NOTTINGHAM
TRENT UNIVERSITY

Evaluation of the You Know Your Mind (YKYM) Project

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Acknowledgements

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EXECUTIVE SUMMARY

The YKYM project is designed to support young people with mental health needs in the Looked After Care System in Nottingham City and Nottinghamshire County Council. Research conducted by the charity Barnardo's (Smith, 2017) highlights that 46% of young people leaving care, are deemed by their personal advisor to have mental health needs that require support and 1 in 4 of these young people experience a mental health crisis after leaving care. The YKYM Project provides non-clinical interventions intended to help young people manage their mental health and prevent the need for specialist mental health interventions.

Support begins with a 'different conversation' between a young person and their key worker, including caregivers as appropriate. This conversation explores with a young person what their 'best day' looks like and what non-clinical support they need to make this happen. YKYM support plans are resourced through a personal health budget (PHB) that is used to buy the items detailed in the plan. Young people vary in the extent to which they are aware that their support plan is 'funded' in this way. Items in the plan are chosen by the young person to reflect their support needs for example:

- a laptop to support learning and greater social connectivity with friends and networks
- riding lessons over a given period to develop a hobby and get out more
- a bike or kick boxing sessions for exercise or fitness purposes
- makeup and clothes so a young person can feel more confident in themselves
- a camera so a young person can pursue a hobby in photography

Some personal support plans include more than one activity (mixed) others typically include indoor activities such as equipment (desk, games consoles, laptops) and musical instruments. Outdoor activities relate to sports or trips for young people such as a bike for cycling, gym membership, and field trips. Activities that involve any sort of lessons such as learning to drive, to swim or learning a language are deemed to be learning activities. Support plans are reviewed in ongoing conversations between the young person and their key worker and can be adapted in response to a young person's changing needs (one activity replaced with a different one, or additional activities added) as appropriate and resources permitting.

Evaluating the YKYM Project

This evaluation of the You Know Your Mind Project [hereafter referred to as YKYM] combined existing datasets from the ongoing monitoring of the YKYP project between 01.04.2018 and 31.10.2019 for analyses. These datasets were provided by Nottingham City and Nottinghamshire County Council and were augmented by data from a survey completed by 45 young people, and questionnaires completed by 4 senior managers involved with the project and 10 social workers

undertaking direct work with children and young people in receipt of a YKYM support plan. These young people and staff came from both local authorities. The survey and questionnaires were designed specifically for each group of respondents and administered separately.

Initially it was intended to collect narrative data to augment the datasets through focus groups with staff and young people and a purposive sample of face to face interviews with both types of respondents. These methods would undoubtedly have led to a larger sample of respondents for the evaluation. Because of the restrictions imposed by the Covid-19 pandemic these methods of data collection became unrealistic and were replaced with the survey and questionnaires that could be administered online. Social work staff, either senior managers or those undertaking direct work, understandably had competing priorities during the Covid-19 pandemic and this is likely to have impacted upon the response rate.

The evaluation design was based upon a tried and tested, multi-level, process and impact evaluation framework (Bailey and Kerlin 2015, Bailey and Mutale 2019). It was designed to answer the following questions:

- What is the **context** of YKYM including strategic support, and strategic and operational critical success factors?
- What **inputs** are most important from the perspectives of young people, their care givers and the staff who deliver these?
- What **key changes** has YKYM made in the lives of young people?
- What **impact** is YKYM having on caregivers' experiences?
- What **impact** is YKYM having on staff and the teams working with young people and their families?
- Have changes impacted on the young people whose mental health we are seeking to improve in terms of them having increased skills, tools and confidence to support their own mental wellbeing? **(outcomes)**
- Has service utilisation been altered by these changes? **(outcomes)**

Data sources were combined using the Tri-Q model (Bailey and Mutale 2019) to support triangulation of findings in relation to; the experiences of young people and staff in receiving and delivering support through YKYM, the costs of providing the support, and the indicators of the project's success.

Key Findings

Level of Evaluation	Key Findings
Context	There is clear strategic support for the YKYM Project at senior manager level, reinforced by social workers working directly with the young people and their caregivers.

Senior managers advocate greater embeddedness of YKYM within existing health and social care provision for young people with mental health needs.

The project supports the ambitions of the UK government's green paper to transform children and young peoples' mental health provision. Young people being supported have complex lives, with depression and anxiety being the most commonly encountered mental health issue along with reports of loneliness and social isolation. The support plans often provide a resource such as a bike or camera that can offer a lasting option for helping young people to deal with times of increased distress and/or loneliness. This support prevents the need for more specialist (and costly) interventions from already pressured CAMHs and Adult Mental Health (AMH) Services.

YKYM support plans **cover costs of support in the form of a personal health budget for a 12-month period.** YKYM offers an alternative to funnelling children and young people into mental health services because these are the only thing that is commissioned. YKYM involvement is experienced as distinctly different to other mental health services because of the lack of restrictive eligibility criteria and a lack of negative stigma young people associate with CAMHs and AMH.
YKYM provides support to young people in line with a mental health promotion agenda, to intervene early and prevent distress escalation to a point of crisis - this is a critical success factor of YKYM.
The ease and speed of referral processes enables support for young people to be accessed in a timely way.
The YKYM support plans provide a structure for the ongoing monitoring of how well the young person is doing and whether they were are making progress in managing their mental health and wellbeing. These 'guided' conversations are valued by young people and their social workers. |

	Young people in Nottinghamshire County Council were more likely to be in foster care and less likely than their Nottingham City peers to be in semi-independent or independent living.
Inputs	The **different conversation**, **active involvement of the young person** in their support plan and **being listened to** are the most important inputs that characterise support offered through YKYM. **91%** of young people report feeling listened to in developing their support plan and really value this. Typically support plans consist of indoor, outdoor, learning, or a mix of one or more types of activities. Laptops are the most popular choice of 'activity'. Males are more likely than females to opt for outdoor activities. Females are more likely to choose activities related to learning. Care leavers are more likely than LAC young people to choose an indoor activity. Mixed activities as part of a support plan contribute to higher costs but are offset by benefits to young people. The age of the young person is not significantly influencing the cost of the support plan. Ongoing monitoring of the support plan, undertaken during direct work with young people plays an important role because it gives the key worker a reason to check in with the young person to see how things are working in their lives.
Outcomes (for services working with young people)	403 young people were included in the databases (one of whom had no entries so was discarded from the evaluation). Over half these young people were identified as having experienced CAMHs input (N=222) and about 5% had experienced input from adult mental health services (AMHs). Before YKYM **63.5%** of Young People used CAMHs. This proportion reduced to **26.9%** after support from YKYM. These utilisation figures are based on an assumption of CAMHs usage = 1 contact. It was not possible to obtain individual utilisation data (actual number of contacts) from the Healthcare Trust within the timeframe of the evaluation. Assuming that 1 community CAMHs contact equates to 6 sessions of talking therapy/intervention the costs of CAMHs input pre-YKYM is **£209,160**. This cost decreases post YKYM to **£88,146** and this is a statistically significant decrease. The costs of the personal support plans for the young people who used CAMHs post-YKYM is **£122,620** which when added to the CAMHs costs

for this group reflects an increase of **0.7%** in the total costs for support of **£210,766.** This increase however is not statistically significant.

The average costs of a 12-month, YKYM support plan for young people aged 18 and over is **£503.83** (N=77; SD=218.71) and for under 18 is **£568.58** (N=286, SD 281.58). There is an inverse relationship between age of a young person and the cost of their support plan. Young people aged under 18 tend to have support plans that cost more than those who are over 18 years old. This difference can be accounted for because younger people have additional activities included in their support plans. When age is used as a continuous variable the cost differences between these populations is significant however when the cost differences are re-calculated using adult/non-adult as the variable they become insignificant.

There is a difference in the average cost of a support plan for young people in **Nottingham City (£678.44)** compared with an average cost in **Nottingham County of £501.25**.

YKYM support plans are in place for 1 year so the average daily cost of a support plan is **£1.38** for young people aged 18 and over and **£1.55** for under 18s (although often the support lasts longer for example a musical instrument or bicycle that a young person can use over a considerably longer period). **These costs are therefore on a different scale** with the costs of a community CAMHs contact at **£192.61**, an occupied bed day in CAMHs services at **£832.15** and an occupied bed day in AMHs at **£454.07**.

48 young people in the sample of 402 were identified as having 'going missing' episodes resulting in police involvement. Prior to YKYM support costs for police involvement with young people who went missing were calculated at **£98,910** dropping by more than half to **£46,629** post intervention.

Data relating to placement activity were available for 82 young people in Nottingham City only. These placements for 72 of these young people had been stable with no associated changes in costs in providing this support. For 5 young people placement costs had increased but this increase was offset by a reduction in placement costs for 5 other young people. This meant that overall there are no significant differences to the cost of

| | placements for young people in Nottingham City pre and post YKYM support.

The cost of the support plan is affected by the type of mental health condition with which a young person presents for example plans cost more for young people with a presentation of ADHD or self-harm. This difference is attributable to these young people having plans which reflect a mix of activities and therefore cost more. |
|---|---|
| **Outcomes (young people)** | Young people's mental health is being demonstrably improved by YKYM. There are 5 outcomes that take together provide the evidence for this.

Outcome 1: YKYM empowers young people
The personalised support plans are reportedly contributing to young people feeling empowered to take steps to change their lives in ways that involve learning, getting out more and socialising. **61.8%** of young people surveyed said they felt more independent following YKYM support and **65.2%** said they enjoyed creating their support plan.

Outcome 2: Improves wellbeing
These changes in turn result in a reported improvement in young people's wellbeing that is reflected in less use of specialist mental health services and police contact (see Outcomes for services above). For the young people who completed the survey the most recorded improvement in their lives after YKYM support was **having fun** (66.7% of young people) **followed by happiness** (62.2%), and **improvements in mental health** (48.9%).

Outcome 3: Reduced risky behaviours
48 young people in the sample were identified as having 'going missing' episodes that resulted in police contact. Numbers of young people with the highest and lowest numbers of going missing episodes before YKYM intervention decreased significantly over a 6-month period post YKYM support suggesting that the support helps placement stability for these groups of young people.

YKYM support plans contribute to a reduction in risky behaviours such as self-harm and substance misuse. |

> **Outcome 5: Transformative care experience**
>
> For some young people a support plan is a life-changing experience and to try and quantify this type of transformation in terms of cost savings to services detracts from the reported impact of the intervention on the quality of the young person's life.

Recommendations

Taken together the findings from the evaluation reflect that there is broad support for YKYM from the young people experiencing support and those who support them either by working with them directly or working at a strategic level to influence the commissioning of care delivery.

1. **A different conversation that engages young people, encourages their active involvement in their care and leaves them feeling listened is likely to make a real difference to how young people experience being able to take more control of their mental health needs.** This is likely to be especially important to young people in the care system who are likely to have experienced a lack of control in their lives previously on account of adverse childhood experiences, abuse, neglect and violent relationships.

2. **Young people albeit some with prompting, can make choices in respect of non-clinical interventions that help them manage their mental health needs on a daily basis.** Providing non-clinical interventions plays a role in preventing a young person going into crises and or supporting them until such time as they may be ready to engage with more specialist mental health service

3. **Services commissioned for young people with mental health needs should be based on the best available evidence of what works.** The impact of YKYM in informing commissioning decisions would be further enhanced by the collection of better quality, quantitative data, across health and social care services so that all data is included within the same database and actual costs of the utilisation of different types of care can be used in calculations.

4. **All senior managers recommended embedding YKYM within health and social care services for young people with mental health needs.** The cost calculations included in this report suggest that this will support a more financially sustainable model as numbers of young people with mental health needs increase alongside a reduction in the availability of specialist mental health provision. There was a real sense that a

personalised support plan with an associated budget could augment existing specialist mental health services.

