Youth Access

Making Tracks Project (MtP)

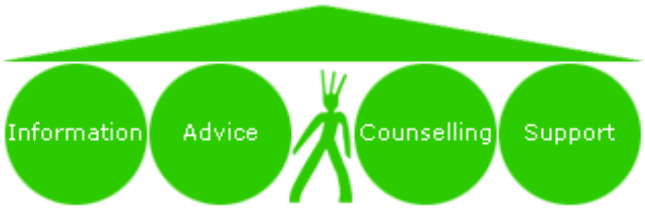
Final Report

What are YIACS?

Youth Access represents a network of 200 young people's information, advice, counselling and support services (YIACS) nationwide. YIACS provide services to thousands of young people across the country every day, **a million every year.**

YIACS services vary according to local need, but share the following features:

- A range of interventions delivered 'under one roof'
- Young person-centred
- Open to a wide age range, e.g. 13 to 25
- Holistic approach, meeting multiple and complex needs
- Multi-disciplinary teams, providing wrap-around support
- Flexible access routes, including through open door 'drop-in' sessions
- Free, independent and confidential



Through interventions such as counselling and other psychological therapies, advice work, health clinics, community education and personal support, YIACS offer a unique combination of **early intervention, prevention and crisis intervention** for young people.

Open to all young people, YIACS offer a universal access point to targeted and specialist services, supporting young people with a diverse **range of issues** that are frequently inter-related: social welfare issues e.g. benefits, housing, debt, employment; mental and emotional health issues e.g. depression, low self-esteem, self-harm, family problems and stress;
wider personal and health issues e.g. relationships, sexual health, drugs and alcohol, healthy eating; practical issues e.g. careers, money management and independent living skills.

Contents

Glossary

AMHS	**Adult mental health services**
CAMHS	**Child and adolescent mental health services**
CORC	**CAMHS Outcomes Research Consortium**
CORE	**Clinical outcomes routine evaluation (tool)**
DSM	**Diagnostic and Statistical Manual of Mental Disorders**
EIP	**Early Intervention in Psychosis**
GAD	**Generalized Anxiety Disorder Assessment Tool**
IAPT	**Improving Access to Psychological Therapies**
MANSA	**Manchester Short Assessment of Quality of Life**
PCT	**Primary Care Trust**
PHQ	**Patient Health Questionnaire**
PSA	**Public Service Agreement**
RCT	**Randomised Controlled Trial**
VCS	**Voluntary and community sector**
YIACS	**Youth Information, Advice, Counselling and Support services**
YOT	**Youth offending team**

Acknowledgements

- Thanks are due to all the young people who participated in the MtP pilot, contributed to the interviews and the consultations including: Mancroft Advice Project (MAP) Norwich; Streetwise Newcastle and YASP Manchester.

- Thanks are also due to the: Youth Information, Advice, Counselling Support services (YIACS) and their staff; GPs and their practices and the MtP Local Steering Group members including:

  Michael Mutter Counselling Services Manager and Robert Lancaster Manager, Information and Advice Team (Mancroft Advice Project (MAP) Norwich); Kevin Hanner Operations Manager, (City Reach Health Service, Norwich) and Chris Francis GP (Bacon Road Surgery, Norwich).

  Heidi Douglas Former Chief Executive Officer, Alyson Scott
  Current Chief Executive Officer, Tracey Brooks Counselling and Mental Health Manager and Maria Papanikandrou Project Counsellor (Streetwise Newcastle); Donna Aydon, Practice Manager, Parkway Medical Group, Newcastle and Dr. Guy Pilkington, Cruddas Park Surgery, Newcastle.

  Sinead O'Connor Project Manager, Ann Salter (YASP Manchester); Dominic Hyland GP (Ashcroft Medical Centre, Manchester); Mohammed Abas Commissioning Manager (NHS Manchester, North Manchester GP Commissioning Consortium); John Butler Development Worker Mental Health (Manchester Alliance for Community Care) and Michelle Ashworth Specialist Promoting Mental Health & Well Being(Manchester Public Health Development Service, Manchester Mental Health & Social Care Trust).

