anxiety (36%);
- Isolating themselves/Leading a sheltered life (36%);
- Struggling with friendship groups (36%).

Other needs included: inability to see the 'bigger picture', inability to see past negativity, want to be more open to new things, family tensions, lack of motivation, Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder, difficulty with engaging, mood disorders,

lack of concentration, low self-esteem, poor communication skills, bullying, poor sleep hygiene.

When asked about specific vulnerabilities presenting from young people's support needs, the most common were anxiety (50%), specific upsetting circumstances (triggers) (29%), and ASD (21%).



6.5. Service delivery

Of the 80 successful referrals to the Social Prescriber programme, 96.2% (77) of young people started receiving support.

6.5.1. Engagement

72.7% (56) of the 77 young people that started their support with the Social Prescribers engaged with the service. More than half of those, 62.5% (35), completed their sessions with Social Prescribers by the end of June 2023, each spending an average of 96 days on caseload. 12 of those young people are now closed to CAMHS.

6.5.2. Contacts

Direct contacts - 1 to 1 contacts made with the young person, either in-person or online

Indirect contacts - contacts made about the young person, including email connections on behalf of the young person, connecting with CAMHS clinicians to ensure that support provided is in line with the care plan etc.

In total, 1,849 contacts (direct and indirect) were provided to 77 young people by the Social

Prescribers between July 2022 and June 2023.

	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023
Direct contacts	55	52	136	35	107	185
Indirect contacts	165	156	87	128	258	485
TOTAL	**220**	**208**	**223**	**163**	**365**	**670**

Between the start of the project and the end of December 2022, no data was collected other than the number of referrals into the service. Staff members used this time to get inducted into Getting Help/Getting More Help and work in the community to establish connections. Although some clients were supported during that time, the focus was getting to know them and developing further referrals. From January 2023: contact data, wider spread of demographic data and WEMWBS were collected as analysed in this report.

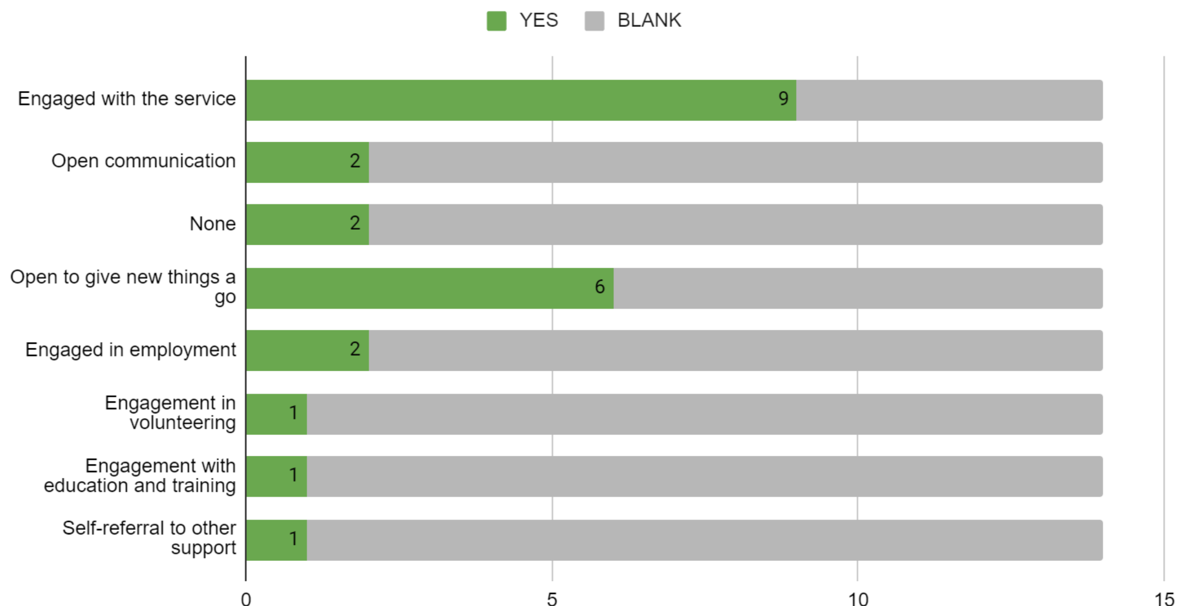
6.5.3. Community links

Getting Help/Getting More Help Social Prescribers worked with community organisations, schools, charities and businesses to create a network of opportunities for young people to engage in. Those included:

- Yellow Submarine
- Oxford University Museums
- Didcot Train
- You Move
- St Mary's Church Art Group
- No Limits
- Oxfordshire Youth
- Work experience opportunities
- Creation of a charity shop social exposure
- Women's football club
- Community albums
- Spit and Sawdust Boxing Club
- Zentangle Art Group
- SOFEA
- National Herb Centre
- Oxfordshire County Council Leisure Centres
- Banbury Boxing Gym
- Windrush gym inductions
- BARKS
- Basketball and circuits clubs
- Pegasus theatre

6.5.4. Activities undertaken by the young people to reach desired outcomes (**CASE STUDIES)**

The majority of case study respondents, 64.3% (9), reported engaging with the Social Prescriber services as their main way of reaching their desired outcomes. Other activities included being open to 'giving new things a go', 42.8% (6); open communication, 14.3% (2); engagement in employment, 14.3% (2).