1. INTRODUCTION

Nottingham has been a demonstrator sites *to test out personalised care and support planning and personal health budgets for looked after children with mental health support needs. This has been delivered as the You Know Your Mind (YKYM) project involving children and young people from Nottingham City and Nottinghamshire County Councils. The YKYM project aims to provide personalised care, based on a model of social prescribing for young people with mental health needs who are currently in the Looked After Care System either in Nottingham City and Nottinghamshire or are care leavers from one or other Local Authorities.*

An overview of the YKYM project is provided by one of the senior managers who took part in the evaluation:

"Everything within the YKYM project is managed via a centralised inbox and small YKYM team. Processes have been developed into clear guidance documents & through discussions at team meetings, with specific templates for use at each stage of the process (referral, support plan, evaluation). Different Conversations take place at a time convenient to the young person/their keyworker or may be completed at home by the foster carer where appropriate. The project promotes the use of non-clinical support arrangements, i.e. not arrangements that the young person would ordinarily receive on the NHS. The vast majority of these will be hobbies, activities, memberships, technology or a combination of these. The project does not have any thresholds for mental health support, thus encouraging referrals for young people with low-level need or deteriorating mental health as a 'catch them before they fall' approach. The turnaround between the initial referral and purchasing items is very quick and so does not rely on waiting lists - avoiding further deterioration in the young person's mental health. Plans can be changed quickly and flexibly between the keyworker and YKYM team where the child is not engaging, or the support arrangement needs adjusting" (Senior Manager 1).

2. PURPOSE OF THIS REPORT

"We are no longer funnelling children and young people into core services because that is the only thing that is commissioned. The programme [YKYM] has really started to develop the community assets and widen the offer to children and young people. Evaluation of the programme will hopefully identify how we can then change services to better meet the needs of children and young people" [Senior Manager 3]

This report describes a process and impact evaluation of the You Know Your Mind (YKYM) Project [hereafter referred to as YKYM] conducted by the School of Social Sciences at NTU. The evaluation was commissioned by Nottingham City and Nottinghamshire County Council and was designed to incorporate a multi-level evaluation framework that had been tried and tested previously in similar evaluations of health and social care delivery (Bailey, 2002 & 2007, Bailey and Kerlin, 2015 & 2012, Ward and Bailey 2015, Bailey and Mutale 2019). The levels of the evaluation and the evaluation questions are set out in Table 2.1. This report aims to answer these questions using findings from the evaluation.

Table 2.1: Levels of evaluation framework and questions that the framework was designed to include

Level of Evaluation	Programme Evaluation Questions
Context	What is the context of YKYM including strategic support, and strategic and operational critical success factors?
Inputs	What inputs are most important from the perspectives of young people, their care givers and the staff who deliver these?
Outcomes **workforce, individuals, health and social care system**	What key changes has YKYM made in the lives of young people? What impact is YKYM having on caregivers' experiences? What impact is YKYM having on staff and the teams working with young people and their families? Have the changes impacted on the young people whose mental health we are seeking to improve in terms of them having increased skills, tools and confidence to support their own mental wellbeing? Has service utilisation been altered by these changes?

2.1 DATA SOURCES AND METHODS

Quantitative and qualitative data were collected and analysed in the evaluation.

I) QUANTITATIVE DATA COLLECTED ROUTINELY

Two datasets of quantitative data, captured routinely for YKYM between April 2018 and October 2019 were anonymised by the Councils and provided for statistical analyses. Dataset 1 from Nottinghamshire County (N: 288) and dataset 2 from Nottingham City (N: 115). Although there were 403 entries in the datasets one such entry was completely blank so for the purposes of this report analyses have been conducted using a combined dataset for 402 young people unless stated otherwise. The datasets included demographic information relating to young people such as their gender and ethnicity, mental health diagnoses, mental, physical and emotional health needs, wider risk and protective factors, social care involvement, Child Adolescent Mental Health Service (CAMHS) involvement, and Adult Mental Health (AMH) involvement.

Frequency tables were created to provide details about the demographic characteristics of young people receiving support from YKYM. Contingency tables were produced so that any significant differences between spend on activities as part of a YKYM support plan and characteristics such as gender and ethnicity could be investigated. Statistical tests were undertaken to identify any

correlations between the age of the young person and the cost of their support package and whether the costs of a support plan is determined by the type/s of activities included. Analyses using multiple linear regression were conducted to try and predict the cost of a support plan based on young people's characteristics including and not limited to age and gender.

**The data used in these analyses were limited by the following:**

1) Multiple sets of data had to be created and used for analysis in order to identify indicative costs

2) The lack of an exact timeframe for pre-intervention service usage which meant that although young people had been identified as using CAMHs it was unclear whether this had been on one occasion only or more than once and over what timeframe – pre-YKYM intervention.

3) Data relating to the type of CAMHs service used (Tiers 2, 3 or 4) were not available, so the costs for community CAMHs were used in the calculations and certain conditions had to be assumed (1 contact = 6 sessions). Young people may have had more or less contact than this and/or an admission for Tier 4 CAMHs. Exact utilisation data was not available so cost savings are therefore indicative rather than actual.

4) Data from adult mental health services (AMHs) was incomplete with most post YKYM AMHs support status being labelled as 'Unknown', meaning this data had to be treated as 'missing' and not included in the analyses

5) For police time costs, the average cost of police contact time was used to produce estimates of the cost of police involvement

6) In many calculations there are missing data so many calculations are completed with a sample of young people much lower than the total of 402.

II) QUALITATIVE AND QUANTITATIVE SURVEY AND QUESTIONNAIRE DATA

The period of qualitive data collection coincided with restrictions imposed by the Covid-19 pandemic. This meant that the originally planned focus groups with staff and young people and individual interviews with a sample from the latter group needed to be replaced with non-face to face methods of data collection. A survey for the young people and questionnaires for staff were designed based on the original topic guides for the focus groups and interviews.

Questionnaire 1 was circulated to senior managers and questionnaire 2 to social work and social care staff undertaking direct work with young people supported by YKYM. The survey was circulated to young people and/or their carers if they were currently receiving a YKYM support plan. Both questionnaires and the survey asked closed and open-ended questions that generated narrative data and simple numerical data.

Figure 2.1: The Tri-Q model of combining data sources for the YKYM evaluation
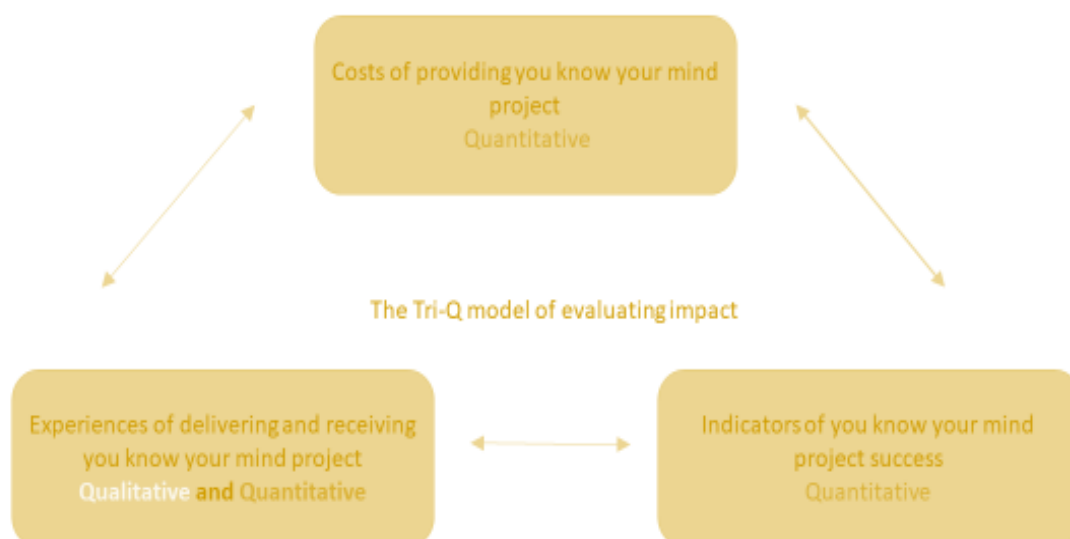
The design of the questionnaire and survey questions meant that the three elements of the Tri-Q model for data collection were adhered to even though the methods of collecting the data had needed to change. The numerical data generated were analysed using descriptive statistics to provide frequencies and proportions. The narrative data generated were analysed using inductive thematic analysis to allow themes to emerge that enabled interpretation of young people and staff's experiences of receiving and delivering support through YKYM.

Questionnaire 1 was completed by four (N: 4) senior managers who were involved with the YKYM project, and questionnaire 2 was completed by ten (N: 10) staff members who undertook direct work with young people receiving support from YKYM. The survey was sent to a sample of 159 young people selected by the Councils. A total of 45 young people (N: 49) responded, which reflected a response rate of 23.0% of young people who had received a YKYM support plan. This response rate is akin to that achieved by the Care Quality Commission for the 'Children and young people's survey' (2018).

Data sources were combined using the Tri-Q model (see Figure 1 below) as a previously used method of combining qualitative and quantitative data to evidence impact of a social care intervention (Bailey and Mutale 2019).

3. CONTEXT EVALUATION

This section illustrates findings from the evaluation that relate to the context in which the YKYM project is situated and the critical success factors for its successful operationalisation.

3.1 THE COMPLEXITIES OF THE SERVICE USERS

Demographic data for 402 young people showed that the number of young people receiving support from YKYM with their **gender** recorded is 397 (5 cases had a missing or incomplete entry). Males feature as a higher proportion (59.20%) than females (40.80%) in young people with a support plan. Ethnicity was recorded for 401 young people with 77.6% of young people who were receiving a support plan being white, 5% black, 7.20% Asian and mixed origin, 10.20%.

Findings from the evaluation illustrate that YKYM support is being delivered to young people who experience mental health issues connected with their complex lives.

Social Care Status was recorded for all 402 young people in the sample, with young people being looked after (LAC) dominating (81.3%) over young people who were care leavers (18.70%). Nearly half (47.30%) of young people with support plans were in foster care, and 18% were in residential care. 4.60% of young people were living with relatives, and 12.90% of young people were living in semi-independent accommodation. A total proportion of 6.30% were in independent living, and 7.60% of young people were living in supported accommodation. The remainder (3.30%) of young people were living in social housing. Most senior staff undertaking direct work with young people reported that in their view looked after children benefitted the most from YKYM, followed by unaccompanied asylum-seeking children and care leavers.

Figure 3.1 Young People in the YKYM Project

Status of Children and Young People in the YKYM Project

Looked after children — 32%
Children adopted from care — 8%
Care leavers- up to 25 under new… — 24%
Children that have left care through speci… — 8%
Unaccompanied asylum seeking children — 28%
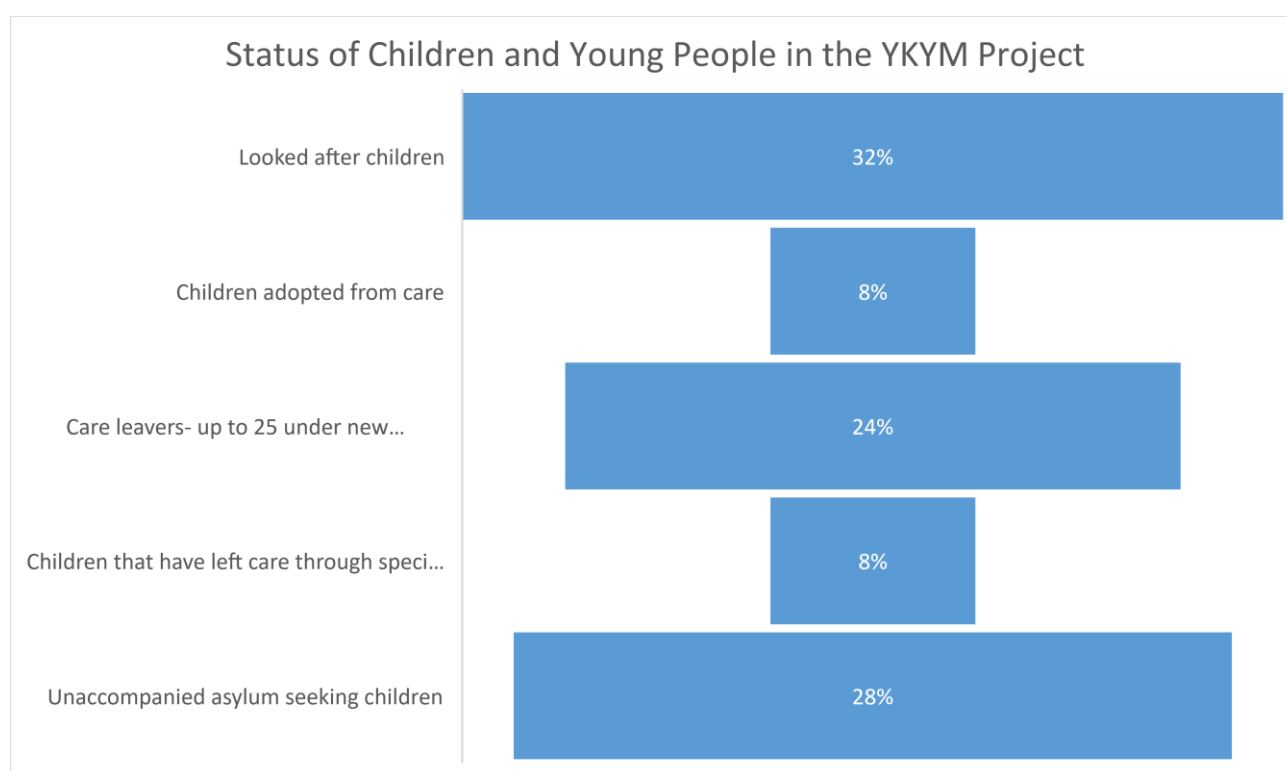
Of the 402 young people 13.80% were considered at **risk of going missing**, 10% were considered **at risk of sexual exploitation**, 11.90% of young people were at **risk of offending**, 16.20% were at **risk of substance misuse.** 5 % of young people were an **expectant parent**.

