Evaluation Report:
Tier 4 Social Prescribers

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)

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Response

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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 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"[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 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

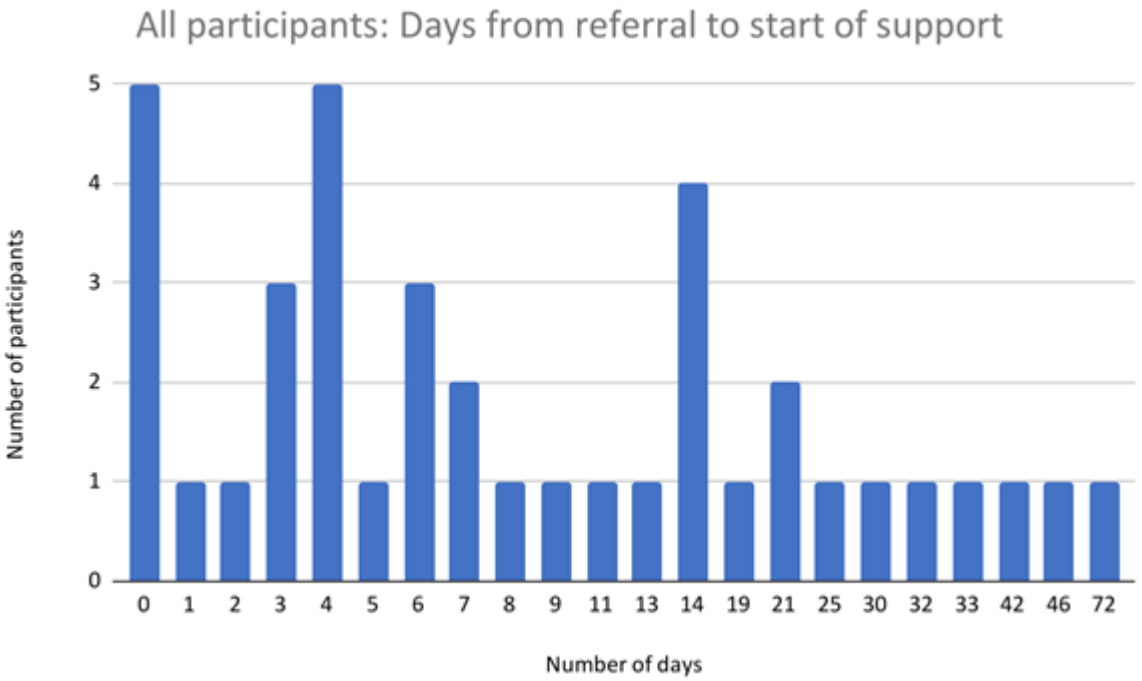
The project was delivered by a collaboration between Response, Berkshire West/BOB ICS and Berkshire Health and the teams at each of the Tier 4 units. The initial set up and staff recruitment varied in its success and effectiveness between the two units due to the

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

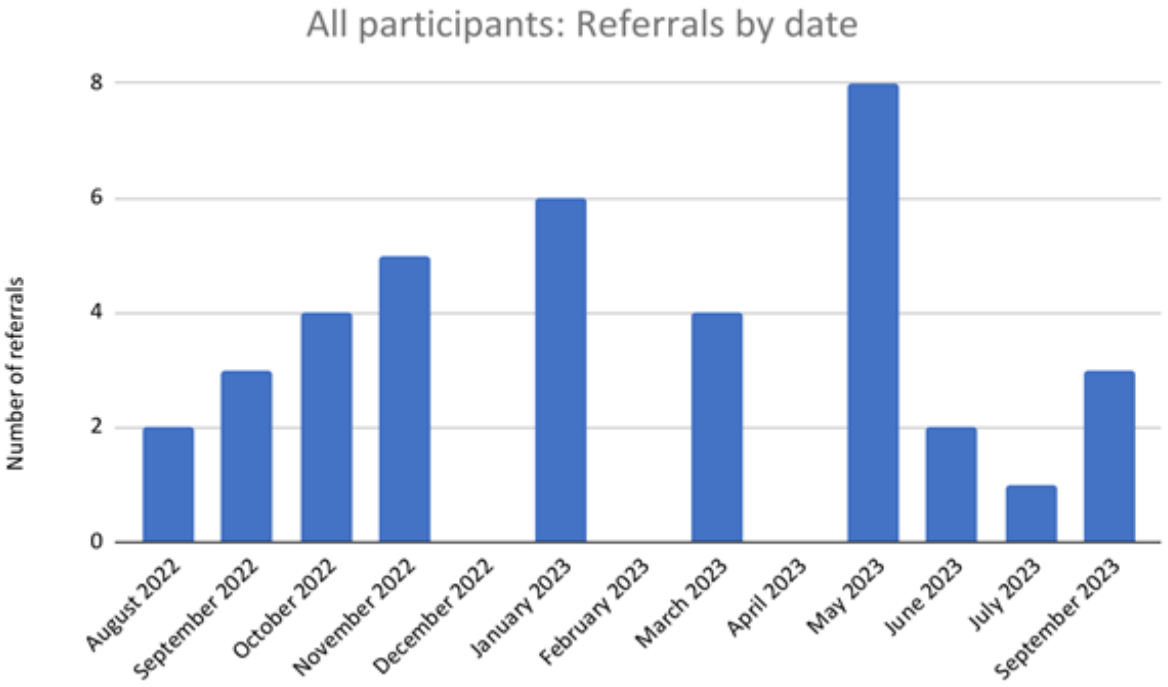
strength of working relationships between partners and the length of time available for set up. Response was responsible for day-to-day support and monitoring of delivery, local teams provided line management of Social Prescribers and any relevant training/shadowing.

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.



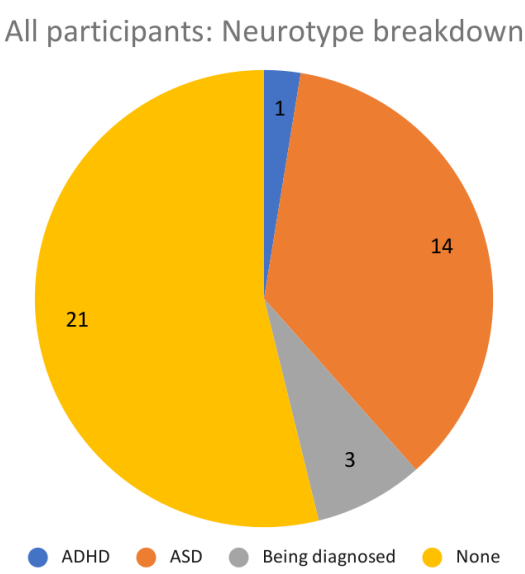
- The average waiting time between receipt of a referral and the start of the support was 13 days. This time was needed for the social prescriber to link with the wider support team to ensure the social prescribing would complement wider treatment plans.

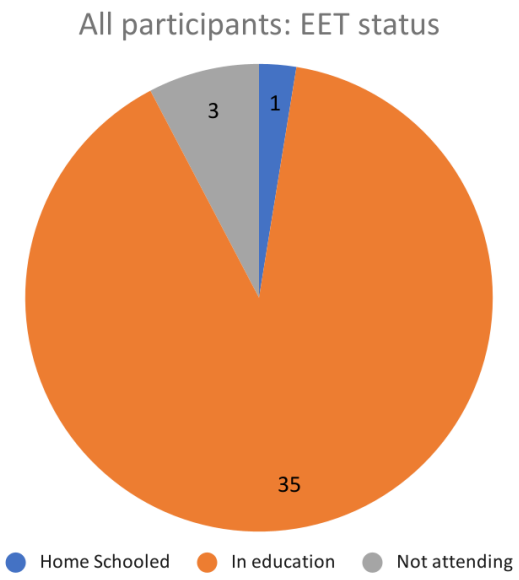


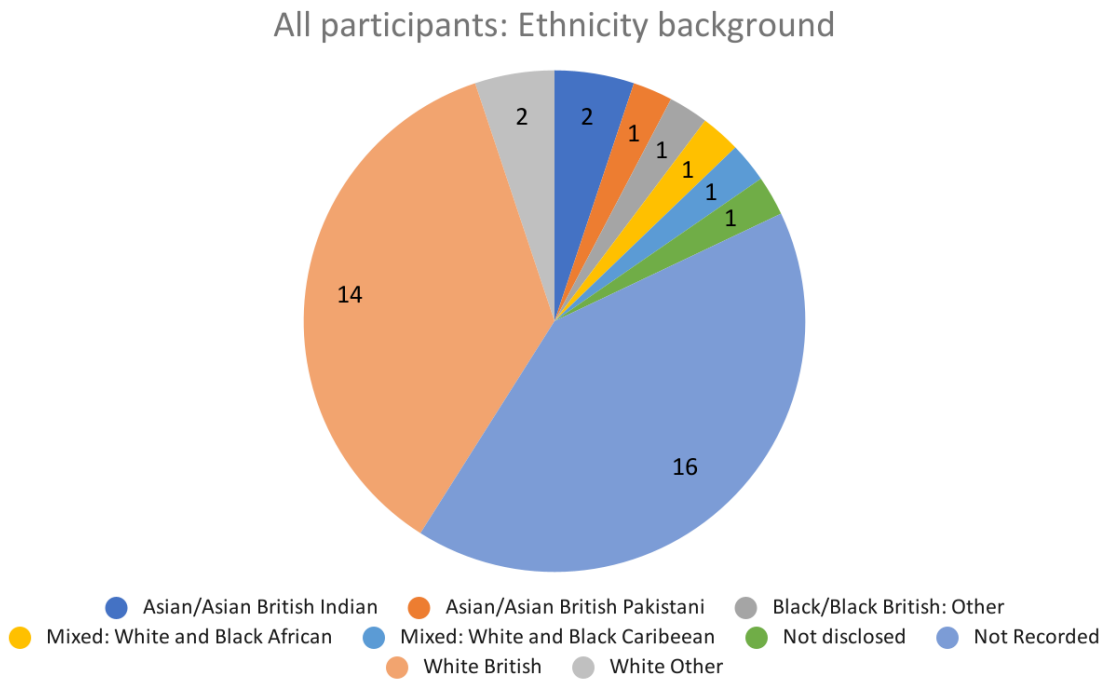
- May 2023 Saw the most referrals (8). Apart from the spike of referrals in May 2023, referrals appeared to follow a trend whereby they rose from late summer/autumn to a peak in January, before dropping off again towards the summer. This is in line with the general trend of admissions at both units,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