6.5.5. Barriers (including **CASE STUDIES**)

Social Prescribers were asked to identify whether there were any barriers which were overcome by young people who engaged with the support.

Decrease in anxiety was reported for just under a third, 28.6% (4) of case study respondents. A fifth of young people were reported to have overcome their low self-esteem or low confidence, 21.4% (3). Other barriers removed by engaging with support were:

- Not being able to meet face to face 14.3% (2)
- Struggling to trust people 14.3% (2)
- Difficulties with communication 14.3% (2)
- Feeling uncomfortable in groups, if parents are not present 7.1% (1)
- Language barrier with parents 7.1% (1)

There were, however, some further barriers identified by the young people and parents, which had a negative impact on young people's engagement:

- Lack of available transport to/from the sessions;
- Other commitments, eg. The Duke of Edinburgh's Award;

- Incidents at school, which stop the young person from attending (too much anxiety);
- Attending sessions by themselves and talking to strangers, especially the initial meeting.

"I found the first session the hardest as meeting new people is a fear of mine but once I realised how welcoming and accommodating everyone was, I felt much more relaxed."

(Young person)

Barriers reported by parents which had a negative impact on young people's engagement:

- Unable to provide transport for the young person;
- Ensuring that the young person is calm and in the right frame of mind to attend and engage in the session;

"Making sure that my child was calm on the journey to the project and not panicking about being late was challenging."

(Parent)

- Getting time off work to accompany the young person to the sessions;
- Overcoming their own health issues to support their child.

6.5.6. Practical and emotional support (**CASE STUDIES**)

Social Prescribers were asked to report the types of practical and emotional support provided to young people engaged in the project (for case study participants only).

The most common activity was supporting the young person to join a group/activity/society, 78.6% (11) and listening to the young person, 50% (7).

Other types of activities included: linking or signposting to a partner organisation, attending day trips, supporting with using public transport, offering emotional support in challenging circumstances, validating young people's feelings, supporting with re-engagement with EET, supporting with self-care and allowing for the young person to engage with activities at their own pace.

6.5.7. Working 'with' rather than 'for' young people (**CASE STUDIES**)

When asked to provide examples on how Social Prescribers worked with young people to empower them to seek their own support, rather than presenting them with solutions, exploring the young person's interests and ambitions and offering suggestions of activities/services which lay within young person's limits/interests and were accessible to them were the most common methods (78.6% and 71.4% respectively).

Others included:

- Giving the young person an opportunity to get to know their support worker;
- Allowing the young person to engage with activities at their own pace;
- Engaging in activities with them;
- Providing alternative suggestions if told the initial activities were not right for the young person.

6.6. Outcomes and Impact

6.6.1. For Young people

When asked for feedback as part of the case studies, young people reported feeling happy or good, 42.9% (6), seeing their engagement with the service as a good change which had the potential to change their lives, 28.6% (4), having enjoyed their time with the Social Prescriber, 21.4% (3), having increased knowledge of what support is available, 14.3% (2) and finding it helpful having someone to talk to, 7.1% (1).

> *"It really helps to have someone to talk to. Thank you for listening. I would not have been able to do it without you."*
>
> (Young person)

> *"I really appreciate your time. This has the potential to transform my life in such a positive way."*
>
> (Young person)