12.10% of young people had previous contact with the **youth offending service** and 11% had previous contact with the **probation service**. 6.70% of young people had previous contact with the **substance misuse service**. 23.10% had a historical contact with the adult mental health services (AMH). This is a similar ratio to the numbers of young people accessing AMHs in the Barnardos' Neglected Minds report in 2017.

3.1.1 Young People and Mental health

In the 402 young people, over 60% had a diagnosis of anxiety or depression which were the most common diagnoses with 43.30% experiencing social isolation and 11.90% experiencing a bereavement. Under a third of young people (27.90%) were engaging in self-harming behaviour and 9.20% had suicidal thoughts. Only a small proportion of the young people (2.50%) had an eating disorder, and an even smaller number 1.70% had a diagnosis of Obsessive Compulsive Disorder (OCD (1.7%). 10% of young people had Post Traumatic Stress Disorder (PTSD).

Attention Deficit Hyperactive Disorder (ADHD) accounted for 13.20% of the sample and 11.90% had a developmental disorder. 4.50% of the young people had a diagnosis of conduct disorder. Figures suggest that young people experience more than one type of mental health issues simultaneously.

Figure 3.2. Young people's mental health diagnoses

Proportions of Mental Health Diagnoses

- Conduct Disorder: 4.50%
- Anxiety/Depression: 60.90%
- Self Harm: 27.90%
- Bereavement: 1.90%
- Eating Disorder: 2.50%
- OCD: 1.70%
- Suicidal Thoughts: 9.20%
- ADHD: 13.20%
- ASD: 9.70%
- Developmental Disorder: 11.90%
- Social Isolation: 43.30%
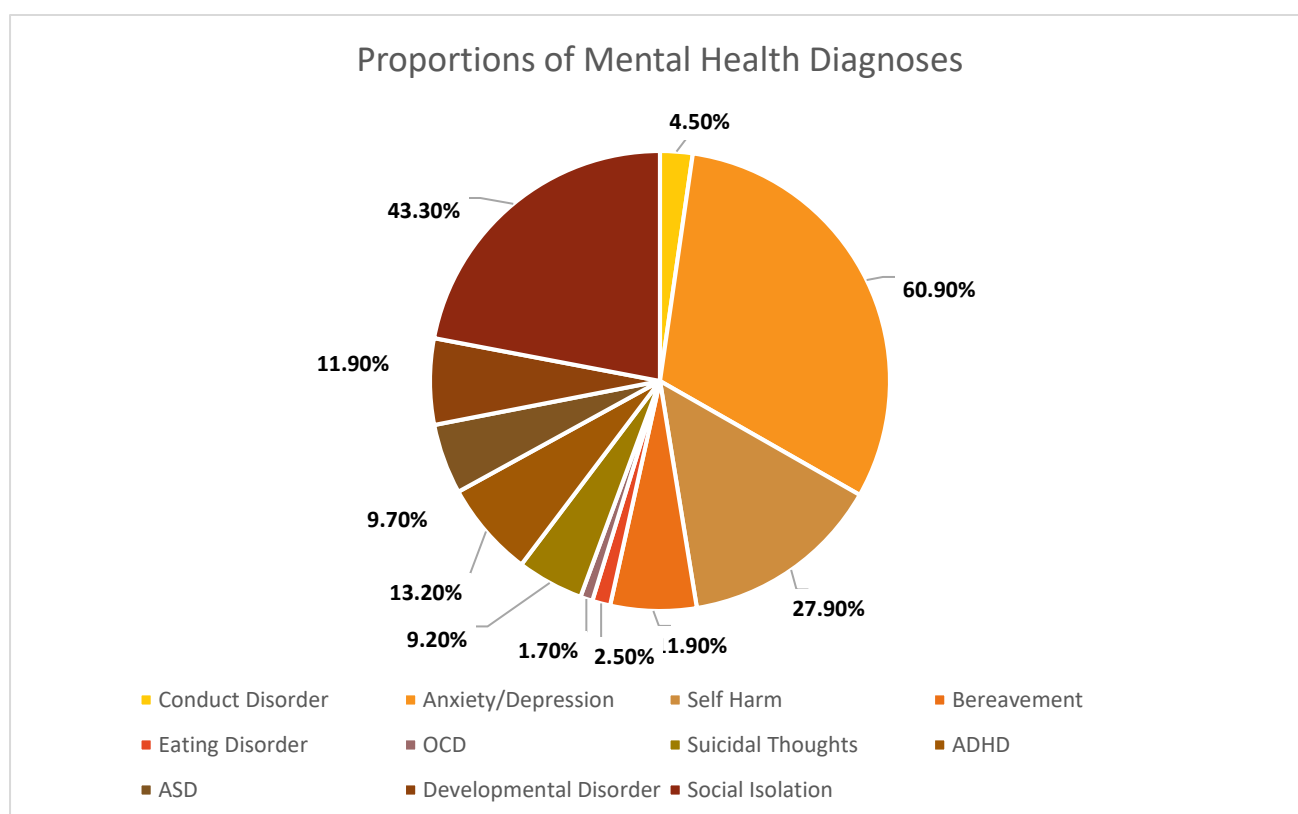
At time of the evaluation (April/May 2020), most young people (71.1%) were receiving support from a different service to YKYM. When asked what this support involved, most young people reported that they "meet with a worker" (65.7%) and they "chat" (51.4%) where they "discuss feelings" (48.6%) and "talk about friends and family" (45.7%), and "school" (31.4%).

Young people were asked whether they had received support from other services that was preferable to that provided by YKYM. **60% answered No** to this question compared with **8.9% who said Yes,** and **31.1% who said they were not sure.** Two young people said they had enjoyed supported from their "College support worker" and "Fusion fostering for day support".

3.1.2 Life before YKYM

Young people were asked to offer words that described how they felt before their YKYM support plan. This word cloud below presents the frequency of the words used by the young people. The most frequent word used was *bored*, followed by *unconfident*, *unhealthy*, *depressed* and *lonely*.
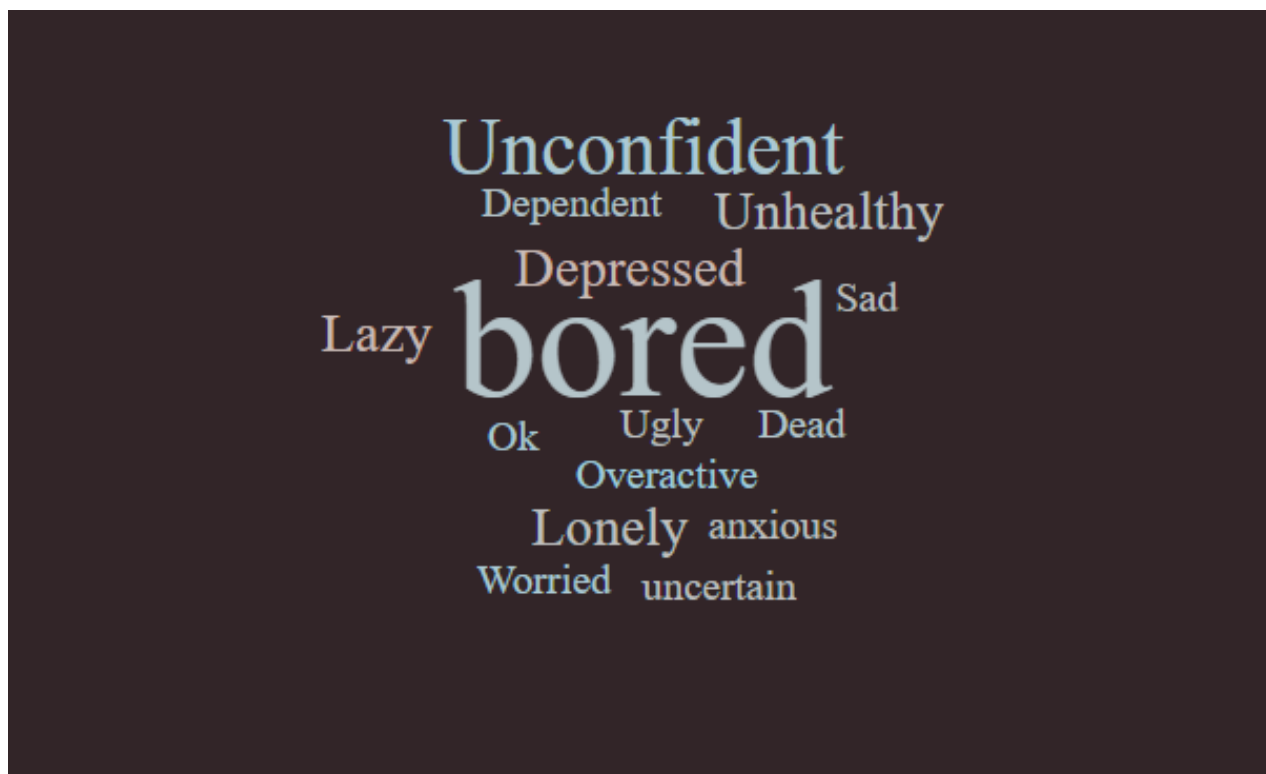
One young person narrates how before the project the words they heard in their head were telling them that they were; ""Not confident" had "No ideas for the future" and were "A bad singer". Some young people elaborated on how they felt before the project and talked about their feelings in more depth as Sam[1] reports:

> *Before the YKYM plan, I couldn't properly exercise due to self-confidence issues which included going outdoors without the support [Sam, Young Person].*