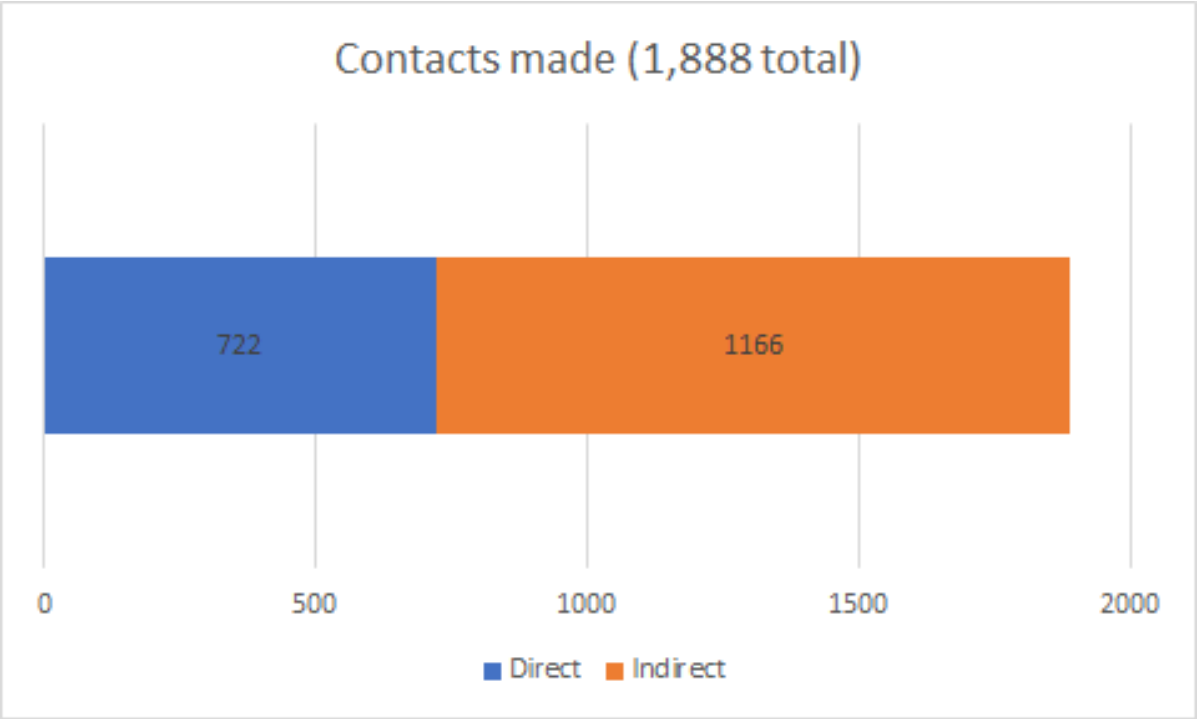




- The reasons young people were admitted to Tier 4 CAMHS varied, with some young people presenting with a comorbidity of issues. The most common reasons for admission to Tier 4 were Emotional Dysregulation (21%) and Suicidal Ideation (13%).

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.

2. Background

In November 2022, Response, in partnership with BOB ICS, commissioned Research Oxford to produce a report evaluating the pilot project of inserting Social Prescribers into Tier 4 CAMHS services. The evaluation looked at the setup and implementation of the new role, delivery of activities, outcomes and impact on the young people who were supported, 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, especially those accessing Tier 4 CAMHS services, and inclusion of social prescribing within England's healthcare services.

The pilot project ran between August 2022 and September 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 (August 2022- September 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, with a focus on those admitted in Child and Adolescent Mental Health Services (CAMHS) Tier 4;
- To produce an overview of the inclusion of social prescribing in healthcare services and the Voluntary, Community and Social Enterprise (VCSE) sector;
- To review the setup and implementation process of introducing Social Prescribers as part of the Tier 4 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 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 September and November 2023 with a mixture of Response and CAMHS staff, including Social Prescribers, managers and clinical staff. All interviews were conducted virtually 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.

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

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

Other feedback - further qualitative feedback was gathered by Response/CAMHS staff from young people (provided in a written format).

- ➢ 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. In addition, the pilot project is still ongoing, which means that data used for the initial evaluation covers only the first 12 months of delivery. For those reasons, 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 and clinical professionals regarding the inclusion of social prescribing as part of the Tier 4 CAMHS offer.

5. Services and Pilot details

Child and Adolescent Mental Health Services (CAMHS) Tier 4 - General adolescent services including specialist eating disorder services provides general inpatient care for young people aged 13 to 18 years old, which includes specialised eating disorders. As provided in the Service Specifications[2] published by the NHS in 2018, NHS England "commissions Tier 4 CAMHS services provided by Specialist CAMHS centres, including associated non-admitted care which provide crisis intervention, home treatment, step-down care and other alternatives to admission when delivered as part of a provider network."

Tier 4 Social Prescribers is a partnership project run by Response, BOB ICS and Berkshire Health, supporting the recovery of young people accessing CAMHS Tier 4 services under the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System. It aims to:

- Accelerate hospital discharge and increase community integration for young people accessing inpatient and day/'out of hospital' services to aid and sustain recovery and prevent relapse;

[2] https://www.england.nhs.uk/wp-content/uploads/2018/02/tier-4-camhs-general-adolescent-service-specification-v3.pdf (25/10/2023)

- Alleviate clinical staff of support duties which could be delivered by non-clinical staff, increasing capacity for clinical duties to aid recovery;
- Provide learning to BOB ICS to inform future commissioning interventions.

The pilot project embedded 2 Social Prescribers within CAMHS Tier 4 services provided at the Highfield Unit, Warnerford, Oxford and at Phoenix, Wokingham, to provide non-clinical support to young people accessing services under BOB ICS.

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 young people. Activities delivered included:

- One to one sessions (in person);
- Support to join activities and local groups, such as boxing, ice skating, art classes, youth clubs and animal care;
- Support in referrals to external organisations, e.g. drug misuse support;
- Support with everyday activities to increase social mobility, e.g. taking a bus, food exposure, support in driving lessons;
- Provision of further resources and signposting to further support, e.g. Youth in Mind guide;
- Support with engagement in Education, Employment or Training;
- Support with engaging other support groups, e.g. lower tier CAMHS;
- Support with personal care.

5.1. Delivery model

In order to ensure good management of staff and collaboration between partners, management responsibilities were divided between Response and CAMHS. Response acted as the employer, providing duty of care and off-site management support. CAMHS provided clinical supervision by case managers (when on site), and named on-site NHS management.

There were no specific limits placed on the duration of support provided to young people by the Social Prescribers. They were able to support the young people as many times as required throughout their stay as an inpatient. There was also flexibility about the length of time workers were able to support the young people once they had been discharged. This was monitored closely to ensure that there was capacity for new admissions.

5.2. Details of service provision

The Tier 4 Social Prescribing service:

1. Supported young people that fell under BOB ICS only as identified by onsite manager (Social Prescribers were able to develop relationship with the young person before formal case allocation);

2. Included those young people admitted into out of area provision or moved into an alternative Tier 4 CAMHS out of area service;
3. Had a caseload of approximately 10-12 young people per worker (regularly reviewed by managers) to ensure that they could offer the accessibility and level of intensity required by the young person to respond swiftly to their needs.

5.3. Relationships

In order to maximise the impact of the social prescribing on the young people and on the partner organisations, it was agreed that Social Prescribers would:

1. Work alongside the offer already in place on each site to complement the existing support available;
2. Build connections with key people on the wards and develop strong working relationships;
3. Liaise with case managers, care coordinators and ward staff to discuss the best course of support for the young people and how they can complement their treatment plan to aid recovery;
4. Work with community CAMHS teams to support young people's reintegration back into the community by having a clear action plan in place, with dedicated responsibilities for the youth work offer.

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[3], it is estimated that in July 2021 "1 in 6 children aged five to sixteen were identified to have a probable 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.

In the 12-month period between August 2022 and August 2023, a total of 703,168 children and young people across England accessed mental health services provided by the NHS[4]. This number has been on the increase since 2021. The total spend for Children and Young People Mental Health Integrated Care Boards (ICBs), including provision for eating disorders, in 2018-19 reached over 1 billion pounds.