6.6.1.1. Improved ability to manage own mental health and access support

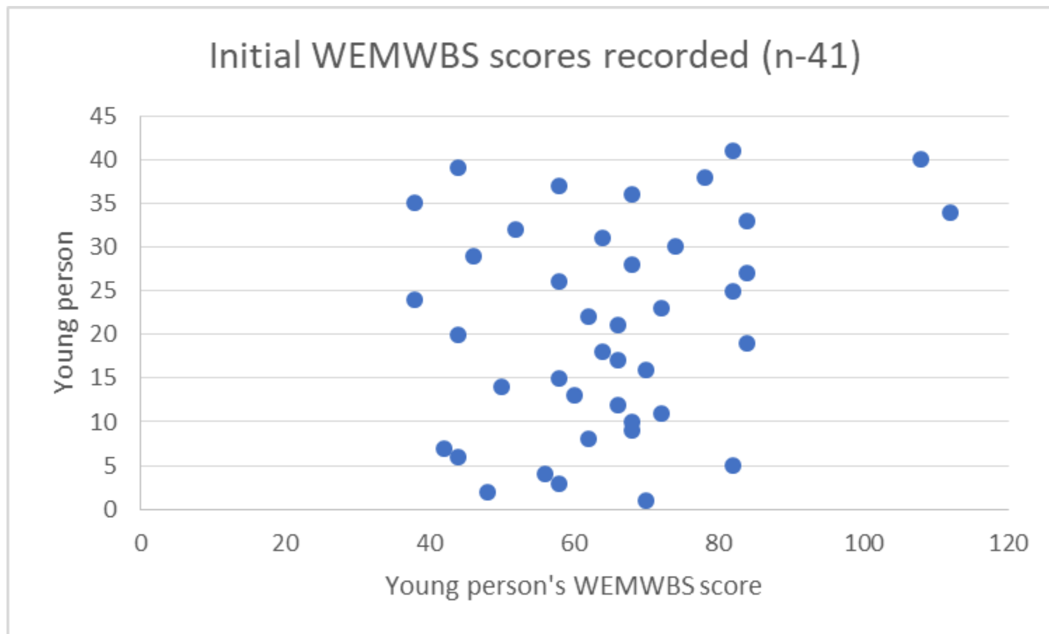
Of the young people who were successfully referred to the project and who engaged with the support provided by the Social Prescribers:

- 96.1% (74) have a support plan in place;
- 85.7% (66) are accessing support for their mental health and other needs;
- 85.7% (66) can support their own mental health using tools and techniques provided.

When asked about young people's ability to manage their mental health difficulties as they present, Social Prescribers reported that over half of young people who responded to case studies improved in how they dealt with challenges and were more settled.

6.6.1.2 Improved mental health and wellbeing (WEMWBS)

All young people who engaged with Social Prescribers were asked to complete a 14-item WEMWBS[15] questionnaire at the start of their support and after 6 weeks at their last session, to allow for more robust evaluation of the impact the intervention might have had on their mental wellbeing.



41 young people completed the WEMWBS questionnaire at the start of their support with the Social Prescribers. With the exception of 2 major outliers (scores of over 100), the majority of young people had a WEMWBS score between 40 and 80 before starting their support with Social Prescribers, where lower points indicate lower wellbeing.

Only 6 young people, who finished their sessions with Social Prescribers, completed their second WEMWBS measurement. Of those, 67% (4) reported a positive change in their wellbeing. Due to the small sample size, it's not possible to provide conclusive evidence for the change in young people's wellbeing, but it can be viewed as indicative of such impact.

6.6.1.3. NEET young people re-engaging with Education, Employment and Training

Through the activities delivered as part of the non-medical intervention, Social Prescribers supported young people in removing barriers to better engagement or re-engagement with Education, Employment and Training.

> *"The young person is now re-engaging with their school, going back for a few hours a week. That's a big change for them."*
>
> (Social Prescriber)

[15] The Warwick-Edinburgh Mental Wellbeing scale (WEMWBS) was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies aiming to improve mental wellbeing. There are two, 14 and 7-item scales.

"Some of the young people we work with say that they hate school. So to give them something that they can do outside of school to make going to school a bit easier is helpful. They then have something to look forward to."

(Interview participant)

6.6.1.4. Young people are more aware and accessing community support services

Social Prescribers worked to create local collaborations, support networks and pots of funding to allow young people to have more knowledge of and access to support services, activities and projects, including swimming lessons, gym memberships and sessions in the Natural History Museum.

"I enjoyed being able to simply do art and crafts and try new things that felt enriching and fulfilling."

(Young person)

"I arranged for a charity delivering sheep therapy to come out to meet a young person who has not engaged with anything in two years. Initially the young person did not want to get out of the car. But they did. And then within five minutes they were walking the sheep."

(Social Prescriber)

6.6.1.4. Improved relationships with friends

Engagement with the Social Prescribers has helped young people to start socialising with other young people, especially through participating in group activities.

"At the beginning of the session, young people would sit and not make eye contact or talk with anyone else. But by the end of the session, they were all chatting with each other and having a great time."

(Social Prescriber)

6.6.1.4. Improved personal support networks to aid and sustain recovery

Young people were able to build their personal networks of people that they trust and can go to for support should they need it.

"Being in a group was challenging, but I'm glad I'm here. I'm comfortable now."

(Young person)

In addition to referrals to other organisations and activities, Social Prescribers were also able to support young people in accessing services relevant to their interests or available to them

after they've turned 18.

> *"I was working with a young person who turned 18. I spoke to the Social Prescriber and they were able to signpost us to some services which accepted over 18s. That was very helpful."*
>
> (Interview participant)

> *"There was one young person who did not want to engage with the service. I emailed them to say that they qualified for a free laptop from a local project, as they were not in education - they were at home but were unable to access education online as they did not have their own laptop. Within minutes I connected this young person to that organisation, which not only provided equipment but a list of engineering apprenticeships which were of interest to the young person."*
>
> (Social Prescriber)

Parents were able to notice the positive impact that engaging in new activities and creating new support networks has had on their children.