Boredom featured many times in young people's accounts, "*I was bored a lot and I didn't know what to do with my time*". Feelings of loneliness loss and abandonment were commonly described - "*lonely and missed my sister*" and "*before the plan I felt lost and abandoned*". Some young people recalled feeling anxious and comparing themselves to others, as Adam explains:
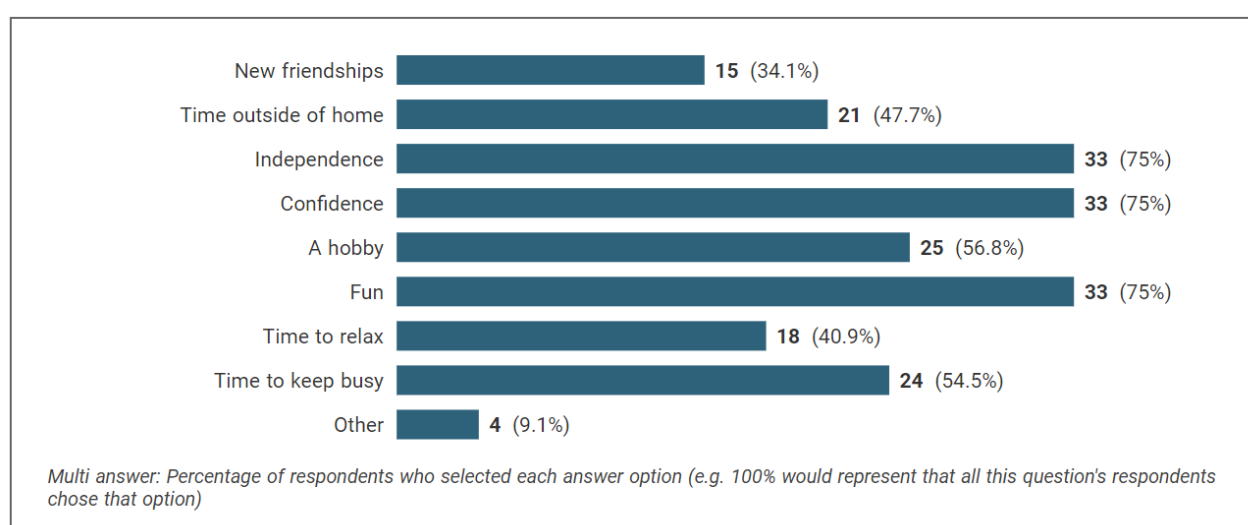
> *I felt very hesitant to just go and peruse my dreams. I always felt like I was at a disadvantage because I didn't have the same*

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[1] Young people were asked to choose a pseudonym to preserve their anonymity

*opportunities as other people. I would always feel anxious and like
people were judging me and that I never had the confidence to talk
to people [Adam, Young person].*

Young people's narratives illustrated the majority (75%) hoped their support plan would offer them **independence**, **confidence** and **to have fun**. More than half said they wanted a **hobby** (56.8%), and **time to keep busy** (54.5%).

Figure 3.3. Young people's hopes for their support plan

New friendships — **15** (34.1%)
Time outside of home — **21** (47.7%)
Independence — **33** (75%)
Confidence — **33** (75%)
A hobby — **25** (56.8%)
Fun — **33** (75%)
Time to relax — **18** (40.9%)
Time to keep busy — **24** (54.5%)
Other — **4** (9.1%)

Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

3.2 THE 'MAGIC INGREDIENTS' OF YKYM

The support provided by YKYM is typified by a unique approach making it distinctly different from mental health services.

3.2.1 PROCEDURAL FLEXIBILITY

YKYM cuts through bureaucracy connected with referrals and ongoing support making it easy for staff to access and negotiate *"the referral form is clear and gives opportunity to give additional information to support the application" [Direct Contact Staff 2].* YKYM support *"does not require specific thresholds or tight eligibility criteria in order to support a child" [Senior Manager 4].* Staff value this flexibility that benefits young people because it supports timely engagement before a young person enters crisis:

*As a social worker, I have come across many projects which
children and young people could access and benefit from, but the
referral process is too lengthy and not necessarily ideal. The referral
to YKYM project is very quick and has worked well with the number
of children I have referred [Direct Contact Staff 1]*

The criteria for referral are quite broad, which allows low level mental health concerns to be included, like low mood and social isolation. This has often supported prevention of concerns progressing [Senior manager 2]

Unlike specialist mental health services such as CAMHs young people are not placed on a waiting list for support, and the support plan can be developed with the young person immediately.

This is focused on emotional health rather than a diagnosed mental illness, there is no waiting list, LAC children are not rejected by the service if there is a need [Direct Contact Staff 3]

Staff working directly with young people with a YKYM support plan report the *"simple and straightforward"* referral process is *"streamlined and efficient"* which is *"Very supportive for the young person [as] easy referral and […] getting a response almost immediately".* This provides *"more flexibility to cater the support around the young person"* [Direct Contact Staff 3]. The immediacy of response to the young person means such "*early intervention […] will improve their outcomes instead of waiting for them to meet thresholds of commissioned services [Senior Manager 4].*

3.2.2 REGULAR REVIEWS AND ROOM FOR ADJUSTMENTS

Young people in receipt of a YKYM support plan receive regular monitoring and evaluation, as Senior manager 2 explains:

Evaluations are completed after approximately 3 months following the support plan's implementation. Where possible, subsequent evaluations are completed at around 6-12 months, though this will generally depend on (a) how well the support arrangement was going at the 3-month mark & if any changes had to be made to the plan; and (b) whether the child's circumstances (e.g. placement move) have remained the same. The evaluations are supported by specific templates that explore the young person's understanding of the plan (do they know what their support arrangement is?), how the plan has impacted on various aspects of their lift (health, confidence, friendships, etc) and whether this has helped them to feel more listened to/trusting of the professionals supporting them.

Staff who undertake direct work with young people recount the 'different' conversations they have with the *"young person/ foster carer to gathering young person's views / using scaling questions"* [Direct contact staff 7]. The regular occurrence of this type of conversation enables adjustments to a young person's support plan project to ensure that this is tailored to the complexities of their lives, and the frequent changes that may occur to their housing and living situations and relationships they have with others.

Consideration is also given to whether any changes need to be made to the plan, for example if elements of the support arrangement aren't readily available in the community or if the child isn't enjoying it [Senior manager 2]

Staff undertaking direct work with a young person carry out a review using the *"tracker document that uses scale-like responses to questions around their health, wellbeing, overall life experience"* [Senior manager 3]. The young person's experience is also recorded via conversations around *"what has changed for them, how they felt then and now and what they still need to change"* [Senior manager3]. Flexibility within these conversations means that workers can draw and use pictures to help elicit information from the young person about their experience and depict change. Staff suggest that ongoing reviews offer the opportunity to extend the support provided to the young people if they *"have outstanding things such as an item that has not been purchased or an activity that is still ongoing" [Direct Contact Staff 9].*

3.2.3 BRIDGING THE GAP

Support services such as CAMHS and AMHs *"utilize mental health professionals [and] seek to directly explore the background/underlying causes of emotional health concerns or be the point of call in the event of crisis"* [Senior manager 3]. Professional services such as CAMHS and AMHs usually have in place a *"high threshold for being involved and many of them [young people] do not meet this threshold"* [Direct contact staff 8].

YKYM offers immediate support to the young person, which may act to prevent their mental health needs increasing in severity, and therefore guard against more intensive support from other professional services.

If YKYM support arrangements are implemented early, it may allow support to be put in place as a preventative measure - before concerns deteriorate and thus a CAMHS/AMHs referral needs to be made. If a preventative YKYM referral proves to be successful for the child or young person, they may develop the resilience to self-manage their mental health and therefore not require CAMHS/AMHs in the future [Senior manager 1]

YKYM offers support while *"there is a gap between the referral and the receipt of clinical services [….] YKYM can help to bridge this gap"* and these *"'gaps' between [CAMHS/AMHs] appointments are where they may benefit from some additional support via YKYM"* [Senior manager 1].

YKYM has the potential to offer long-term support to young people because the *"support arrangement [activity] potentially lasts a number of years (e.g. a guitar, camera, bike)" [Senior manager 2]* and this support can be accessed at any point, as the young person sees fit, providing them with a sense of control, ownership and empowerment.

Staff suggest that young people view CAMHS/AMH services and support through YKYM as different. Young people interpret support from CAMHS/AMHs as equating to being *"mentally unwell and often switch off"* [Direct Contact Staff 8]. This affects the young person's self-esteem because of the associated, negative stigma attached to these services. As Senior manager 4 explains:

> YKYM comes without the stigma, labels or potential shame that many young people associate with clinical mental health services [Senior manager 4]

YKYM support plans are more likely to be experienced as a tool to help young people manage their emotions and often young people *"don't recognise the interventions as a way to improve their mental health, so are more likely to engage"* [Direct Contact Staff 8].

> *YKYM can help to provide ongoing support to young people who are not engaging with CAMHS/AMHs and - in some instances - help the young person develop their confidence and self-worth to re-engage with CAMHS/AMHs [Senior manager 1]*

3.2.4 SEQUENCING YKYM WITH OTHER SERVICES

Staff suggested that rather than replace existing specialist mental health services such as CAMHs social care and health services could work in conjunction, building the YKYM support plan into an overall care plan for a young person. Often CAMHS are restricted to offer 1:1 therapeutic support due to capacity, and/or young people do not want 'therapy' as such – *"they may prefer/find it easier to engage in an activity/hobby that has therapeutic outcomes"* [Senior manager 1].

> *I don't think it would necessarily reduce demand or replace CAMHS/AMH, but it would ensure that CYP are accessing the right support at the right time so that it is beneficial to them [Senior manager 2]*

Staff consider that young people might need more than one type of support at the same time depending on their level of need.

> *In some cases, this will work well in parallel to therapy and/or medication - often giving the young person something to utilize freely when at home/at the weekends/during free time. Many young people may need YKYM support on top of CAMHS/AMHs support [Senior Manager 1].*
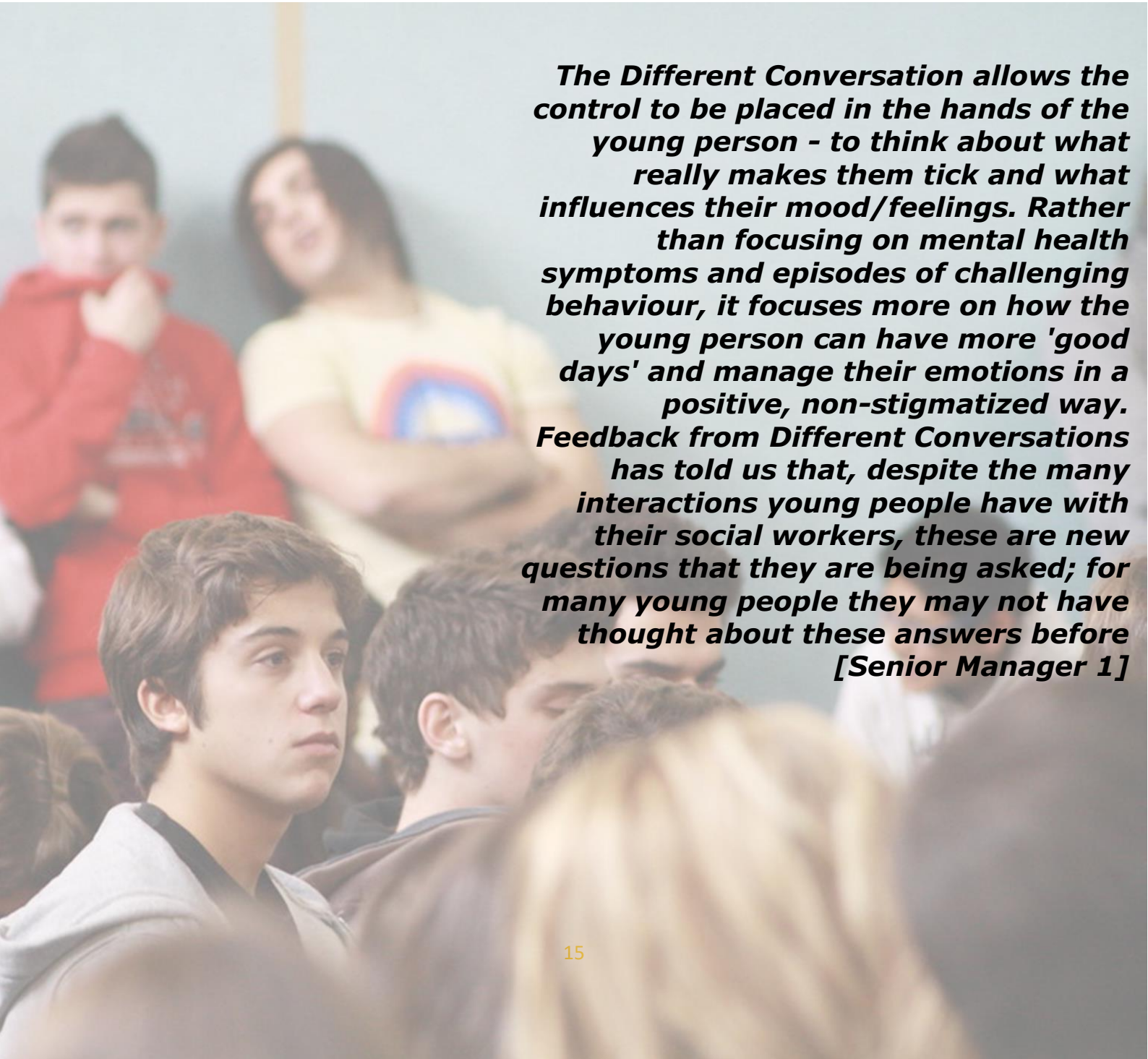
> *Having multiple options with the same aim, improve mental health and quality of life, is an absolute bonus for workers who support children because it gives the children more flexibility in terms of the type of support they choose to receive [Direct contact staff 7]*

One senior manager recommended that YKYM support is used for "*pre and post CAMHS as well as alongside it….. to support those young people s who are not ready to engage with direct intervention and manage some negative experiences/ feels/ behaviours present until they are. Post CAMHs/AMH it could be used as a useful discharge support plan to support the young person to self-care after intervention has taken place. I feel it could also support the transition/ break period between adolescence mental health and adult metal health service. I have seen that this is a big area of anxiety and concerns, especially for LAC as a lot of support stops post 18*" [Senior manager 1].