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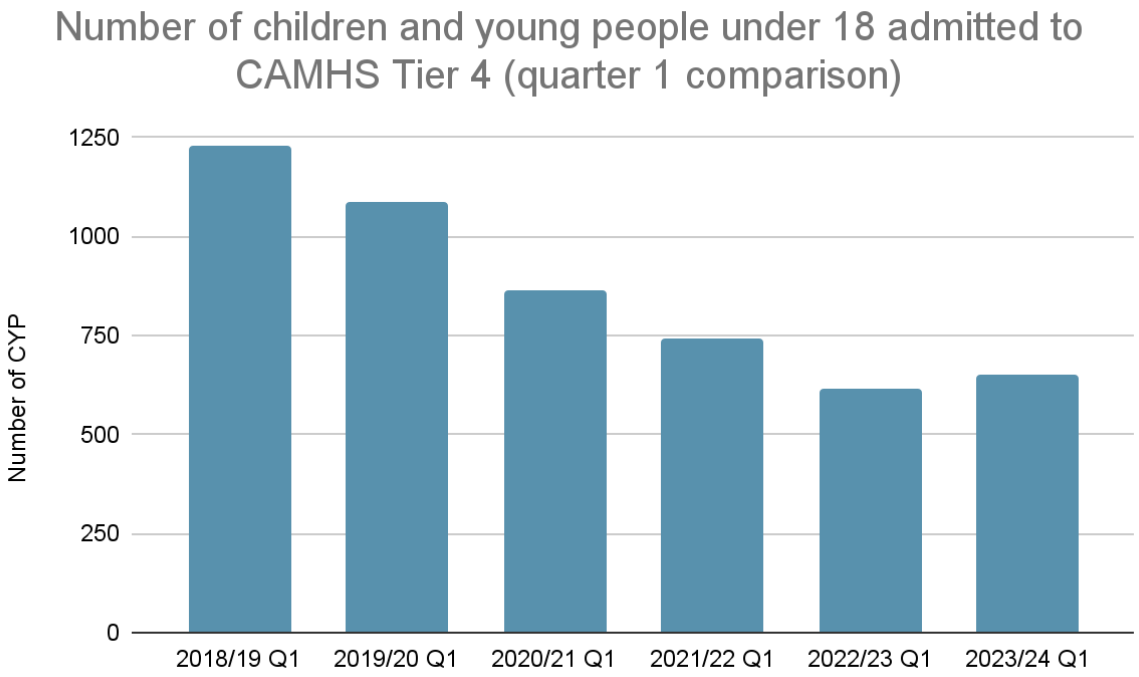
[3]ttps://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/?gclid=CjwKCAjwjaWoBhAmEiwAXz8DBd9cpsHQgWuvDRxfnFonlKdp9r8SqJZ3uiQSgk6r1zkbwOmF-IsvqxoCgKgQAvD_BwE 20/09/2023

[4] Mental Health Services Monthly Statistics Dashboard, 15 November 2023

CAMHS services are organised through a tiered system. Tier 1 provides early intervention and prevention services, often delivered through schools, children centres, health visitors, school nurses, GPs, youth services, helplines and websites. Tier 2 provides early help and targeted services, often through community counselling, counselling and mentoring in schools, education psychologists, education support centres, targeted youth support teams, family support and online services. Tier 3 provides specialist services, including support for eating disorders and multi-disciplinary support for children and young people with global learning disabilities. Tier 4 provides specialised day and inpatient units, supporting children and young people with severe mental health needs.

The numbers of admissions of children and young people under 18 in CAMHS Tier 4 wards are on the rise nationally, having fallen over the pandemic period. The graph below shows the numbers of children and young people admitted to Tier 4 wards across England (comparison of quarter 1 figures).



NHS Long Term Plan sets out the priorities for expanding Children and Young People's Mental Health Services (CYPMHS), including widening access to services which are closer to home, reducing unnecessary delays and delivery of specialist mental health care which is based on their needs and is delivered in ways which work best for them. Part of the process is support for development of integrated services with clear pathways from early intervention to crisis support.

Local landscape

There is an estimated 205,000 children and young people aged 0-19 years old in Oxfordshire[5] and Berkshire West[6]. Between 2015-17, there were a total of 845 self-harm hospital admissions of children and young people (aged 10-19) in West Berkshire[7]. In Oxfordshire in 2020-21 alone, there were 515 self-harm hospital admissions of children and young people (aged 10-24). In 2018-19 in West Berkshire,, there were 115 hospital admissions of children and young people related to mental health conditions. In both counties, the number of mental health referrals for young people has increased significantly. A survey found that in West Berkshire alone, half of parents and carers reported waiting between 1 and 3 years to access CAMHS for any reason or get a diagnosis for their child. Berkshire West was also one of the 10 CCGs nationwide with the largest increases in waiting times from 2017/18 to 2019/20.[8]

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 in Oxfordshire was between 40 and 60 days[9].

Tier 4 mental health services in Oxfordshire and Berkshire are delivered by the Thames Valley Mental Health CAMHS Tier 4 Collaborative, which includes Oxford Health NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust, and Berkshire Health NHS Foundation Trust. Admissions of children and young people under 18 years old in CAMHS Tier 4 wards in the South East of England follow a similar trend to those of the national figures.

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[10]. 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"[11]. Social prescribing is now a part of the NHS's Universal Personalised Care and is available at local GP surgeries.

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[5] ONS Census 2021

[6] https://westberkshire.berkshireobservatory.co.uk/ 04/12/2023

[7] Berkshire West 0-19s Health Needs Assessment, 2020

[8] Child and Adolescent Mental Health Services Survey Feedback Report 2021, Healthwatch West Berkshire

[9] Oxfordshire Joint Strategic Needs Assessment 2023

[10] 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.

[11] 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)

There is a distinct lack of provision of social prescribing in day and inpatient settings. Most services are provided in community settings or through local support services. Therefore there is no evidence available for review into the effectiveness of inclusion of social prescribing link workers in Tier 4 settings.

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 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.

6.2. Partnership

The Tier 4 Social Prescribing project was delivered as a partnership initiative between Response, BOB ICS and Berkshire Health, with Response being the leading partner. Social Prescribers were embedded on wards in Tier 4 CAMHS teams, with line management provided by the ward staff and day-to-day role overview and monitoring of activities provided by the Project Manager at 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 engaged (they were able to discuss all activities with their care teams and ensure they were supporting their care plans), but also be more involved in the referral process (through active recruitment of children and young people to access support) and build relationships with the clinical team.

The turnaround time from commissioning of the service to its implementation was relatively short and presented some challenges to the recruitment and settling in period for the new staff.

6.2.1. Recruitment

The recruitment for the project was carried out in two phases. Initial candidates were chosen by Response and were then vetted by some of the managers of the respective Tier 4 wards (Phoenix Unit, Berkshire and The Highfield Unit, Oxfordshire). There seems to be a degree of discrepancy in how much different teams felt they were included in the initial processes. This in turn impacted the strength of working relationships between the partner organisations and the smoothness of the delivery of the project.

"I've been involved in the interviewing process, so I was happy with the candidate that was coming in and I thought they would fit in well as part of the team. This allowed me to get a sense of what they might be like. It would have been more difficult if I hadn't been involved. Response were very keen for me to do that and I felt that was really important as well. We also had some young people as part of the interview. We wanted to see if they would like the Social Prescriber and could see themselves working with them. I think that's a really important part of what we do."

(Interview participant, CAMHS)

"We didn't know we had a new role and who was coming in. Wwe were not part of the initial recruitment process. "

(Interview participant, CAMHS)

Due to the partnership nature of the delivery model, the recruitment process was a bit more complex than it would normally be.

"Because Response is a separate organisation, we had to account for linking up different systems, and issuing honorary contacts. So the recruitment process took longer than usual, there was more paperwork."

(Interview participant, CAMHS)

Due to the specialist nature of the Tier 4 CAMHS provision, it was important for the project's success that the people recruited as Social Prescribers had: key attributes and skills needed to be link workers; able to navigate their way in a ward setting; and were able to establish this new role while keeping professional boundaries with the children and young people they supported. There were varying degrees of success reported in recruiting the right workers. While one site reported their recruitment as successful, the other reported it being more challenging.

6.2.2. Role responsibilities and activities

The role of a Social Prescriber in a Tier 4 setting seems much clearer now to all partner organisations and staff members themselves than it was at the beginning of the project. Due to the short implementation phase and this being a new approach to support for children and young people in day and inpatient settings, the role was not very well defined at the start. This created some challenges to the length of induction for the Social Prescribers, ease with which they could 'fit in' with the clinical teams and the sense of ownership of the role.

"It was a new project. So you are trying to support a new worker to come into an already established team. And with acutely ill young people, I think it took a bit of working out how and what the role should look like. But I would expect that with any new role. You have that period of trying what works and what does not work, how they are going to work. You support them in building their confidence around working in the unit and also beginning to understand the rules and boundaries."

(Interview participant, CAMHS)

"At the start, I had an idea about what the job would look like. And I would say that's changed now. I had fears about the team on site not fully understanding what the role is about and we had a degree of that. I also think both of the Social Prescribers would have said that they probably did not know exactly what they were going to do on a daily basis at the start. But we knew this was a pilot project, a new role. No one has ever done this before so we had to make it our own."

(Interview participant, Response)

"It was quite a long process to get started, as it's a new role. And I only, now after a year, feel like I know what my role is and that it's established within the team. I found it quite challenging. It was very different to my previous roles and the induction process was very long. I did a lot of shadowing and sometimes felt like a spare part, like I was not doing much. But I had a lot of support from my line manager, which was very helpful. I had to build my confidence to know my role and place in an environment full of medical professionals."