> *"Thank you for putting us in contact with the lead for the music sessions - we would never have come across this on our own. My child is extremely reluctant to leave the house and this is perfect for them. It was so great to see them enthusiastic and positive after both sessions."*
>
> (Parent)

6.6.1.4. Increased confidence

Through engaging with social prescribing, young people were able to increase their self-confidence and ability to take a more active part in activities.

> *"I'm a bit more confident in general. I can be in a group. I'm happy that I had something to look forward to."*
>
> (Young person)

> *"I had a very positive experience and a lot of fun. I feel more confident in myself now as I pushed myself to meet and interact with new people and try new activities."*
>
> (Young person)

> *"I managed to talk to people. I can now get off a bus. I've gone into different parts of Oxford, like the library, at different times."*
>
> (Young person)

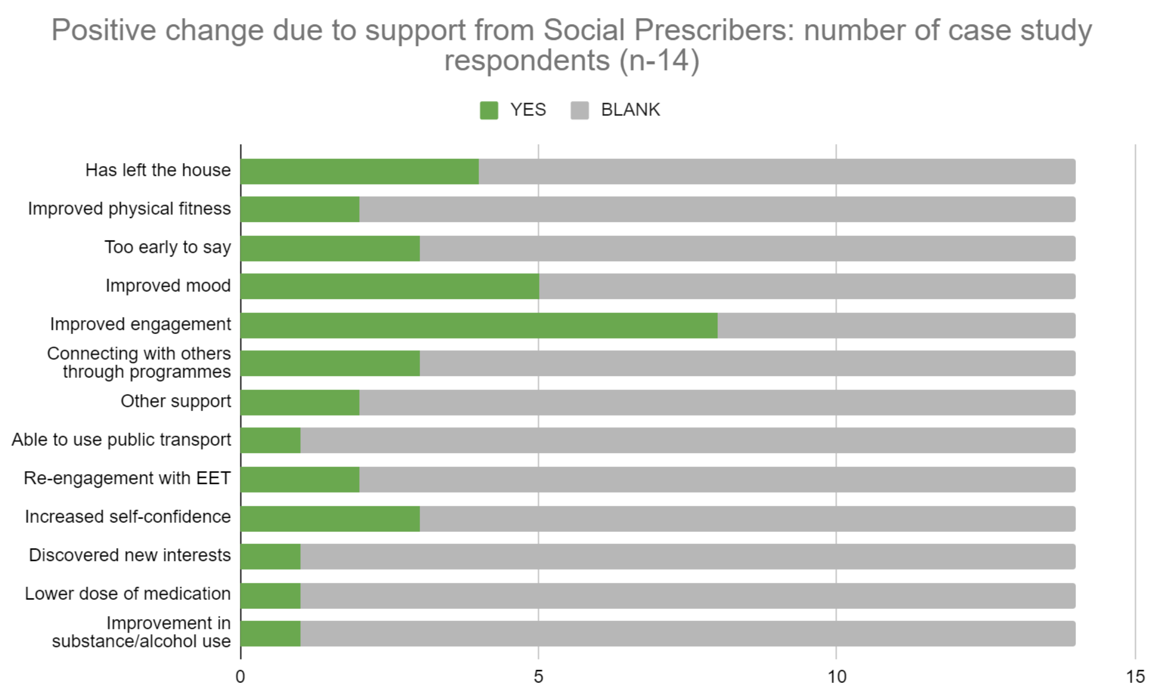
> *"I'm proud that I showed up every week as I found it daunting to begin with. But I persevered and really enjoyed it."*
>
> (Young person)

6.6.1.4. Improved communication skills and engagement with activities

Children and young people who engaged with the support provided by Social Prescribers were also able to improve their oracy and feel better about taking part in activities.

> *"I supported a young person who would not make eye contact or speak directly to me at the beginning. They only spoke through their parents. I supported them to start learning to play a musical instrument and we built our relationship from that. They are now happy to make eye contact and speak with me, which is a huge change."*
>
> (Social Prescriber)

6.6.1.5. Other positive outcomes (**CASE STUDIES**)



When asked to report on any positive changes observed in young people supported by the service, Social Prescribers highlighted the following changes as most common (based on case study respondents):

- Improved engagement with support services, 57.1% (8)
- Improved mood, 35.7% (5)
- Young person leaving their house, 28.6% (4)
- Increase in young person's self-confidence, 21.4% (3)

Other positive outcomes reported for young people included:

- Young people became more open to or are actively working towards engaging well with services;
- Young people became more relaxed as the sessions progressed;
- Young people's communication with other services improved;
- Young people's mood improved;
- Young people discovered new interests or sources of enjoyment;
- Alcohol and substance misuse by young people was reduced.