4. INPUT EVALUATION

This section addresses the question "What inputs are most important from the perspectives of young people, their care givers and the staff who deliver these?". Critical success factors are reportedly the different conversation young people have with staff about their support plans that in turn supports their meaningful engagement in their own care. Young people being listened to is reportedly another critical success factor of YKYM.

4.1. A DIFFERENT CONVERSATION

The Different Conversation allows the control to be placed in the hands of the young person - to think about what really makes them tick and what influences their mood/feelings. Rather than focusing on mental health symptoms and episodes of challenging behaviour, it focuses more on how the young person can have more 'good days' and manage their emotions in a positive, non-stigmatized way. Feedback from Different Conversations has told us that, despite the many interactions young people have with their social workers, these are new questions that they are being asked; for many young people they may not have thought about these answers before
[Senior Manager 1]

'A different conversation' symbolises the personalised approach of YKYM support. It "moves us away from clinical conversations about mental health towards child-centred, non-stigmatized conversations about how the young person can enjoy more good days / less bad days" [Senior manager 3]. By having these conversations with young people it gives staff , "an opportunity to listen to [their] wishes and feelings" [Direct Contact Staff 3].

Engaging in a different conversation *"promotes a positive conversation from the social worker and to get the young person's views of something that makes them feel good"* [Direct Contact Staff 5].

The different conversation acts as a tool to introduce the support plan *"by giving young people the opportunity to talk about things they are interested in"* [Direct Contact Staff 6]

It tends to be a way of explaining the project and supporting them to consider what they feel might support them right now with any issues or worries [Direct Contact Staff 5]

Extracts from young people's responses to the survey illustrate that the support plan was introduced in a variety of ways. Some young people described it as; *"help towards an activity"*. They recall being told by staff that there was *"funding to help"* and that this *"funding could benefit them and that they would enjoy it"*. Some young people recall being asked what they needed. For example; *"A TV licence, and a desk"*, and that this equipment could *"help them stay in touch with friends and keep up to date with school"*. One young person recalled *"they told me about what the service could do and help me have driving lessons"*. Young people recalled being told of the exact benefits they would experience by taking part such as doing something that would *"benefit my mental health and to help in and out of school"* and *"to help improve my confidence".*

Direct Contact Staff 1 describes how they introduce the support plan *"I firstly go through the questions on the support plan. If they struggle to answer parts (especially about what is good about them) I often tell them some of the things I think are positive about them. This triggers them to think of ideas".*

Other staff discuss *"listening to what works for them already and what doesn't work, what they identify as needing to change and what things they think will help and why. With some young people they like to fill the form in themselves, whereas others don't want to write - where this is the case, I try to write things as they have said them. We always talk through the desired outcome and links to what they are requesting so we are on the same page about what they are hoping to*

get out of it - sometimes we identify other positive outcomes when we do this" [Direct Contact Staff 2].

Some young people clearly understood what YKYM was about "*My social worker explained that I will receive financial help and support with activities that I have a passion for and that could help me improve myself and for my future*". Whereas others did not or said they "*could not remember*". Some young people said, "*it wasn't fully obvious what the plan was, but we had regular discussions and they explained the main things about it, and I agreed*". For young people with a learning disability a different method of explaining was used "*through a social story and using an SYM writer*". One other young person recalled staff using "*a basic explanation using pictures SYM writers and social stories*". Two young people spoke about the conversations staff had with their foster carer or with their mum and then the arrangements in the plan were made.

Some young people recalled needing a little direction from their parents, guardians or social workers, "*Yes my foster mum helped me choose Mencap, because they do all different activities, and I would make friends".* Twelve young people recorded answers like; *"My carer/parent/social worker sorted it out"; or "Someone observed me riding a scooter and helped me realise that it is something that I love to do".* This was supported by staff who explained, *"Most young people need some examples of the type of support they can offer"* [Direct Contact Staff 8].

4.2 PARTICIPATORY INVOLVEMENT FROM THE YOUNG PEOPLE

Young people participate in the development of their support plan from the outset and this involvement is highly valued. It allows the young person to *have "a voice in their own need" [Senior manager 2].* A crucial element to the success of the project is the young person is taking part *"in something that they enjoy and have self-directed (rather than had imposed on them) - it's something they've asked for / want to do"* [Senior manager 2].

> *The project is about listening to the young person's wants and needs and responding to just those, by implementing a new activity or getting an item that will make a real difference to their lives, rather than the needs of those around them. Sometimes it doesn't have the impact they wanted (or we wanted for them) and that's okay - we still listened, and we will try something else that they have chosen [Senior manager 1]*

> *It allows children and young people the opportunity to formulate their own care plan and co-produce their support [Senior manager 4].*
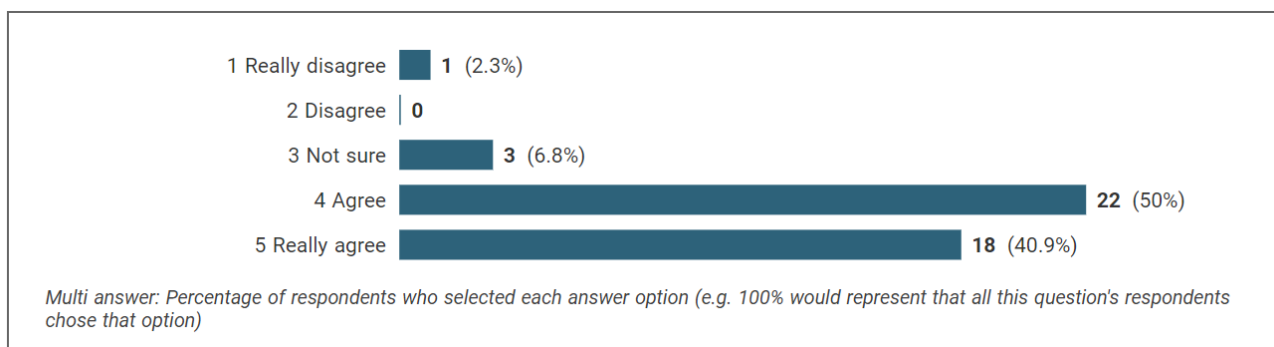
The project recognises the uniqueness of each young person's mental health needs therefore "*personalized care & support planning" [Senior manager 4]* is at the heart of this project.

> *Each case is individual, but it is good to have something that is done on an individual basis as everyone is different and different things can help people in different ways [Direct Contact Staff 9].*

> *In my experience this is the only project where the young person can actually choose something and "think outside the box" to have something that would help them as an individual rather than standard projects or groups that may be offered through mental health services [Direct Contact Staff 7]*

The experience of being listened to and having a choice of support was experienced by nearly all (90.9%) of young people.

Figure 4.1 Young people were asked if they had a choice in their support plan

1 Really disagree — 1 (2.3%)
2 Disagree — 0
3 Not sure — 3 (6.8%)
4 Agree — 22 (50%)
5 Really agree — 18 (40.9%)

Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

4.3 ACTIVITIES CHOSEN FOR SUPPORT PLAN

For YKYM, the onus is placed on the young person (with the support of their network) to try activities that naturally boost their mood, confidence or self-esteem - or helps them to manage their worries and emotions better [Senior manager 2]

To do something they are really interested in and enjoying, this decreases their time when doing this from other negative activities or negative thoughts [Direct Contact Staff 2]

Activities chosen by young people included horse riding, a laptop, camera lens and tripod, Xbox, go karting, ice skating, bike, swimming, gym equipment, performing arts and dance. For the purposes of analysis these activities were split into categories of **outdoor** (sports equipment etc), **indoor** (console, iPad etc), **learning** (languages, instruments etc.), and **mixed** where activities include at least one from each category.

4.3.1 GENDER AND ACTIVITIES

Activity types were examined by gender, (male and female only), and show a significant difference with males more likely to choose outdoor activities, and females learning activities.
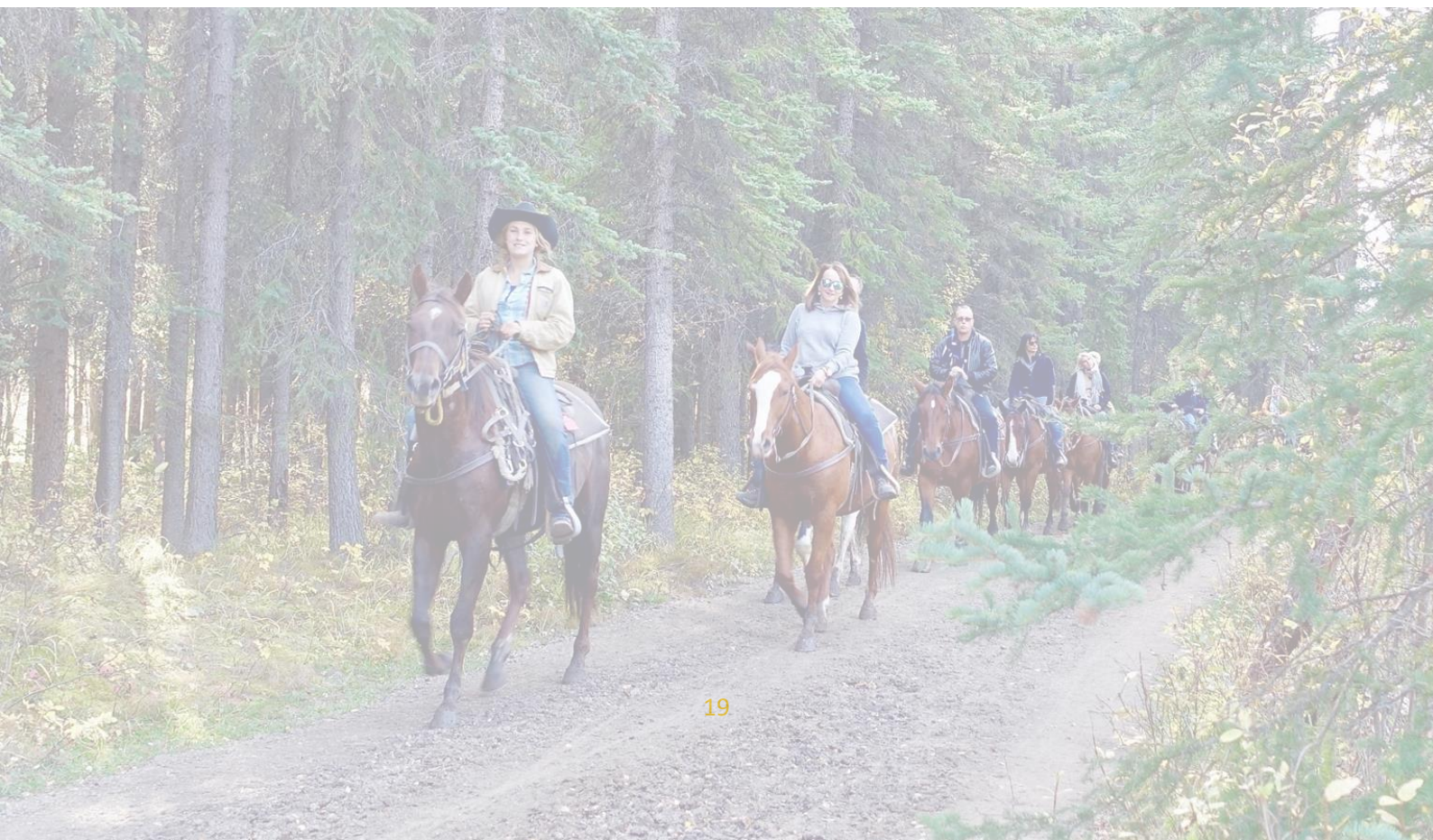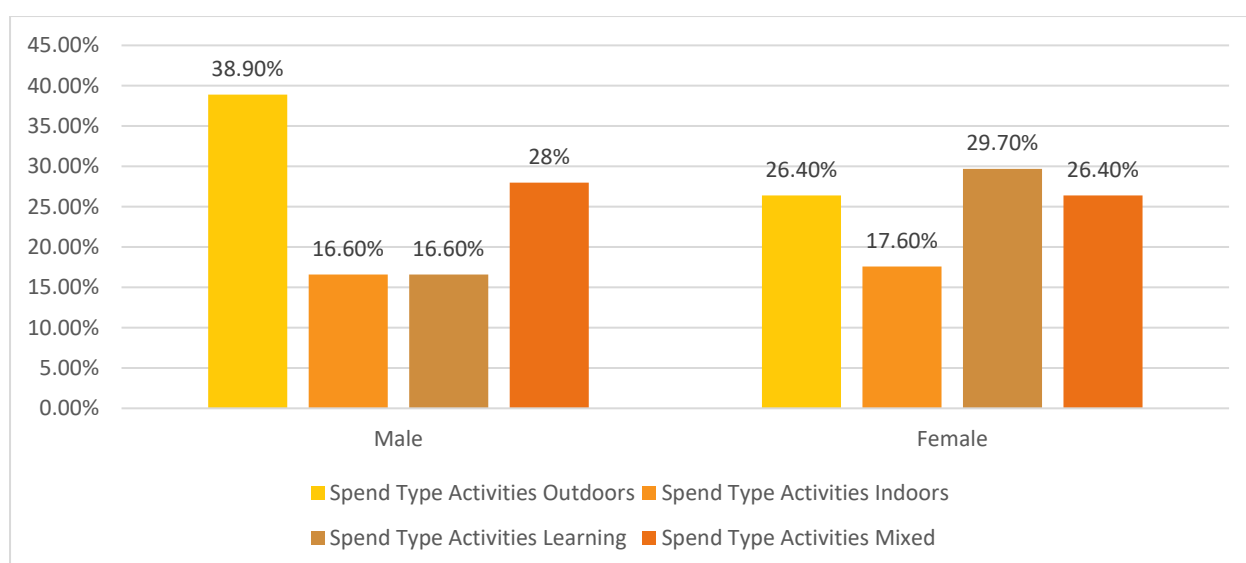
Figure 4.2 Activity types by gender