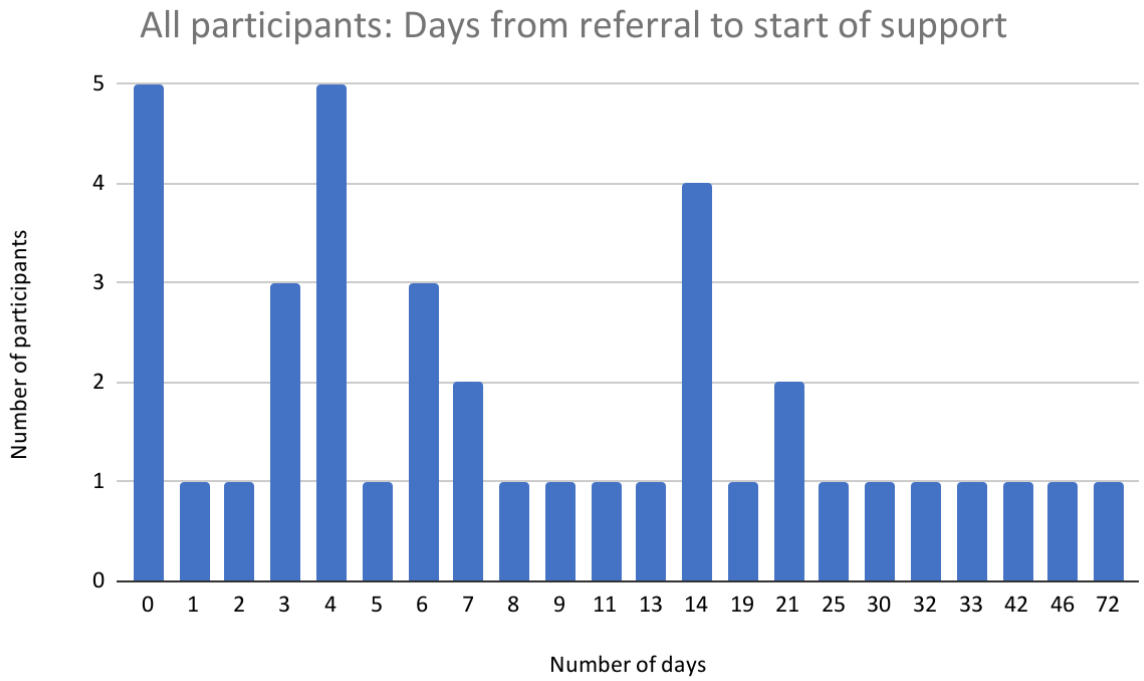
(Social Prescriber, Response/CAMHS)

6.3. Referrals

All referrals to the pilot were made by CAMHS clinicians. Most children and young people were referred when the clinician deemed them ready for accessing the support. There were some which were identified by the Social Prescribers working on the wards and suggested a referral from the clinical team. Between August 2022 and September 2023 there were 39 referrals made.

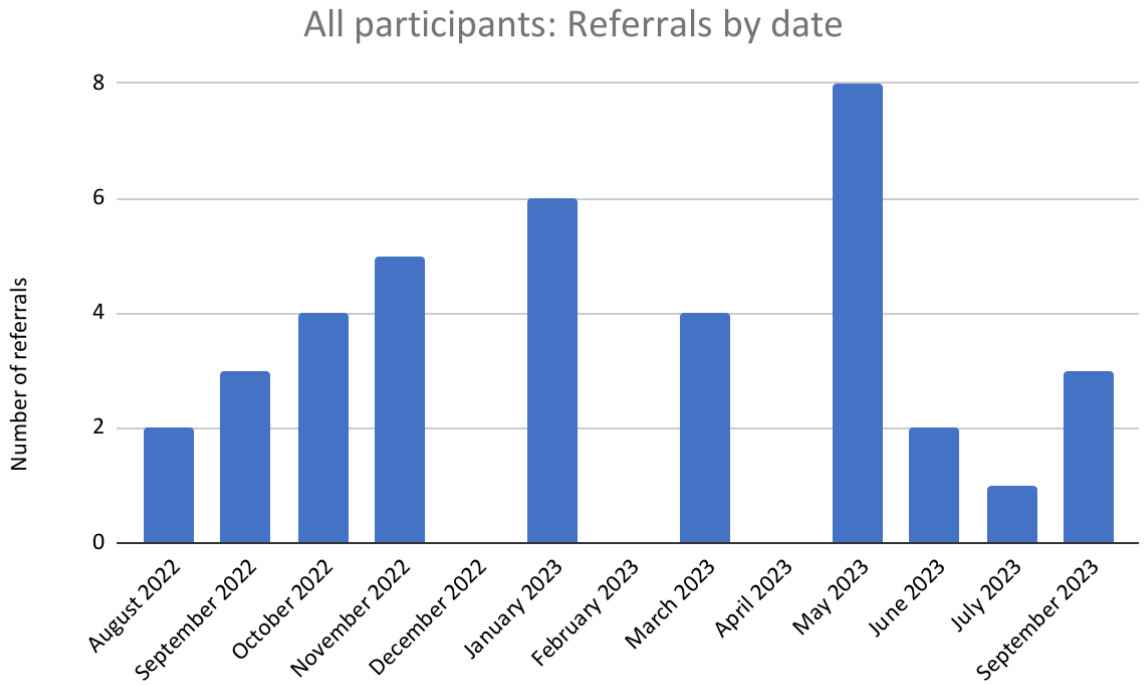
6.3.1. Waiting times

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



Waiting times ranged from 0 to 72 days. The average wait time 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.

6.3.2. Referrals by date

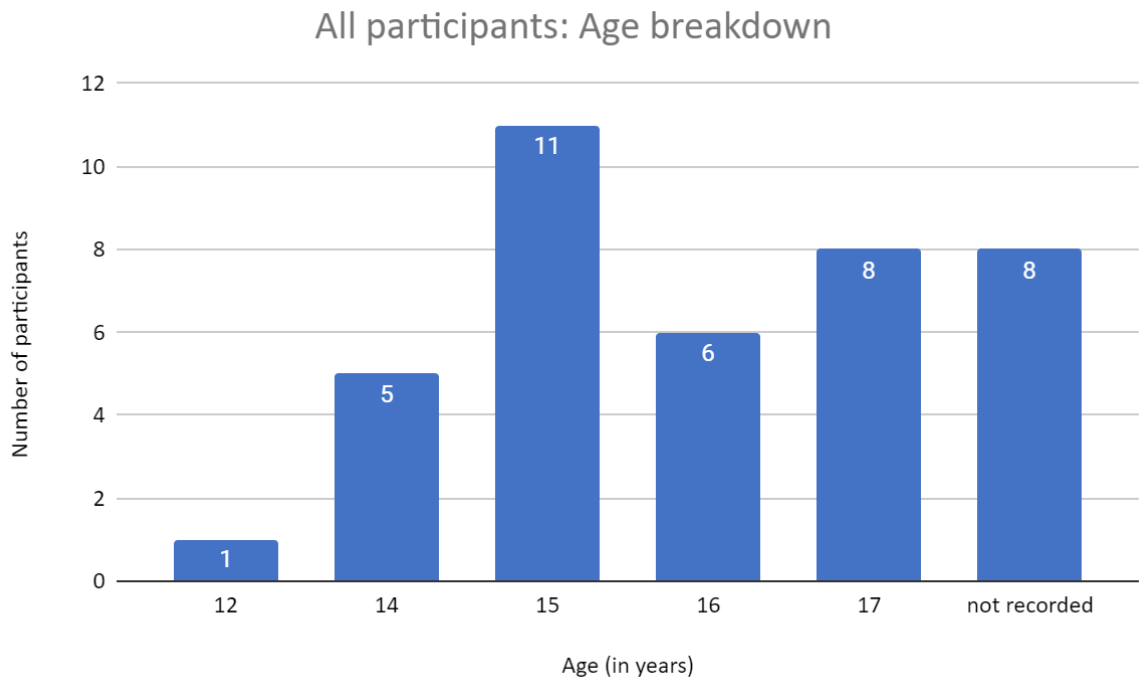


Other than an influx of referrals in May 2023, the distribution of referrals suggests that the number of young people referred to Social Prescribers increased steadily between September and end of year, peaking in January. It then dropped off and was at its lowest during the summer period, picking up again with the beginning of a new school year.

6.4. Participant profile

Demographic information was gathered on young people referred to the Social Prescribers.

6.4.1. Age

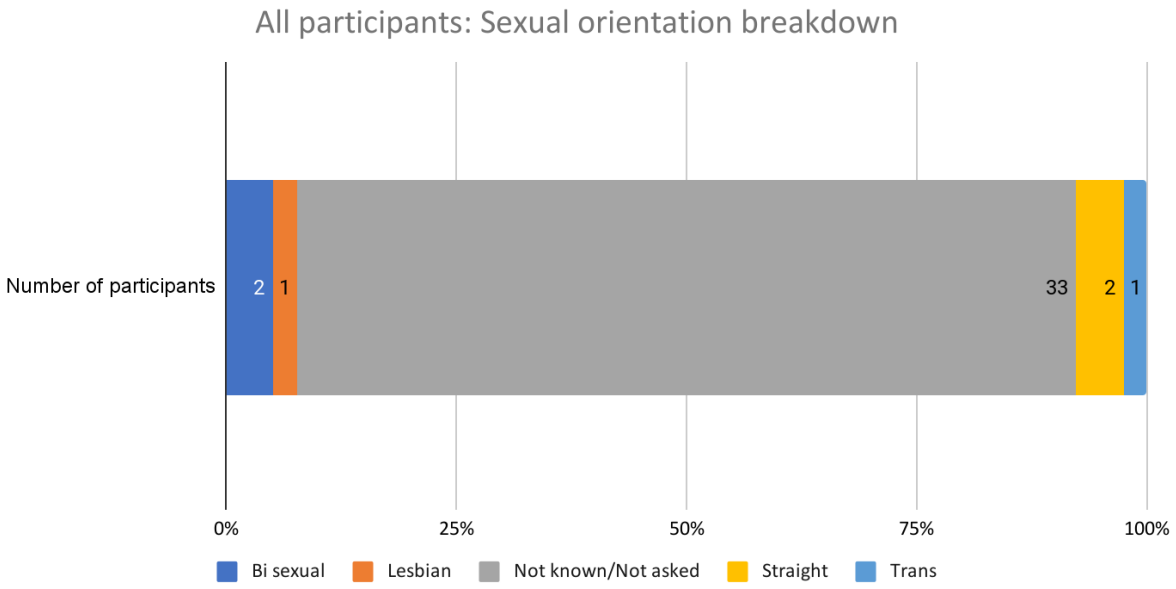


Age was recorded for the majority of young people who were supported by the Social Prescribers.

The largest proportion of young people who accessed support were between 15 and 17 years old, 64% (25), with 15-year-olds being the most common age group, 28% (11).

Age data was missing for approximately a fifth of the group.