6.6.2. For parents/carers

In addition to the positive outcomes and impact that engaging with social prescribing has had on the children and young people taking part in the pilot, there were positive changes for parents/carers as well. Parents/carers reported improvement to their understanding of support, relationships with their children and their confidence in the support their children are receiving.

6.6.2.1. Increased awareness of their children's mental health and wellbeing

Through their communications with the Social Prescribers, parents and carers were able to develop their understanding of their children's mental health.

> *"It's taught me that sitting in a room with other people is an achievement for my child. I'm really proud of them. It's been amazing."*
>
> (Parent)

> *"Even just coming on a bus to get here has helped. They are not as panicky. For the first week, I couldn't leave the room or their side. Now they go in and I go to a cafe nearby."*
>
> (Parent)

6.6.2.2. Improved confidence to support their young person

Parents and carers were able to improve their confidence in supporting young people with their mental health and wellbeing.

> *"I supported a 7-year-old child. But it was mainly signposting for their mother."*
>
> (Social Prescriber)

> *"I've joined 'Walking with you' sessions a few times. I also offered advice to their parents - I suppose in some ways it was social prescribing for the parents."*
>
> (Social Prescriber)

> *"I am more able to give meaningful feedback to my child."*
>
> (Parent)

6.6.2.4. Improved relationships with their young people

By supporting their child in accessing social prescribing, parents reported that the project allowed them to have more time with their child.

> *"The project gave me some extra time with my child. It's been wonderful. Thank you so much!"*
>
> (Parent)

It also allowed them to build their confidence in their children's abilities to engage in activities.

> *"It's given me the confidence that my child has the capability to do things, if they want to."*
>
> (Parent)

6.6.2.5. Improved understanding about local community services

Parents appreciated that Social Prescribers were able to build an understanding of their child's needs and provide advice on local services and organisations that might be of interest or able to provide support.

> *"Such lovely staff - so aware of what our young people need. It's also really helpful to have a list of other opportunities."*
>
> (Parent)

6.6.2.6. Other positive outcomes

Parents reported that as a result of their children engaging with social prescribing, they were able to get some respite, which would not have been possible otherwise.

They were also able to grow their own support networks through connecting with other parents who were in a similar situation.

> *"I am able to have a drink and a chat with another parent in a cafe or do some work, conference calls."*
>
> (Parent)

6.6.3. For CAMHS clinical team

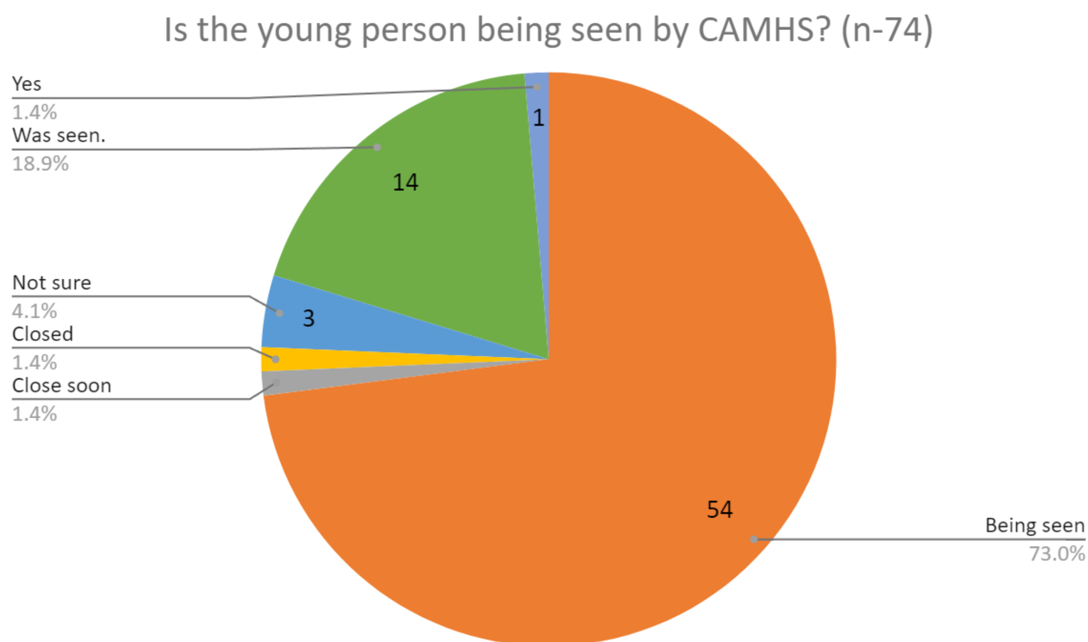
There were positive outcomes and impact reported for the clinical team supporting children and young people who engaged in the pilot.