Only one young person was recorded as choosing an activity that involved them in caring for a pet (in this instance a hamster). The most popular item/activity recorded was a laptop, with a variety of reasons given such as *"A laptop to help me chat with friends online who were doing it without me before. I'm talking and playing with them every day and not missing out now. I am going to sixth form and will need the laptop every day to do work and get emails"*. This suggests that the device helps the young person with social isolation as well as learning.

Some young people gave a clear rationale for the activity/item they chose: "*I chose GYM equipment/clothes as well as some things to help my transition to allow me to be able to use the local gyms".* Another young person states, "*I chose a lifeguard training course that enabled me to become a qualified lifeguard"* and *"an iPad to help do schoolwork like maths and English".*

One young person narrated entrepreneurial aspirations and considered how this funding could contribute towards their success in the long term:

> *Me and Mummy wanted to choose something that would be ongoing and good in a few years' time.... not something that I could use for a couple of weeks then forget about. I thought about horse-riding, but this was expensive and may not have lasted for long. Also, I want to open my own restaurant when I get older, so baking is good for me. And singing makes me feel better but I was scared to sing in front of people. My dream is now to open a restaurant called "The singing chef". I have drawn and written some plans for this [Annie, Young Person]*

Others required technology that could help them to maintain contact with family and/or friends:

I wanted to talk to my birth family and FaceTime my sister and niece. I also wanted to get design apps so I could write new music and draw/design. I wanted to be creative again and get ready for my college course. I wanted to watch films and play games when travelling with my foster carers on holiday and around [Max, Young Person]

4.3.2 ACTIVITY AND SOCIAL CARE STATUS

Statistcially significant interactions were found between social care status (Care Leaver or LAC) and choice of activitiy with Care Leavers significantly more likely to choose an indoor activity and LAC more likely to choose a mixed/other activity. This may in part explained by the different ages of these groups of young people and would require additional data and analyses to investigate further.
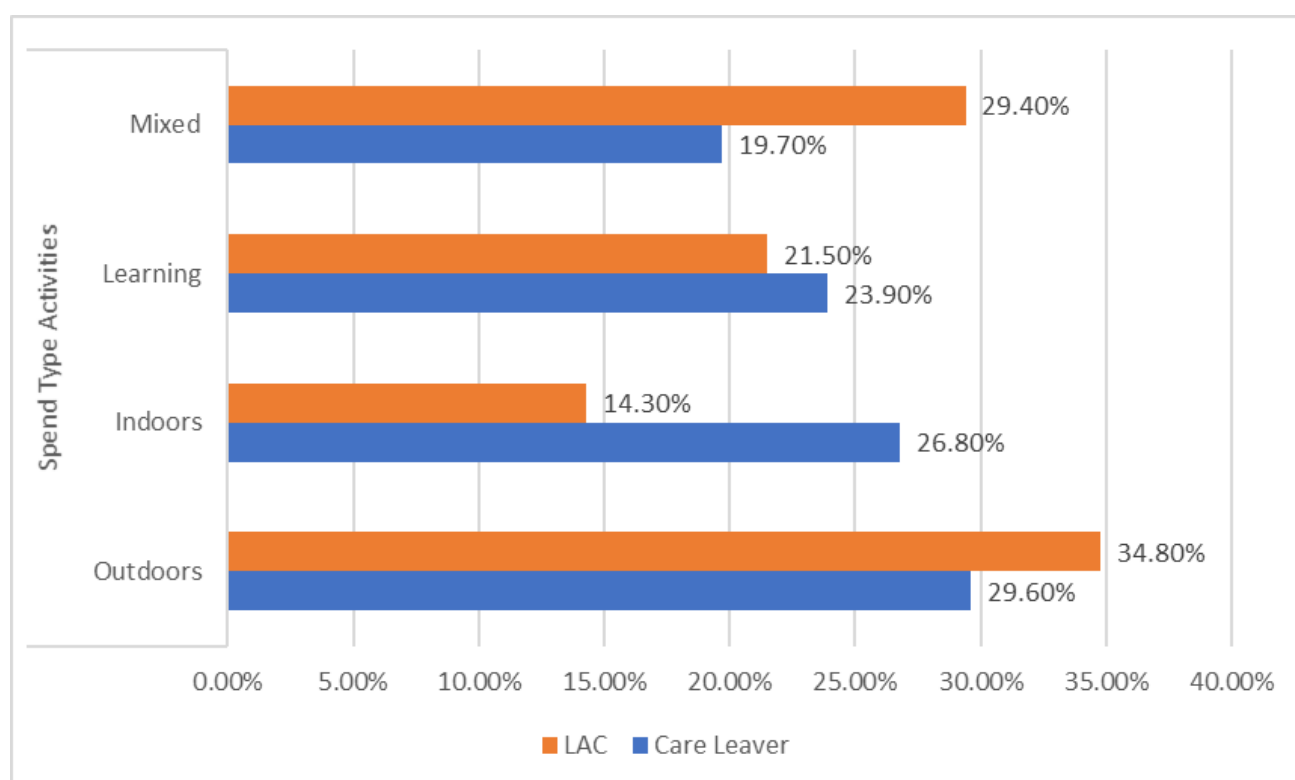
5.   OUTCOME EVALUATION

From the evidence collected this programme is having a significant positive impact on the young people involved. They are feeling more supported, better relationships with the professionals in their life, building community networks, supporting social networks, improving mental health outcomes and building confidence and self-esteem [Senior manager 3]

OUTCOME 1: EMPOWERS YOUNG PEOPLE

The most significant outcome of YKYM is the way that young people are empowered to take control of their mental health. The different conversation and their involvement from the beginning helps young people to have more "*good days*" [Direct contact staff 9].

Staff narratives suggest that the different conversation results in young people feeling "*heard and listened to which is empowering for them*" [Direct contact staff 4] and creates independence. This is reflected by the **61.8%** of young people who reported in the survey that they feel more independent following YKYM support. By providing young people with the opportunity to "*express exactly how they feel and encourages them to reflect on their own life and what they feel will help - it empowers them!*" [Direct contact staff 1].

Allowing young people ownership of their support plan means they can use funds practically to help improve their emotional and mental health. **65.2%** of young people surveyed said they enjoyed creating their support plan.

The freedom of being able to choose an activity and being able to partake in it, has enabled them to feel more in control, which has been helpful in promoting positive mental health [Senior manager 3].

OUTCOME 2: IMPROVES WELLBEING OF YOUNG PEOPLE

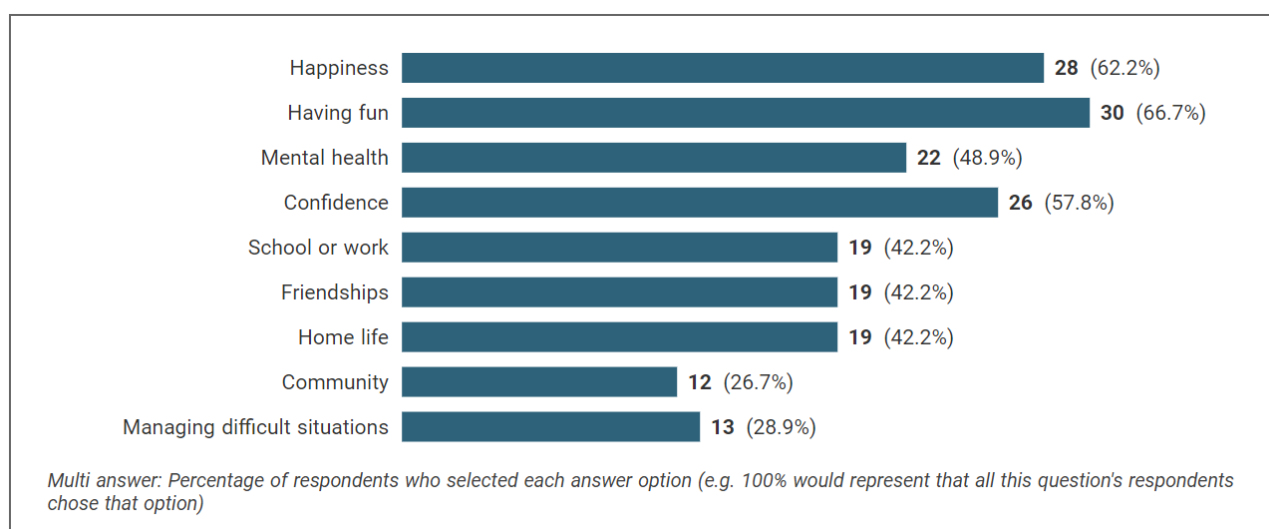Young people were asked to offer words that described how they felt *after* their involvement in YKYM. This word cloud represents the frequency of the words used by the young people. The most frequent words used were *happy*, *happier*, *confident*, and *healthier*.

Survey findings support this with **79.6%** of young people reporting they feel more confident post-YKYM support and **88.7%** saying they now have something that they enjoy doing or taking care of. **76.2%** of young people said they can relax more post YKYM support.

The most recorded improvement in young people's lives post YKYM support was **having fun** (66.7% of young people) **followed by happiness** (62.2%), and **improvements in mental health** (48.9%).