6.4.2. Sexual orientation

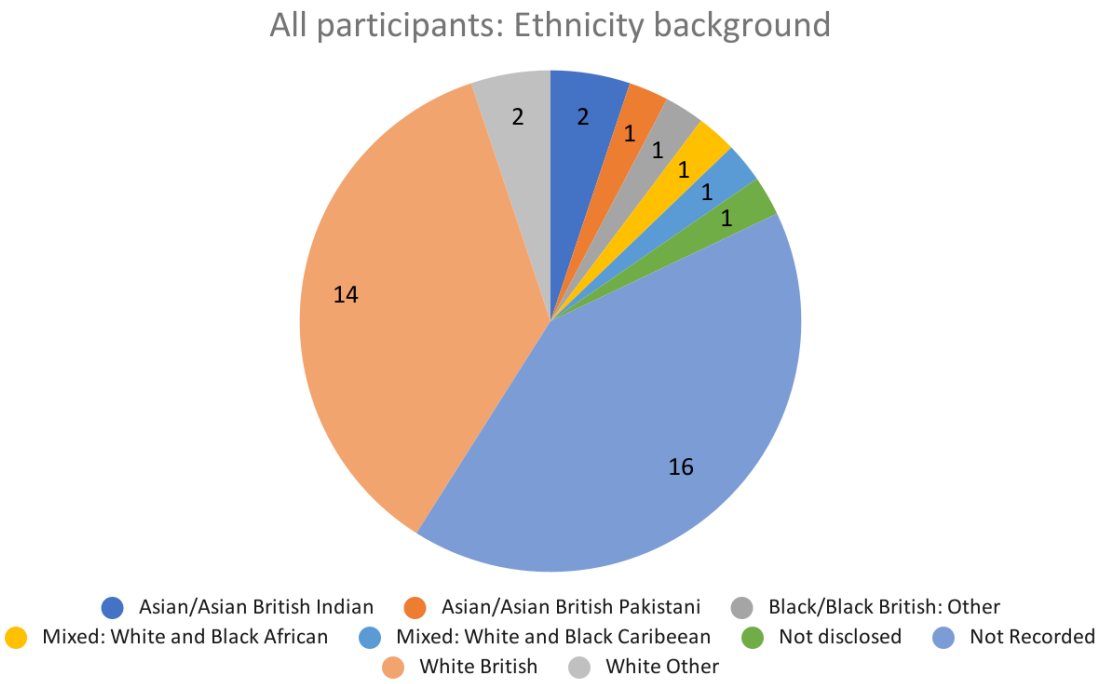


The majority of young people supported by the Social Prescribers did not have their sexual orientation recorded or were not asked to disclose it, 85% (33).

Of those that had their sexual orientation recorded:

- 33% (2) identified as straight;
- 33% (2) identified as bisexual;
- 17% (1) identified as lesbian;
- 17% (1) identified as transexual.

6.4.3. Ethnicity



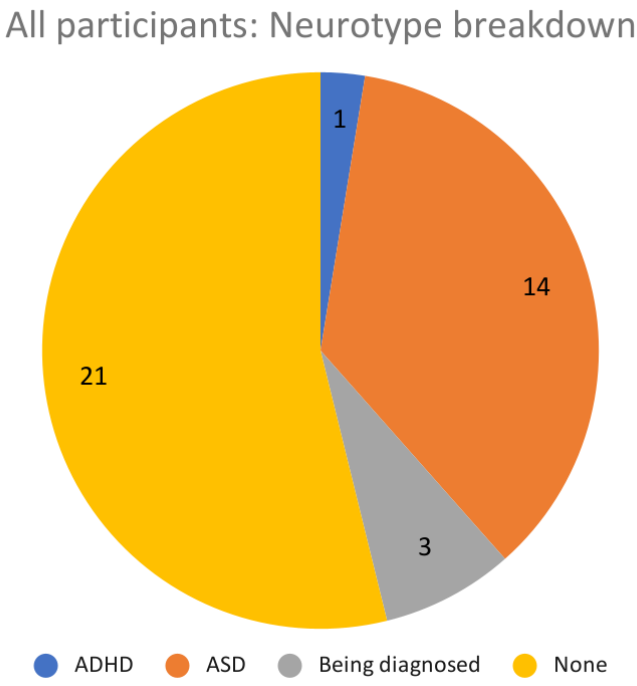
Just under half of participants did not have their ethnicity recorded or disclosed, 44% (17). Of the remaining participants, a large majority reported being White British, 64% (14).

Other ethnicities reported by the participants were: White: Other, 9% (2); Asian/Asian British: Indian, 9% (2); Asian/Asian British: Pakistani, 4% (1); Black/Black British: Other, 4% (1); Mixed: White and Black African, 4% (1); Mixed: White and Black Caribbean, 4% (1).

6.4.4. Neurotype

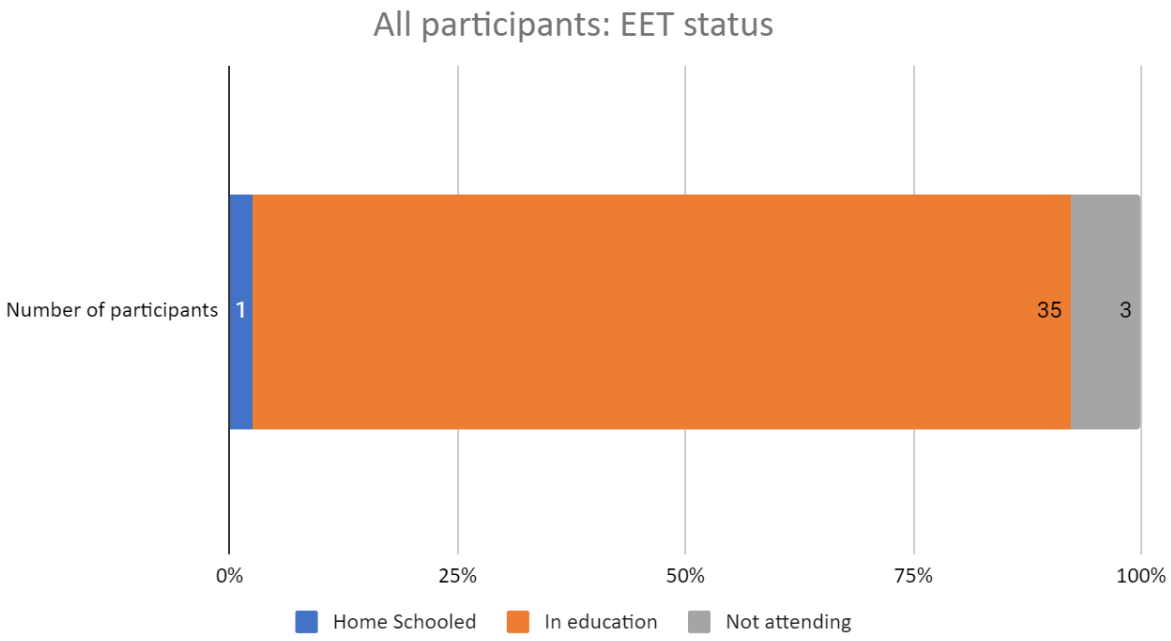
NHS Health Education England's *Guide to Practice-Based Learning (PBL) for Neurodivergent Students* states that neurotype is a term used when discussing neurodivergence. While neurodiversity describes the population as a whole, recognising the diversity of different brains, neurotypical and neurodivergent describe groups within the society, who perceive the world, learn and express themselves in line with or diverging from societal norms. Neurotype (otherwise known as neurominorities) is "the term used for a person's type of neurodivergence, e.g. Attention Deficit Hyperactivity Disorder, dyslexia, etc."[12]

[12] NHS Health Education England, *Guide to Practice-Based Learning (PBL) for Neurodivergent Students*



Over half of the young people supported by the Social Prescribers were neurotypical, 54% (21). 36% (14) of all participants had been diagnosed with Autism Spectrum Disorder, 8% (3) were in the process of being diagnosed and 3% (1) had Attention Deficit Hyperactivity Disorder (ADHD) .

6.4.5. Education, Employment and Training (EET) status



EET status was recorded for all participants. The vast majority, 90% (35), were in education,

including school and college. A further 3% (1) were home-schooled. Just under a tenth of all participants, 8% (3), were not in education, employment or training.

6.4.6. Reason for admission into Tier 4

There was a mixture of reasons for the young people being admitted into Tier 4, some presenting with a comorbidity of issues. The most common were Eating Disorders, 64% (20) and Suicidal Ideation, 13% (5). Others included:

- Depression or Extreme Depression, 5% (2);
- Body Dysmorphia, 5% (2);
- Self-harm, 5% (2);
- Post-Traumatic Stress Disorder (PTSD), 3% (1);
- High level distress, 3% (1);
- Emotionally Unstable Personality Disorder, 3% (1);
- Manic episodes, 3% (1);
- Obsessive Compulsive Disorder (OCD), 3% (1);
- Psychosis, 3% (1)
- Emotional Dysregulation, 3% (1). .

6.4.7. Engagement with social prescribing (INDIVIDUAL JOURNEYS)

Social Prescribers were asked to comment on the reasons behind young people engaging with the project, specific vulnerabilities and needs as part of individual journeys.

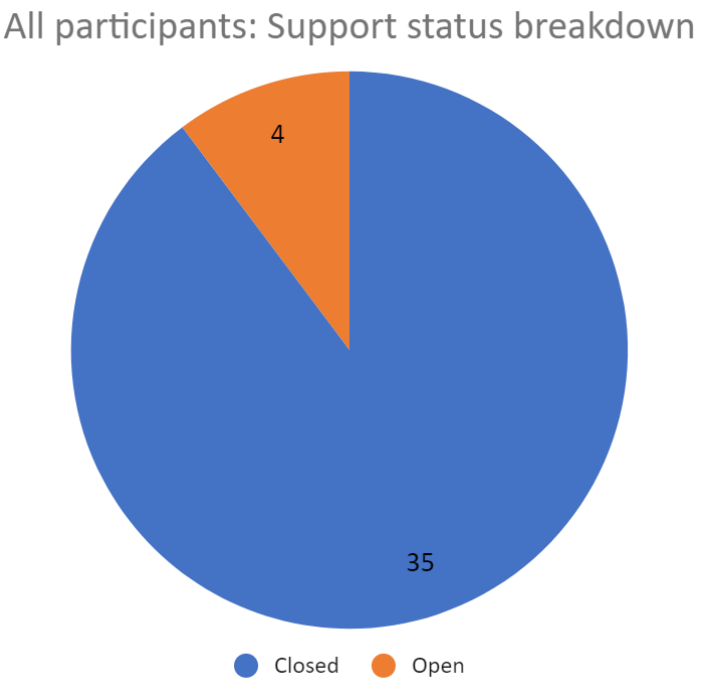
In addition to the mental and physical symptoms of conditions listed above, workers also commented on young people having low motivation (2 out of 5) and lacking ability or opportunity to explore interests they used to enjoy (2 out of 5).