6.6.3.1. Decreasing caseloads

One of the initial outcomes for the Getting Help/Getting More Help Social Prescribers project was to support CAMHS by decreasing the time young people spend on waiting lists

or on caseload.

Due to the complexity of need presented by young people who were successfully referred in to the pilot being higher than expected, the impact of the intervention has been different to the initial plans. However, for some young people, engagement with Social Prescribers has led to their case being closed to the referring service.



The majority of young people who were successfully referred to the Social Prescribers have now either been seen or are being seen by the CAMHS team, 73% (54).

Of those: 31.5% (17) are now closed to CAMHS (12 of those completed their sessions with Social Prescribers).

> *"Four of the young people who I worked with, no longer need the support from CAMHS."*
>
> (Social Prescriber)

> *"Young people referred to CAMHS would go on a long waiting list for behavioural activation work, which is the first line of treatment for low mood. Whereas now, with social prescribing available, the waiting lists are much shorter. And I have personally noticed a big difference in the service since it's become available."*
>
> (Interview participant)

“The best things about having the Social Prescribers are reducing waiting times and helping young people connect with their mood.”

(Interview participant)

6.6.3.2. Providing a more rounded care-package

The addition of Social Prescribers to the CAMHS teams has enabled the service to provide a more holistic and personalised approach to treatment and recovery.

“Social Prescribers have the time to be able to support a young person in finding the activities within the community that they want or that they can get linked into based on their needs, rather than thinking about it in quite a generic term. Clinicians in Getting Help/Getting More Help just do not have the time to do that.”

(Interview participant)

“What we found is that having the Social Prescriber intervention, where you’re linking in with the social activities, as well as having the Getting Help intervention has improved the quality of care that young people get, because they are getting a more rounded package of care.”

(Interview participant)

6.6.3.3. Provision of advice to clinical staff

By embedding Social Prescribers within the CAMHS teams, they were able to not only develop good working relationships with the clinical staff but also provide advice on further support available in the community without the need for a referral into social prescribing. This has allowed clinicians to help young people in a different way than before.

“The clinical staff now have someone else on their team with knowledge. So they might not refer a case to the Social Prescriber but they will go and ask for advice - on a good club or what is happening in the local area. It saves time.”

(Interview participant)

“The team probably feels more content because we have more options and we can now meet young people’s needs in different ways.”

(Interview participant)

“I have booked some sessions with the young person at The Oxford Animal Sanctuary for cat and rabbit socialising. We’re both very excited and really appreciate those being shared - it’s fantastic!”

(Senior Mental Health Practitioner)

6.6.3.4. Staff feel better about referring or passing the cases on

Through adding social prescribing into the CAMHS offer, clinical staff reported feeling better about referring or passing the cases on.

> *"One of the main differences it's made to me as a practitioner is feeling less guilty when it comes to the young people we work with. It's a horrible feeling to put them on a long waiting list for treatment. Having Social Prescribers takes that away. It's just a really nice feeling to know that a young person can join other things and have that sense of belonging in a community. For a lot of them, their self-esteem is so low, a lot of them have been bullied at school. Some of them have a lot going on at home. So it's just really lovely for them to be able to gain some confidence."*
>
> (Interview participant)

> *"Having Social Prescribers in the service has taken some of the stress off the clinical staff, because a lot of the time we were not quite ready to discharge, the young person still needed something. And we do not want to put them on a long waiting list for CBT. But we wanted to give them more than just a Neurodevelopmental Condition referral. They waited 12 months for an assessment and they may have to wait another 12 months for treatment. Now I can refer that young person to the Social Prescribers."*
>
> (Interview participant)

6.6.3.5. Better understanding of the impact social prescribing can have

Clinical staff reported feeling 'impressed and amazed' by the impact that social prescribing has had on the children and young people on their caseloads. They were able to gain a better understanding of what social prescribing entails and how it can complement medical interventions delivered as part of the service.

> *"Thanks for all your help with this case. I think the young person has really benefited from sessions with you. Hopefully they will stay on a positive trajectory."*
>
> (CAMHS Member of staff)

> *"I've been amazed at the impact the social prescribing has had on the young person."*
>
> (CAMHS clinician)

> *"Young person was a couple of minutes late and was very stressed. Initially it seemed they would be unable to participate but as soon as I asked them about what they had been doing with social prescribing, they became very animated and were able to tell me about how much they are enjoying their museum visits. They told me they had even been able to speak with other members of the group and several adults."*
>
> (CAMHS Clinician)

"The Social Prescriber has worked in such a kind, empathetic and nurturing way but has also managed to stay professional and goal focussed. They supported the young person in their referral to a substance misuse service and has maintained communication with me throughout. I truly believe that without their knowledge and input, this young person's future would look very different and from working with them myself, I know they are very grateful for the Social Prescriber."