Figure 5.1 Improvements in young people's lives after YKYM support

Category	Value
Happiness	28 (62.2%)
Having fun	30 (66.7%)
Mental health	22 (48.9%)
Confidence	26 (57.8%)
School or work	19 (42.2%)
Friendships	19 (42.2%)
Home life	19 (42.2%)
Community	12 (26.7%)
Managing difficult situations	13 (28.9%)

Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

84.1% of the young people said YKYM had helped them develop new skills. Staff narratives indicate that these new skills improve young people's sense of wellbeing and mental health:

One of our young people was bought a keyboard/piano. Which he has used every day since. He has a musical ear and it has worked wonders for his confidence as he has begun to realise, he is very good at something. He has a very low self-esteem and believes he cannot do anything, so this has impacted positively on his quality of life and his confidence. He has struggled to trust it is his to keep and has loved teaching his carers some tunes [Senior manager 3]

Some young people accessing sports activities, or the gym have developed their body confidence & self-esteem, whilst improving their ability to care for their physical health [Senior manager 1]

Often young people have chosen activities that have taught them a new skill/skill and been part of a group (e.g. a sport, cubs, singing, horse riding). All of which has given them some self-worth because they feel they can "do something". …Furthermore, it was often used as a positive distraction to life challenges or the undercurrent of their childhood trauma. An example would be a young person choosing singing lessons. It may not stop the friendship issues or anger management, but it would give them space to not feel those negative feelings and concentrate on something positive and enjoyable [Senior manager 2]

Findings from survey show that **50%** of young people know how to manage their thoughts and feelings post YKYM support and **68.1%** have noticed a positive change in their mood/attitude/ behaviour, with **60.5%** managing negative/worrying thoughts and feelings better post YKYM support.

OUTCOME 3: IMPROVES RELATIONSHIPS WITH OTHERS

Survey results show that **81.8%** of young people report liking the people who are supporting them and these improved relationships with young people is reflected in staff's narratives.

> *Different Conversation promotes more positive relationships with keyworkers, particularly the keyworker can listen and make the plan a reality quickly [Senior manager 2]*

These positive relationships are built upon a shared sense of responsibility between staff and young people.
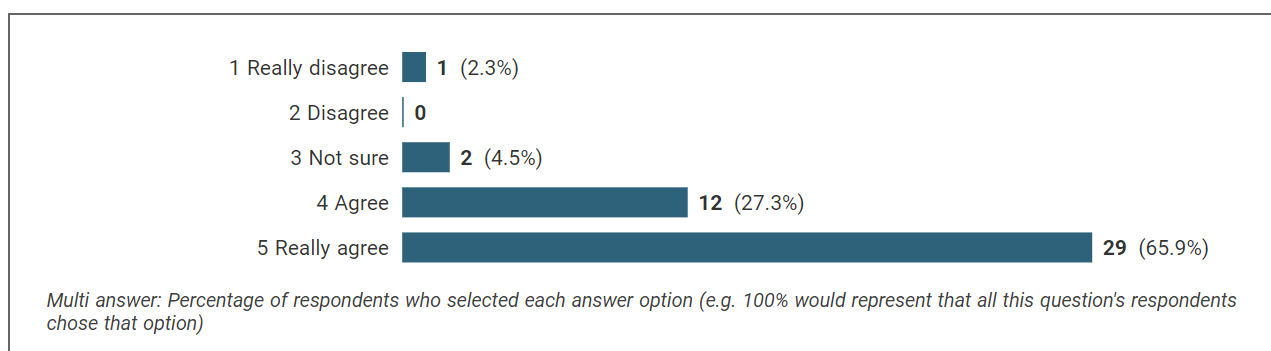
> *The different conversation is the one of the most important developments of the YKYM programme. It really encourages young people to think about the support they require and how they will engage with it and puts a certain level of responsibility on them, which in turn can promote independence. For some young people, they have never been asked what they want, and services have just been delivered to them rather than with them. If a young person feels invested in their care plan, they are more likely to engage with it and then hopefully build their confidence in engaging with other services [senior manager 4]*

In a minority of situations support from YKYM has highlighted unsuitable support arrangements particularly for LAC young people and their foster carers

> *Those who have not had a positive experience have often been managing difficult relationships with the children they are taking care of. I have often wondered (I cannot say for certain) if the YKYM project has highlighted the high level of miscommunication between them and the young person- this is often more in relation to LAC young people and foster carers. Often there has been a placement breakdown shortly after [Senior manger 3]*

Survey findings evidence that nearly all (**93.2%)** of young people felt that they had a trusted adult to talk to.

Figure 5.2 Young people's experiences about having a trusted adult to talk to

1 Really disagree	▮	**1** (2.3%)
2 Disagree		**0**
3 Not sure	▬	**2** (4.5%)
4 Agree	▬▬▬▬▬▬	**12** (27.3%)
5 Really agree	▬▬▬▬▬▬▬▬▬▬▬▬▬▬	**29** (65.9%)

Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Some young people explained of how YKYM had improved relationships they had with other people, "*I have now got different friends at my club and feel a part of something*" and "*My relationships with my friends have improved*", and "*me and my brother grew closer*". Others had "*A lot more confiden[ce] and f[ou]ind it easier to make new friends*." **72.8%** of young people surveyed said they liked making relationships with new people.

OUTCOME 4: REDUCES RISKY BEHAVIOUR

Earlier is this report we outlined the complex lives of the young people accessing support from YKYM. Staff report how they have observed young people's involvement resulting in a reduction of their risky behaviours such as substance misuse and self-harm.

> *Yes, improvements are identified from observing their behaviours, such as at missing episodes and drugs use […] self-harm [is] decreasing [Direct contact staff 6]*

> *In some cases, this has led to reduction in challenging behaviours, including self-harm, assaults, aggression/threats towards others (i.e. less self-conflict/conflict with others) as there is a positive focus [Direct contact staff 10]*

> *One YP who had frequent hospitalisations uses her funding for art materials, which she uses successfully as a distraction from self-harming [Direct contact staff 9]*

Reducing young people's self-harm and other risky behaviours is likely to have an impact on whether they are admitted and/or treated in specialist mental health services. Using data provided by Nottinghamshire Healthcare NHS Trust, the average cost of a CAMHs contact is **£192.61**. Cost calculations included in the following analyses assume one such contact equates to 6 sessions of talking therapies, each time a participant responded with 'Yes' to CAMHs input either pre or post YKYM using data from the combined databases. Out of the total sample, over half the young people have experienced CAMHs input **(N=222)** and the estimated cost of CAMHs usage for this population prior to the YKYM support is **£209,160**. Post YKYM, this estimated cost drops to **£88,146.** Costs are lowered because the number of young people using CAMHs before and after YKYM support show a decrease over a 6-month span from 69% to 15%. Statistical tests reveal this difference is statistically significant. The costs of the personal support plans for the young people who used CAMHs post-YKYM is **£122,620** which when added to the CAMHs costs for this group reflects an increase of **0.7%** in the total costs for support of **£210,766.** This increase however is not statistically significant.

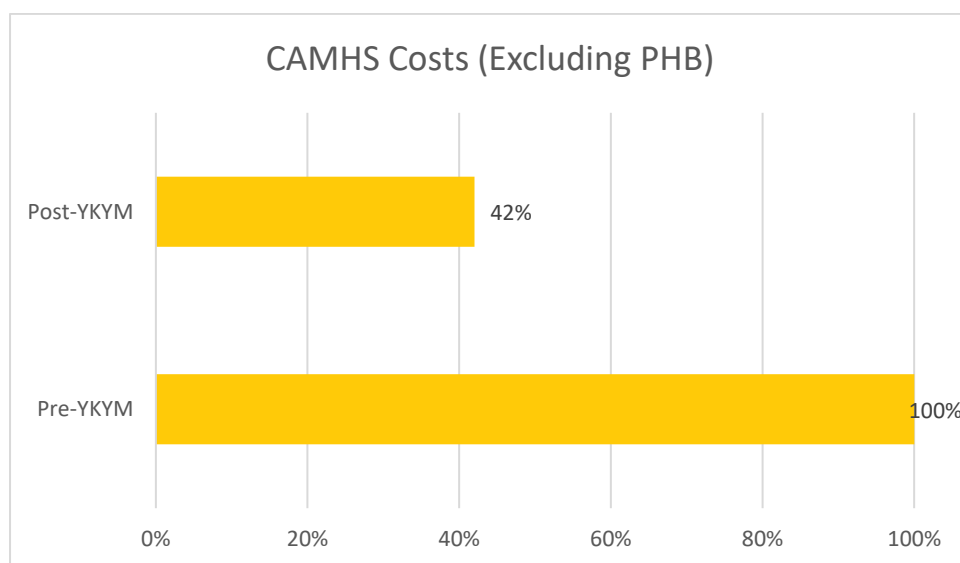**Figure 5.3 Before and after YKYM, support costs for CAMHs**

CAMHS Costs (Excluding PHB)

- Post-YKYM: 42%
- Pre-YKYM: 100%

Figure 5.4 Before and after YKYM, support costs for CAMHs including costs for personal health budgets (PHB)
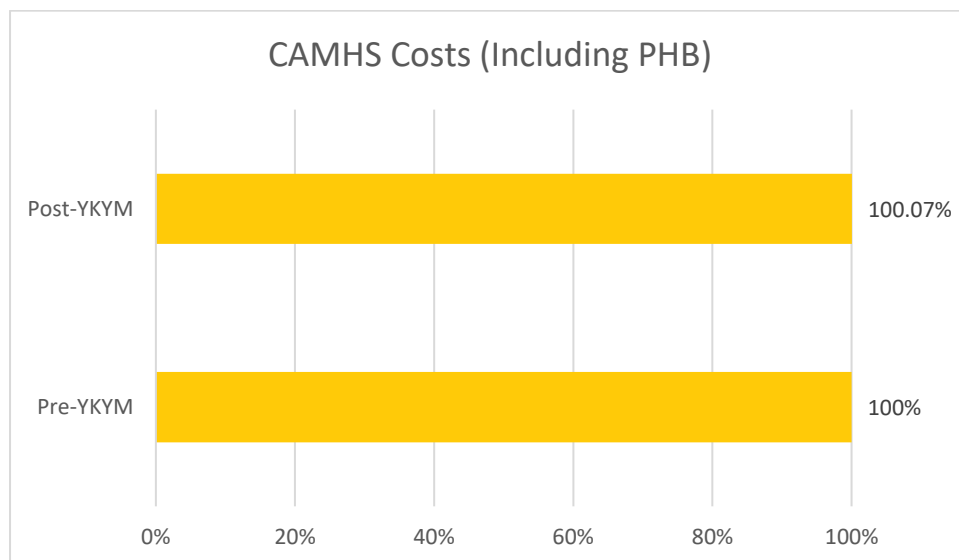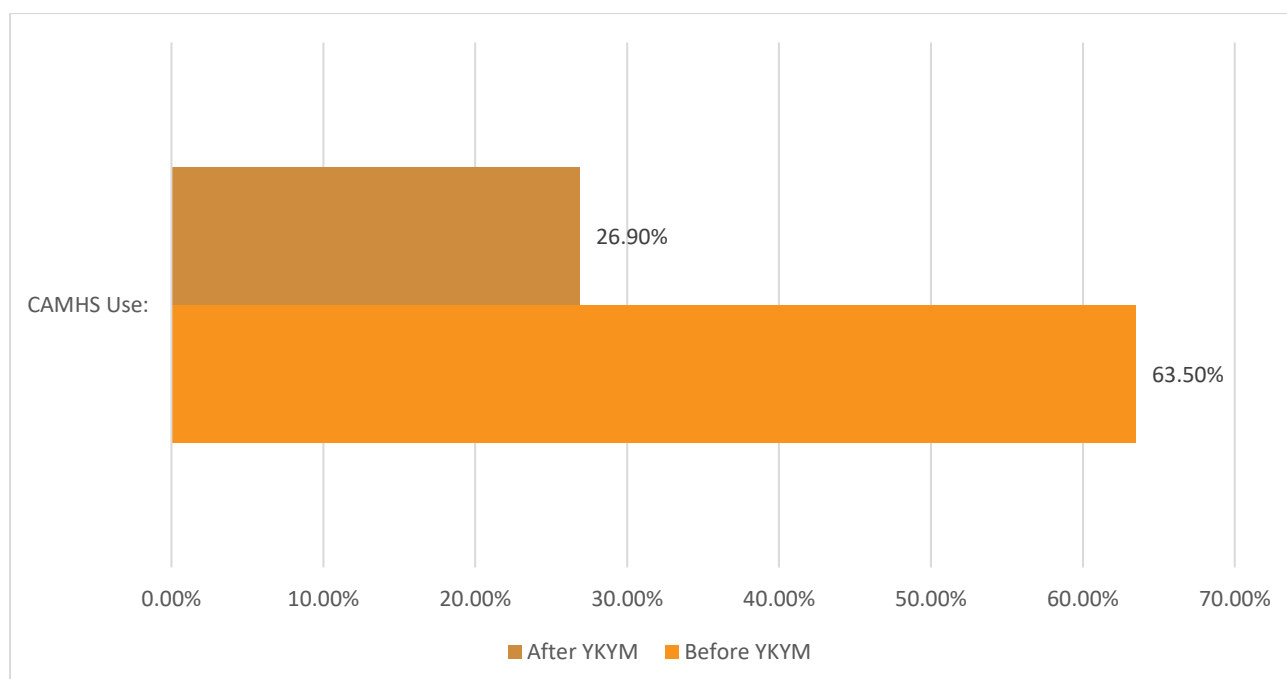