6.5. Service delivery

All of the young people supported by the Social Prescribers had access to 1 to 1 support, which was delivered on a face-to-face basis. There were also some group activities delivered by the Social Prescribers as part of the activities run on the hospital ward. All young people who were admitted as a Tier 4 inpatient were able to access those, even if not directly supported by the Social Prescribers.

The following reporting will focus on 1 to 1 support.

6.5.1. Status and length of support



90% (35) of the 39 young people who were supported by the Social Prescribers completed their sessions by the middle of September 2023, each spending an average of 73 days on caseload.

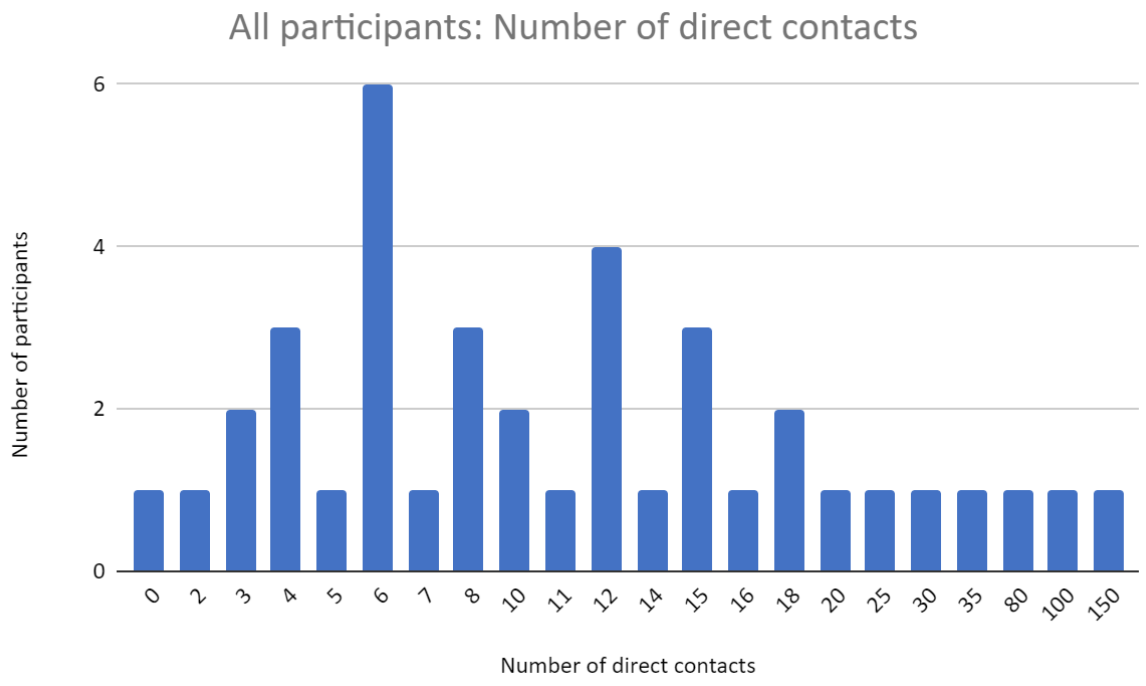
6.5.2. Contacts

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.

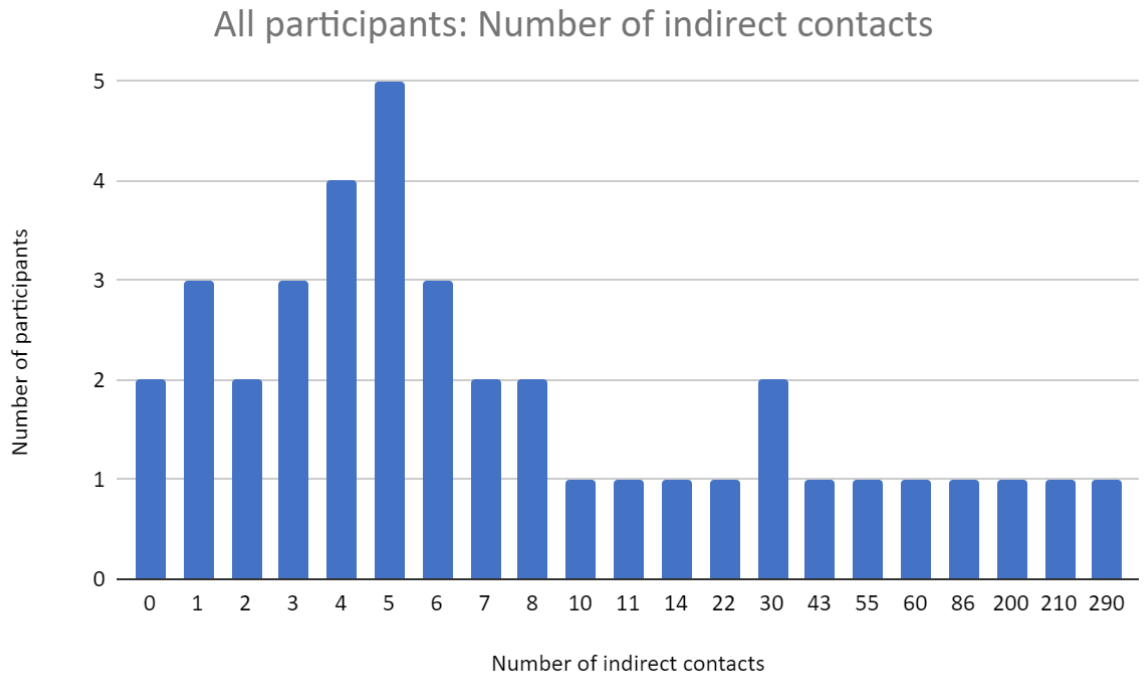
In total, 1,888 contacts (722 direct and 1,166 indirect) were provided to 39 young people by the Social Prescribers between August 2022 and 15th September 2023.

The number of direct contacts per young person varied between 0 and 150, with the average number of direct contacts per young person being 19.



Analysis of the data suggests that the most common numbers of direct contacts per young person were between 2 and 20, with the most common number of direct contacts being 6.

The number of indirect contacts per young person varied between 0 and 290, with the average number of indirect contacts per young person being 30.



The analysis of data suggests that the most common numbers of indirect contacts per young person were between 0 and 8, with a further peak at 30. The most common number of indirect contacts per young person was 5.

6.5.3. Community links

Tier 4 Social Prescribers worked with community organisations, schools, charities and businesses to create a network of opportunities for young people to engage in. Those included:

- Scouts
- Music Therapy
- Bracknell Ice Skating
- Recovery College
- Berkshire Animal Charity
- Path Hill
- Phoenix
- Community Arts
- Ark T
- Local care homes
- Cadets
- Ashmolean
- Be Free Young Carers
- Heroes
- Oxford Animal Shelter
- Riding for the Disabled
- RSPC

6.5.4. Barriers to delivery of support (including **INDIVIDUAL JOURNEYS**)

Children and young people supported by Tier 4 services are extremely vulnerable and access the service at a point of crisis. Delivery of social prescribing had to fit in around the mix of therapies and medical care provided as part of the service. Most young people engaged well with the support and were able to complete their sessions before their discharge. The main practical barrier to provision of support, reported by the workers, was the length of support available to children and young people. Due to the severity of mental and physical needs presented, children and young people accessing Tier 4 services can only engage with social prescribing towards the end of their stay at the units, when it's safe for them to do so. This limits the amount of support that a Social Prescriber can provide, without having to engage with them post-discharge.

> *"I think, when young people first come in, they can't really access the community anyway, because of how unwell they are. Sometimes, due to their conditions, their physical wellbeing is at risk so they can't go out in the community. Or they may be a risk to themselves, so it's too high of a risk to move them from the unit."*
>
> (Social Prescriber,Response/CAMHS)

Other barriers to providing support, as reported by the Social Prescribers included:

- High levels of anxiety;
- Low levels of motivation;
- Additional challenges linked to a physical disability;
- Difficulty in finding activities or groups that were of interest to the young person;
- Low levels of confidence.

> *"By the time young people are well enough to go out in the community, even ones that probably would have been confident before, I think, lack a bit of confidence. Most of them need some support. There are some that come in for a short time and are already quite engaged, for example, they have a job. But I would say most young people that we do see are struggling and are quite isolated. Or they have been in hospital for so long that they are quite institutionalised."*
>
> (Social Prescriber, Response/CAMHS)

6.5.5. Practical and emotional support (**INDIVIDUAL JOURNEYS**)

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, done in 60% (3) of the individual journeys, was supporting the young person to engage with hobbies.

Other types of activities included:

- Support with achieving a qualification;
- Support with improving confidence;
- Support with accessing alternative therapies;
- Support with improving acceptance amongst their own support networks;
- Signposting to other organisations to access activities and support with anxiety management.

6.5.6. Working 'with' rather than 'for' young people (**INDIVIDUAL JOURNEYS**)

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, facilitating engagement in activities/hobbies was the most common method, used in 80% (4) of individual journeys.

Others included:

- Allowing the young person to lead on the direction of the sessions (asking them 'what they want to do');
- Spending time to get to know the young person to allow for truly personalised approach;

- Learning how to support the young person when they are distressed.