(CAMHS Clinician)

6.7. Key learnings (Social Prescribers)

Social Prescribers were asked to identify any key learning from the first 12 months of the service delivery. They reported the importance of:

- Being patient and giving the young person time to make their own choices;
- Listening to what the young person has to say;
- Offering a wide range of options - "*You never know what might appeal to them.";*
- Keeping in mind timings when booking activities to ensure young people are able to attend;
- Worker's ability to build a relationship with the young person without meeting them face to face;
- Keeping an open mind as a practitioner;
- Being aware that there is a multitude of complex barriers to engagement for young people.

6.8. Challenges

Due to the unique and innovative nature of the project, there were numerous challenges encountered during the first 12 months of delivery. This report divides them into three stages: referrals, delivery, and outcomes and impact.

6.8.1. Referrals

Some of the referrers reported being unsure about which young people were suitable to be referred for support from the Social Prescribers.

"People were unsure what kind of cases they should be referring on. They wanted to refer as many as possible, but some were not appropriate."

(Interview participant)

There was also some uncertainty with regards to the provision of support, necessary skills and professional boundaries due to the complexity of needs presented by the young people referred.

“The young people that we have on caseload aren’t supported by just Getting Help. We have a lot of referrals from Getting More Help. So the initial intent of reducing the waiting list for Getting Help had to change.”

(Interview participant)

“When we first started, we said we were going to be dealing with young people on the mild spectrum, who might be finding it a bit difficult to gain friendships or not going out. But now I’m finding that the young people referred in are people with more moderate to complex needs, where they are showing signs or are speaking of showing signs of being suicidal.”

(Social Prescriber)

6.8.2. Delivery

Due to the higher than predicted complexity of needs presented by the children and young people engaging with social prescribing, the standard length of support (6 sessions) was not always enough.

“I’d say 6 to 8 weeks is probably not enough for the young people with more complex needs. If they were mild to moderate, it might be. But for the young people that we saw, I don’t think it was.”

(Social Prescriber)

“Six weeks is not enough. We try to see the young people every two to three weeks to spread it out over a longer period of time. Without a shadow of a doubt, it would be helpful to have more sessions.”

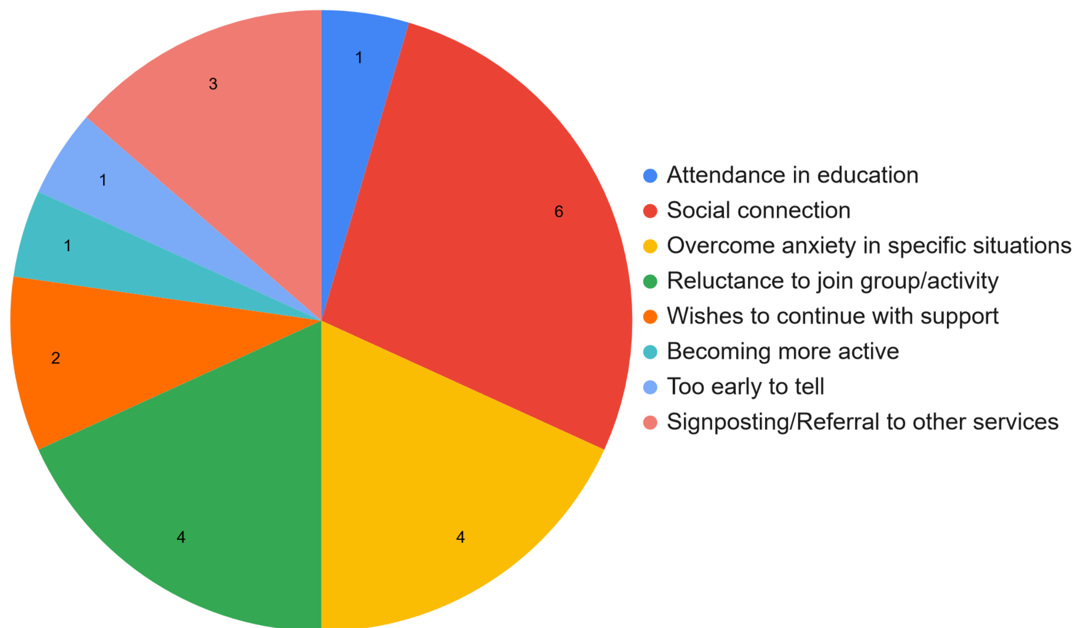
(Social Prescriber)

It was also reported that some of the young people needed more support than Social Prescribers were able to provide.

“There was one young person, who had very complex needs. I was asked by their parents to go and see them. I wish I had instructed the parents to contact the CAMHS team directly, as it was quite emotionally distressing for me to see them in that state. There is definitely a boundary between what a clinical and a non-clinical worker can advise.”