Figure 5.5 Use of CAMHs before and after YKYM intervention

48 young people in the sample of 402 were identified as having 'going missing' episodes resulting in police involvement. 27 young people who had the highest and lowest numbers of going missing episodes before YKYM intervention decreased significantly over a 6-month period post YKYM support which was reflected in a significant reduction in the costs of police time pre and post YKYM support. Costs were calculated using a figure of £630 to reflect a range of 4-6 hours of police involvement for each contact. Prior to YKYM support **costs were calculated at £98,910**

dropping by more than half to £46,629 post intervention, see Figure 5.5 below. **The total cost of YKYM support for these 27 young people was £24,934** which even when added to the post-intervention **costs reflects an estimated saving of £27, 347.**

Figure 5.6 Before and after involvement of the police arising from young people with 'going missing' episodes
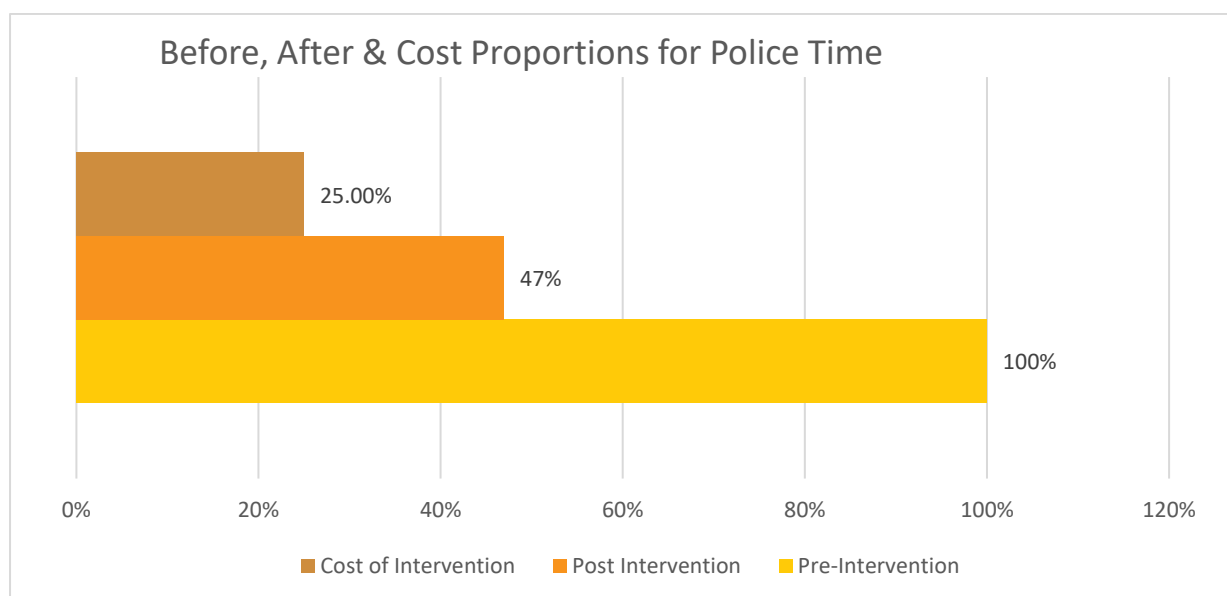
Data relating to placement costs were available for 82 young people in Nottingham City only. These placements for most young people had been relatively stable over a 6-month period pre- and post YKYM support, with 72 young people experiencing no increases in placement costs. For 5 young people placement costs had increased by 6.7% from a mean value of £1,393 pre-YKYM to £1,487 post-YKYM. This increase was offset by a reduction in placement costs for 5 other young people which meant that overall there were no significant differences to the cost of placements pre and post YKYM support.

Senior managers reported a couple of occasions where young people had sold items purchased as part of a support plan, when they were in real financial difficulty. Senior managers thought that *"By embedding the service with more oversight of the care plans these vulnerabilities could be picked up and dealt with differently to avoid these issues arising in future"*.

OUTCOME 5: TRANSFORMATIVE CARE EXPERIENCE

One young person's narrative testifies to the change support from YKYM has made to their life:

After this support plan I am one hundred times more confident. I can talk to people and ask questions without assistance of others. I'm so happy that I was given the support and opportunity of this programme and it is really life changing. I feel like it has changed my life massively. It's made me aim higher and realise that I can achieve anything with a bit of support and then putting my mind to it. I am so thankful for my key worker that I was given her name is [anon] and she is trustworthy, and she always made me feel comfortable around her [Holly, Young person].

Many young people reported that the key difference of the support provided by YKYM was **being included** and being asked what **they** want. Many said that they had been asked these things before, but that their wishes had not always been followed up. it has not always had a follow through. *"I think the child- led approach is the unique selling point of this project"* [Senior manager 1]

> *Young people feel like they have more control over their support and that the goals are achievable. It gives them true flexibility in their care and helps support them with wider aspects of life other than mental health needs. It also helps build confidence in professionals and hopefully facilitates engagement with mental health services when needed. I believe CYP are satisfied with the support they have received through the YKYM project, but I think there is further work to be done around experience within commissioned services and making sure the voice of the young person is heard within those services [Senior manager 2].*

Being able to finance a support plan for young people has reportedly made a significant difference to their caregiver's experience:

> *Majority of the feedback I have had from care givers is that this has been a helpful and positive experience for them. Foster carers have noted their relief of financial support as it has often prevented them for putting things in place previously. A few have noted that having a separate professional for the evaluations has been useful to focus on the activity/ item and the wellbeing being needs of that young person [Senior manager 1]*

Several staff undertaking direct work with young people said that YKYM has made a difference, in particular helping young people who are care leavers and who have limited or low income:

> *Care Leaver (19 years old) just started college, no funds for stationery or laptop. The funding enabled her to get a laptop and stationery so that she was able to study in her own time and not be disadvantaged against her peers due to her low income. This increased her confidence in her academic achievements and increased her self-esteem. She was able to use the computer to interact virtually with estranged family and has improved her confidence and IT skills [Direct contact staff 4]*

> *It improves quality of life and improves confidence levels. Care leavers can be very isolated if they are living on benefits and struggling financially so it can help give them the opportunity to do an activity or go somewhere that they wouldn't be able to do*

without the funding. It can provide education and all of them can learn from any experience, even if it is trying an activity they have not done before. I had one young man who had fishing equipment and has been able to build on this himself with his own money and it has given him an activity to do with friends rather than sitting in his flat. It has provided enjoyment and he has found it positive [Direct contact staff 6]

OUTCOME 6: IMPACT ON FINANCIAL RESOURCES

Analyses using the combined dataset of 402 young people in Nottingham City and Nottinghamshire County Council reveal that the average costs of a YKYM support plan for young people aged 18 and over is **£503.83** (N=77; SD=218.71). The average cost for support plans for those under 18 is **£568.58** (N=286, SD 281.58). Both these costs are lower than the costs of a community CAMHs contact at **£192.61**, an occupied bed day in CAMHs services at **£832.15** and an occupied bed day in AMHs at **£454.07**

Statistical analyses revealed an inverse relationship between the young person's age and the cost of a support plan so as young peoples' age increases the cost of their support plan decreases, and when age is used in this way for analyses this difference in cost is significant. When the analyses are conducted using age of young person in a less sophisticated way, simply over 18 **or** under 18 the difference in cost becomes insignificant.

Demographic characteristics for the young people were analysed using inferential statistics to highlight any patterns and trends in cost/spending on activities/items within the support plan. Analyses identified that the average **cost of a support plan for a young person with a diagnosis of ADHD is 89.7% more** than the average cost of plans for young people with no ADHD diagnosis. Similarly, the average **cost of a support plan for a young person with self-harming behaviours is 84.4%** than the average cost of plans for young people with no self-harm behaviours identified. These increases are accounted because the support plans for these two groups of young people typically consist of a mix of activities rather than single indoor, outdoor or learning activities.

6. RECOMMENDATIONS

RECOMMENDATION 1: ENGAGE YOUNG PEOPLE IN THEIR MENTAL HEALTH

A different conversation that engages young people, encourages their active involvement in their care and leaves them feeling listened is likely to make a real difference to how young people experience being able to take more control of their mental health needs. This is likely to be especially important to young people in the care system who are likely to have experienced a lack of control in their lives previously on account of adverse childhood experiences, abuse, neglect and violent relationships.

RECOMMENDATION 2: PROVIDE NON-CLINICAL INTERVENTIONS THAT SUPPORT YOUNG PEOPLE TO MAKE CHOICES

Young people, some with prompting can make choices in respect of non-clinical interventions that help them manage their mental health needs on a daily basis. These non-clinical interventions play a role in preventing a young person going into crises and or supporting them until such time as they may be ready to engage with more specialist mental health services

RECOMMENDATION 3: COLLATE DATA FOR EVALUATION PURPOSES

Services commissioned for young people with mental health needs should be based on the best available evidence of what works. The report from Barnardo's in 2017 and data from this study suggest that a quarter of young people in the looked after care system will need input from adult mental health services. The impact of YKYM in informing commissioning decisions would be further enhanced by the collection of better quality, quantitative data, that accurately reflects utilisation across health and social care services so that all data is included within the same database and actual costs of different types of care can be used in calculations.

This evaluation has focused on young people who are receiving support for their mental health and who experience difficulties undoubtedly related to the complexities of their lives in the care system. Further investigation is needed into whether YKYM support plans could be used for all young people who have *emotional wellbeing and mental health needs rather than waiting for difficulties to emerge.*

RECOMMENDATION 4: EMBED YKYM WITHIN CHILDREN'S SOCIAL CARE

All senior managers recommended embedding YKYM within health and social care services for young people with mental health needs. The cost calculations included in this report suggest that

this will support a more financially sustainable model as numbers of young people with mental health needs increase alongside a reduction in the availability of specialist mental health provision. There was a real sense that a personalised support plan with an associated budget could augment existing specialist mental health services to deliver positive, less costly care.

"I would like to see YKYM well embedded within Children's Social Care, potentially open to a wider cohort of children & young people (e.g. children on a CP or CIN plan). Greater embeddedness would also support the continuation of funding for ongoing support plans that have proven beneficial to a young person over a longer period of time YKYM could also form part of the CAMHS process - referrals that don't meet CAMHS threshold could be redirected to YKYM, or YKYM could be a default offer post-discharge". [Senior Manager 1]

"Currently the YKYM project is very much led by Local Authority/Social Care with very little input from health colleagues. The approach needs to be adopted across health, social care and education and become a core offer for young people that is embedded with everyone's core business. There probably needs to be some clinical oversight of care plans which we don't currently have. It needs wider strategic sign up to progress" [Senior Manager 3]

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