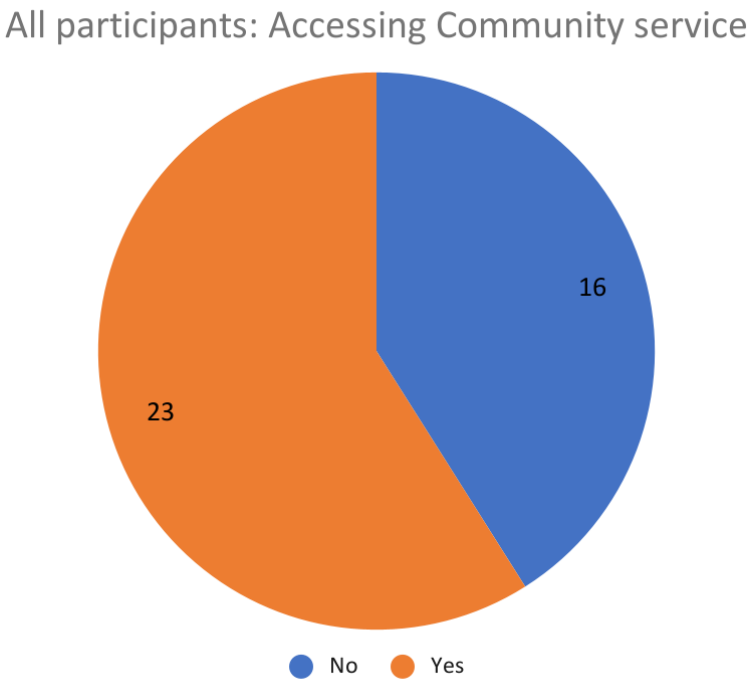
6.6. Outcomes and Impact

6.6.1. For Young people and their families

Individual journeys: When asked to provide feedback on young people's desired outcomes, Social Prescribers highlighted the hope for a more independent life outside of their conditions (3 of 5), drive to increase confidence (1 of 5) and trying new things (2 of 5).

6.6.1.1. Accessing Community Support

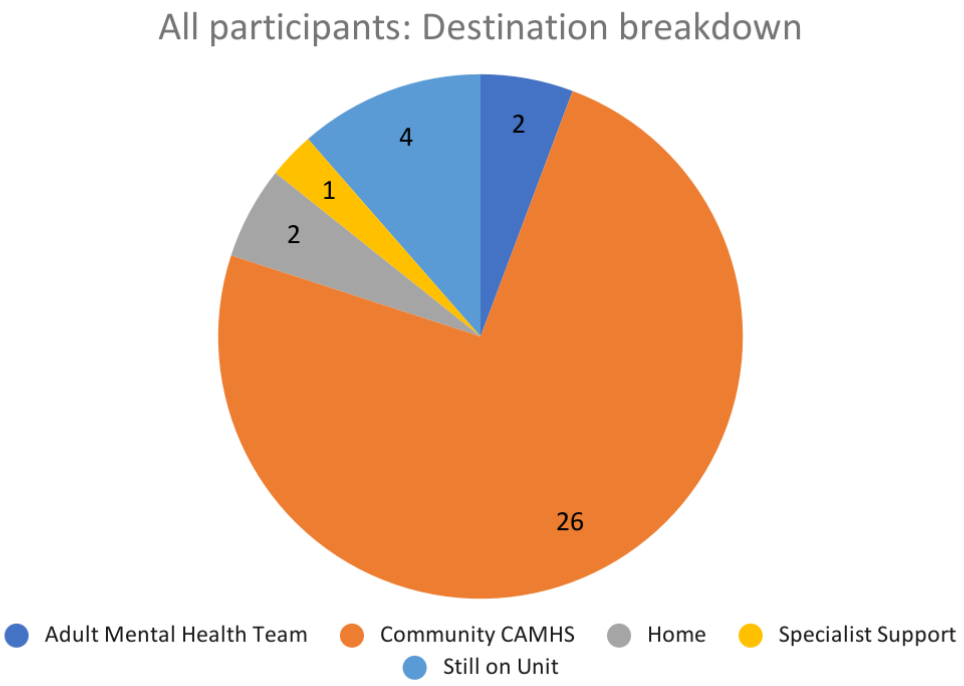
One of the outcomes of engaging with social prescribing is an increase in a person's connection with their community and the use of available community services.



Of the young people who engaged with social prescribing through Tier 4, 59% (23) started accessing new community services before they completed their support.

6.6.1.2. Destination

All young people who engaged with Social Prescribers and completed their support before 15th September 2023 had their destination recorded (follow-on service which they will be accessing).



The majority of young people moved on to being supported by the Community CAMHS team, 74% (26). Others were being supported by:

- The hospital team (still on unit), 11% (4);
- Their parents/carers at home, 6% (2);
- Adult Mental Health Team, 6% (2);
- Specialist Support team, 3% (1).

6.6.1.3. Remembering the ultimate goal of their care

Having somebody with the primary focus of reintegrating young people into the community has had a positive impact on the young people, enabling them to envision a life after their care in the inpatient unit.

> *"It's been powerful for people to see the impact Social Prescribers have had, to remember the goal is to get back to doing day-to-day things."*
>
> (Interview participant, CAMHS)

6.6.1.4. Engaging with education and support through school/college transitions

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 and in transition to schools or colleges.

> *"I think the school and college transition support has been good. Because I think that it's quite scary for the young people. For example I supported one young person to access college this September. Without me being able to go with them, they would have had to miss out on going back to college until they were discharged. They would have missed the whole start of the new year. So I think having someone that can do that is really helpful."*
>
> (Social Prescriber, Response/CAMHS)

> *"I went with a young person to have a meeting with their student support office at college to see what support they could offer and to create a support plan for them. I think otherwise the young person would have struggled to ask for it themselves. There was another young person who needed support with attending lessons. I was there for them in case they felt overwhelmed and needed to step away. There were also some young people who were on section, so they were not allowed to be at school without a member of staff. I think this helps them to feel safe and it helps their school or college to understand their needs a bit more. It also helps the unit to feel like they know what is going on for that young person and makes the communication a bit easier. I'm able to feed back how their day went and how they are coping at school, which is quite helpful."*
>
> (Social Prescriber, Response/CAMHS)

6.6.1.5. Building the confidence and support for an easier transition back into community

Social Prescribers worked to create local collaborations, support networks and pots of funding to allow young people to either rebuild or create new support networks, access groups and activities, practise newly-learnt skills and support techniques, build their confidence and try new hobbies. All of the activities supported young people's successful transition back into their local community after discharge from the unit. It also helps the transition between CAMHS inpatient and community support.

> *"I think it's very valuable for the young people to have the practice of being out in the community. For example, for eating disorder patients to be able to practise eating food out in a community setting has been really helpful. Otherwise they might manage fine while at the hospital, but as soon as they are back in the 'real world' situations, they can't manage. It was very much around supporting them with things that they can do in the community and things that they can look forward to."*
>
> (Social Prescriber, Response/CAMHS)

"I think for a young person coming into a hospital is incredibly difficult. And I think there is a risk for a lot of the young people to become quite institutionalised quite quickly. Particularly for children and young people, friendships can fluctuate and change when they are away from their peer group for a period of time. I think it becomes more difficult to re-engage with that peer group after a while."

(Interview participant, CAMHS)

"There is also an issue with confidence. When young people go into a hospital, it can be quite difficult for them to feel confident when moving out of the unit and going back to managing their day-to-day life. I think it's really important to support them to bridge that gap between the hospital, home and education."

(Interview participant, CAMHS)

"I think a lot of it is confidence. A lot of those young people have been in hospital for so long that they become quite institutionalised, or they've been at home, on their own. They haven't been at school for such a long time. They haven't been going out seeing their friends. So they have a lot of issues with confidence. And they are not ready to go and join a group or go and do something that would get them out and about. Social prescribing is a good start for them."

(Social Prescriber, Response/CAMHS)

6.6.1.6. Young people and their families are more open to access new support

Engagement with the Social Prescribers has helped young people and their families become open to accessing new services which can support their needs.

"I supported a young person to access trampolining for people with Autistic Spectrum Disorder. Previous to the session, the family was not open to exploring the diagnosis (which was relatively new) and what support might be most appropriate. However, after seeing the young person enjoy and benefit from the session, they are all much more open to discussing other support available for ASD."

(Social Prescriber, Response/CAMHS)

6.6.1.7. More motivation to take up new or re-engage with past hobbies

Young people who engaged with the support provided by Social Prescribers were able to discover new hobbies or re-engage with activities which brought them joy in the past.

"The young person has begun to engage in hobbies they haven't done for a long time and started to be more open to the idea of continuing this at home. They have resources to make those activities feel less overwhelming and more enjoyable, with being able to remember how they felt when they were enjoying it in the past."

(Social Prescriber, Response/CAMHS)

6.6.2. For CAMHS clinical team

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

6.6.2.1. Connection with other services to support recovery of children and young people

Through the work delivered by the Social Prescribers, clinical staff were able to utilise the new links with outside organisations.

> *"Social prescribing has positively impacted our service. Linking with schools was a priority for us, and this has gone well and been very helpful."*
>
> (Interview participant, CAMHS)

6.6.2.2. Better understanding of the impact that social prescribing can have

Clinical staff improved their understanding of the social prescribing offer and were able to understand how it could benefit the care provided to children and young people at the unit.

> *"Now, after being a year or so into it, there's a much better understanding of what Social Prescribers can do. So when the workers go and approach the young people or the clinicians, they go, 'Okay, I've heard about you, I know what you can do. So this is what I'd like to do'."*
>
> (Interview participant, Response)

6.6.2.3. More staff availability to provide wrap-around support

Clinical staff recognised the benefits of having additional members of staff who were able to spend time getting to know and engaging with young people.