(Social Prescriber)

When asked whether any additional support was required for the young people who engaged with the service, Social Prescribers agreed that for all but one (92.9%) there were still needs which were not fully met or required further support to ensure the positive impact on the young person continues.



6.8.3. Outcomes and impact

Due to the innovative nature of the pilot, some of the intended outcomes and ways of measuring them were different to the outcomes which are visible a year into the delivery.

Challenges included:

- Young people disengaging with the support before completion of the final WEMWBS or post-intervention questionnaire;
- No tool was used to consistently gather feedback from parents/carers;
- The complexity presented by young people referred for support was much higher than initially predicted, which made some planned outcomes less relevant/achievable (e.g. re-referral rates or waiting times).

> *"I think the idea of the project has worked well. Looking back at it now, what we are actually trying to achieve might have changed due to the nature of young people involved."*
>
> Interview participant

7. Recommendations

Now that the pilot has completed its first 12 months of delivery, available data would suggest that, overall, the addition of social prescribing as a non-medical intervention to the CAMHS offer has had a positive impact on young people, their families and CAMHS professionals.

Due to the challenges presented above, there are gaps in the evaluation process, specifically around quantitative measurements of outcomes and impact. There is also a slight lack of

feedback gathered directly from the young people - most of the data used in the report came from practitioners working with the individuals or their parents.

Based on the data gathered and the feedback presented, it is our opinion that the following suggestions would enable a more robust and meaningful data collection, analysis and impact evaluation.

1. **Review of the outcomes (both short and long-term) and the planned impact of the project**

   It might be useful to develop a theory of change[16], which would clearly outline the activities, outputs, outcomes and impact of the inclusion of Social Prescribers in the CAMHS team. Based on the findings of this report and other research into the impact of social prescribing, it might be worth considering outcomes based on the '5 Ways to Wellbeing' evidence-based framework, which was developed by the New Economics Foundation to provide guidance on actions that people can take to improve their wellbeing[17]. Especially relevant to the Getting Help/Getting More Help Social Prescribers pilot might be looking at the 'Connect', 'Stay active', 'Keep Learning' and 'Take notice' elements - including the focus of contacts (both direct and indirect delivered by the Social Prescribers) and the changes experienced by the children and young people in those areas.

2. **Review of the impact measurement tools to ensure they are appropriate, meaningful and accessible**

   Following on from the revision of the outcomes and impact, it would be advisable to review tools used to measure those used by the service. Data has shown that the use of WEMWBS or carrying out a longitudinal follow-up through an online survey did not yield robust results (due to the low number of responses). It might be preferable to develop tools which can be used by the staff (both Social Prescribers and the clinical team) to track young people's progress and be able to report on it in a quantitative way. This could be a start and end-point measurement or a regular check-in, marking their progress against outcomes.

   The return from case studies was good, with a lot of the information provided being meaningful and helpful to the evaluation. A potential improvement could be that case studies are completed after the child or young person has finished their engagement with social prescribing.

   Demographic data was collected well, with some gaps in recording (reported in the Participant profile section). It would be advisable to ensure that those gaps are filled and the amount of missing information is minimal.

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[16] A theory of change is a description of why a particular way of working will be effective, showing how change happens in the short, medium and long term to achieve the intended impact.

[17] Turk A, Mahtani KR, Tierney S, Shaw L, Webster E, Meacock T, Roberts N. Can gardens, libraries and museums improve wellbeing through social prescribing? A digest of current knowledge and engagement activities. (2020)

Feedback from parents should be collected in a standardised way, which is in line with the theory of change.

7.1. Recommendations from young people, parents and staff

Young people and their parents/carers provided suggestions on what could be done to further improve the service. Their suggestions included:

- More group activities;
- Repeat of the Museum sessions;
- Consistency of support staff during sessions;
- Drop in sessions;
- Young people from the initial cohort acting as 'helpers' in the future.

Suggestions were also made by the delivery team as to how the service could be improved going forward. Those included:

- Spreading out the sessions with Social Prescribers (bi-weekly meetings with phone check-ins in-between);
- More Social Prescribers covering the same area to lighten the caseload on workers;
- A budget made available to Social Prescribers to use in enabling young people to take part in more activities or making the meeting areas more 'young person friendly'.

8. Further feedback from parents

"It's been just amazing for them. Fabulous."

"Enormous credit to the Social Prescribers and the project for having no expectations."

"My child doesn't talk. The fact that they stay in the room is enough. I'm joyous, absolutely joyous."

"They wanted to come despite a terrible morning at school."

"My child asked if it runs again, can they join."

"I think everything was done very well. The worker created a safe space. We were kept informed and looked after really well."

"My child has been very happy to come. Although they hardly tell me anything, I can see they've really enjoyed it and I heard them talk to others and laugh."

"Great balance - it's been fabulous. Being able to access a group is precious. We need more of this!"