> *"It's been really positive. They've had the time to be able to engage some young people that would previously have struggled, when the nurses on shift may not have had that amount of therapeutic time to spend with them to begin to engage them."*
>
> (Interview participant, CAMHS)

> *"It's been reassuring for the nurses that there's someone like our Social Prescriber there that can do something like take them out for a walk or go to a cafe. Because sometimes you can end up managing those that are most acutely ill, but those that are actually doing a bit better can sometimes not get everything that they need. So I think that's been reassuring for staff."*
>
> (Interview participant, CAMHS)

6.6.2.4. Bridge between hospital and day-to-day life that may help prevent readmission of young people back to inpatient care.

By helping young people engage in activities they are interested in and building their social confidence, social prescribing helps with the transition back to their daily lives and may have helped with readmission rates.

> *"I know that it's supported discharge from the hospital, supported with managing that transition, and built up the young person's social confidence, which has probably supported them not to come back into inpatient services."*
>
> (Interview participant, CAMHS)

> *"The Social Prescriber offered something different to what we offered otherwise…they helped prevent institutionalisation of the young people."*
>
> (Interview participant, CAMHS)

> *"The young people do seem to find it quite validating to have that support and help with the transition as I think sometimes they're quite anxious about being discharged."*
>
> (Social Prescriber, Response/CAMHS)

> *"I don't think we've seen anyone that we've worked with come back into the unit in the time period that we've been doing this project."*
>
> (Interview participant, Response)

6.6.2.5. Different perspective on how the clinical team can support young people

Social prescribing has provided clinicians with a different, less clinical way to help young people. This has opened up a plethora of new possibilities for helping young people.

> *"There has been feedback from a lot of the clinicians that actually they're starting to be a bit more reflective on their own practice. If the clinicians are starting to think that way, I think that that's really beneficial for the system."*
>
> (Interview participant, Response)

> *"Having a Social Prescriber on the team has helped make Occupational Therapists think of the possibilities of community work."*
>
> (Interview participant, CAMHS)

> *"I like the creative aspect of it. So I'm thinking about how you engage young people differently, not just by talking, a lot of them don't really want to talk about painful stuff all the time. It's about engaging them differently."*
>
> (Interview participant, CAMHS)

"A lot of the feedback has been 'we're so glad to have this person [Social Prescriber]', 'it's changed the way that we work', 'It's changed the way the young people are engaging'."

(Interview participant, Response)

6.6.2.6. Provision of youth work support in a hospital setting

Clinical teams recognised the benefits of being able to easily access youth work support for the young people they were caring for.

"For any external providers of youth work we really need to fight for a place on them, so having the Social Prescriber here has really helped to show that it was needed."

(Interview participant, CAMHS)

"There are organisations that support young people, but not that ever reach into hospitals to have support with that transition out."

(Interview participant, CAMHS)

"It's not being done elsewhere in the country, as far as we're aware, at least not in the tier four level of need. So I don't think it was known that it was needed. But I think we've proved that need now."

(Interview participant, Response)

6.6.2.7. Social prescribing complementing existing services

Overall, this pilot scheme has been viewed positively by clinicians that have interacted with it. The possibilities for how social prescribing can help young people, and therefore Tier 4 CAMHS, have been demonstrated. There is a general consensus that this service should be continued within the existing sites (potentially with more social prescribers on site) as well as rolled out across more sites.

"The placement of a Social Prescriber within our team has helped support management in seeing or showing that this has been useful and helpful."

(Interview participant, CAMHS)

"We need more people like our Social Prescriber, youth workers in Tier 4. There is a role and space for them in Tier 4 services."

(Interview participant, CAMHS)

"It would be fantastic if we could have more Social Prescribers, so that it's not just one lone person, there's a couple of them that are doing this work and can then go out with the young people more and engage them."

(Interview participant, CAMHS)

"I think it's a really important area to focus on, thinking about outreach from inpatient wards and engagement in the community is really important in terms of supporting young people with that transition."

(Interview participant, CAMHS)

"We've proven it, maybe in a very small way at the moment, but social prescribing works and it should be done in more places across the country. More young people should have access to these things, because it benefits young people. But it also benefits the system, meaning some of those young people are taken off of waiting lists and given support in other ways, meaning that the people who do need to be seen medically have more chance of being seen quickly."

(Interview participant, Response)

6.7. Challenges

Inclusion of social prescribing as part of the inpatient services in a Tier 4 setting is an innovative approach. Desk research carried out as part of the research process did not yield any other examples of such service in England. Due to the unique and brand new nature of the project, it was challenging for the project to agree on the outcomes and impacts that it was hoping to achieve.

While other projects, which use social prescribing in a mental health setting, look at the changes in mental health and wellbeing reported by the participants, this approach did not work for the services delivered in Tier 4. Support needs presented by the children and young people accessing Tier 4 services are severely complex and acute. They could only start benefiting from social prescribing towards the end of their stay on the unit, when they were well enough to engage with the Social Prescriber. What is more, it was difficult to attribute any changes in mental health and wellbeing to any one intervention in particular due to the intensity and amount of support provided to those young people as part of the Tier 4 inpatient care.

"I think it's hard to measure outcomes from just the social prescribing work being done with the young people, because they are having so much intervention at the same time. They are in a very intense environment, where they might be having psychological interventions with their care team and a lot of other treatments going on. So it would be difficult to say that this is the outcome just from the work that social prescribing has done with them."

(Social Prescriber, Response/CAMHS)

"Young people have outcome data collected as part of the Tier 4 service anyway but those are very medicalised outcomes - around anxiety, depression or psychosis. Those are not the outcomes that we are interested in because we are looking at the value of a non-medical model of support. So we've had challenges measuring the difference for the young person from when they come in to when they leave. But I think it's all about connection. The anecdotal evidence has been brilliant - feedback from young

people, from parents and the clinicians on site - they all valued the role and saw it had a positive impact. So I think that has shown that it is needed."

(Interview participant, Response)

6.8. Key learnings (Social Prescribers)

Social Prescribers were asked to identify any key learning from the first 12 months of the service delivery. They highlighted 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 - using online portals like Eventbrite;
- Creating regular and structured sessions for the young person to have something to 'look forward to';
- Post-discharge handover to the community care team and local support networks (e.g. parents, carers);
- Giving the young person ownership of the process.

7. Recommendations

The first 12 months of delivery of the Tier 4 Social Prescribing project suggests that, overall, the addition of social prescribing as a non-medical intervention to the CAMHS Tier 4 offer has had a positive impact on young people, their families and CAMHS professionals.

Due to this being a brand new approach to provision of services to the most vulnerable children and young people accessing inpatient mental health services, there were challenges with the recruitment and set up of the roles, some aspects of delivery, and measurement of outcomes and impact.

Based on the data gathered and the feedback presented, it is our opinion that the following suggestions would enable existing provision to include more robust monitoring and for future replication of the model to have smoother set up and delivery.

1. **All appropriate partner organisations to be included in the recruitment process**

   Due to the differences in the setup of different units, we feel it would benefit the service for all relevant parties to be included in the recruitment process from the start. This would encompass: review of the role description and person specification (especially necessary experience and skills), agreeing on required training and who would be responsible for its provision, and interviews with applicants (allowing the unit to assess the compatibility of an applicant to working as part of the Tier 4 team).

2. **Review of role responsibilities and support for line management**

   There was a certain degree of uncertainty around the role, its responsibilities and duties, at the beginning of the project. Now that the roles are more settled, it might be beneficial to revisit the original job description with the current workers to utilise

their experience of the role to review and improve the understanding of the Social Prescriber role in a Tier 4 CAMHS setting for any future recruitment activities.

This might help with supporting line management across all partner organisations to understand how to best support people in Social Prescriber roles, possibly including a more joined-up approach to training and support.

3. **Potential focus on transition between Tier 4 and community services**

One of the main benefits, reported by participants of the study, of having Social Prescribers as part of the Tier 4 provision was the additional support for children and young people in transitioning from an inpatient setting back into their local communities. Due to the nature of the needs presented by this group, Social Prescribers are only able to work with them towards the end of their stay at the unit, which in some cases means a relatively short period of time. In the current setting, discharge of a young person means the end of support (with some young people being able to access an additional 2 to 3 sessions post-discharge) from the Social Prescribers. It has been suggested that further support with settling back into their normal lives would allow them to build support networks and structure, which they had while at the unit. It would also allow for a professional (Social Prescriber) to be able to be a link between Tier 4 and Tier 3 community services, improving the handover process and continuity of support provided to the young person.

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

Due to the complexity of the needs presented by children and young people accessing Tier 4 services, outcomes based on their wellbeing and mental health are difficult to attribute to any one intervention that they access. There is also a wide spectrum of variables which might impact the length of their stay at the unit or the possibility of re-referral.

It might be more beneficial to look at other aspects of support provided to the young people by social prescribing, especially around personalised goals and interests, and the ‘connection building’. It could be useful to develop a theory of change, which would clarify the activities, outputs, outcomes and impact of the inclusion of Social Prescribers in the CAMHS team. Due to the innovative aspect of the programme, this process might involve some trial and error. However, it could allow for all partner organisations, and the workers, to gain more clarity of the role while providing more confidence in the choice of activities, ownership over the role and sense of achievement.

5. **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 them. Data has shown that the use of WEMWBS or

carrying out a longitudinal follow-up through an online survey was not appropriate. 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. It would be advisable to review whether those should be based on the feedback from the young person, the worker carrying out the assessment or a mix of both.

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.

If feedback from parents was to be collected and used in future evaluation, it would be advisable for it to be collected in a standardised format.

7.1. Recommendations from staff

Staff reported some issues around payments for activities provided to children and young people. Currently those are covered by the worker, who then claims back expenses. Despite there being processes put in place for quick expense payments to the worker, it has been suggested that this system might sometimes limit what the young person can access due to the worker's disposable income (especially with the current Cost of Living crisis). Providing the workers with access to a spending budget might allow young people to access more activities and alleviate any pressure felt by the workers while choosing whether they have sufficient personal funds to cover the activity costs.