- Thanks to Mary Cormack, Database Designer.

Publisher's note

All efforts have been made to ensure that this report is up to date and accurate. However, the Making Tracks project operated during a period in which there was a change in government with inevitable and continuing changes in policy. The data presented in this report was collected from a small sample of young people presenting in each of the pilot sites with the final analysis taking place off site. As such, considerable caution has been exercised in interpreting the outcomes scores and drawing any general conclusions.

Executive summary

The Making Tracks Project (MtP)

Making Tracks was a three-year project (2008-2011) funded by a Section 64 Grant from the Department of Health and supported by Youth Access. The project aimed to improve services for young adults (aged 18 to 25) who have complex needs by developing better partnership working between GPs, Primary Care Trusts (PCTs) and Young People's Information, Advice and Counselling Services (YIACS) operating in the Voluntary and Community Sector (VCS).

In year one, *Making Tracks* received a grant of £44,229; in year two, the grant was £42,000 and in the final year, £40,000. In addition, some support via DfE funded staff time was provided. This funding covered a development officer post at Youth Access; project management time; 3 pilot site support grants; a training, resources and support package for the three pilot sites, plus additional support to establish partnerships with GPs and to set up a database in each pilot site.

The amount of funding available to *Making Tracks* determined the number of pilot sites that could be selected; the resources and level of support provided; the period over which data could be collected; and the scale of data collection possible.

The objectives of *Making Tracks* were as follows:

- Develop new tools and resources to enable YIACS to demonstrate more proactively and effectively the work of the agency and its contribution to the achievement of local and national targets, to GP and or PCT commissioners.

- Develop new resources to support GP practices and or PCT commissioning of YIACS providers.

- Develop and evaluate a model of good partnership working between GPs, PCTs and YIACS which improves services for young adults with complex needs.

- The intended outcomes of the project were to encourage:

- Better partnership working between GPs and voluntary and community youth sector providers.

- Increased awareness of young adults' mental, emotional, psychological and social welfare needs in PCT and GP commissioning practices.

- Improvements in the social, mental and physical health of young adults with complex needs.

The project had three main phases, undertaken over the three years:

Identify, recruit and select pilot sites and GP practices for the pilot YIACS to partner with; 'health check' pilot sites annually and produce a package of development, training and support to respond to identified and ongoing needs.

In consultation with pilot sites, agree and deliver an accessible package of outcome measures; design a user-friendly database and provide all the necessary training and support, including to embed new ways of working.

Provide pilot agencies with the tools, resources and support to collect pre and post intervention outcomes data for a recorded period of one year (February 2010-March 2011). Data to be collected from young people who consented for data to be collected on their access and take up of the *MtP* combined package of support.

An independent, external evaluation of *Making Tracks* was commissioned and produced annual evaluation reports, of which this is the third and final report.

Background context

In early 2007, Youth Access worked with the Legal Services Research Centre (LSRC) to produce new findings *fro*m the Civil and Social Justice Survey. The compelling evidence from this national household survey demonstrated that not only are young people aged 18-24 particularly prone to severe and multiple social welfare problems compared to other age groups, but that these problems have considerable consequences for their mental and physical health.

The data revealed 18-24 year olds are at greatest risk of developing both physical and common mental health issues as a direct consequence of social welfare problems such as tenancy problems, homelessness and debt.

A variety of reports published over the last decade – including by Youth Access, a range of national mental health charities and a number of central government departments – have all pointed to the multiple and often complex problems experienced by the most disadvantaged 18-25 year olds. A central theme has been that few services specifically cater to the holistic needs of these young adults, with the cost of failing to offer appropriate early intervention and prevention services having lifelong consequences for individuals and health services.

During the life of the *Making Tracks* project, youth unemployment, which has clear associations with mental health problems, reached record levels. At the same time, funding cuts were being felt by the *MtP* pilots and other youth advice and counselling services across the country. These cuts to YIACS have come at a time when demand for youth advice and counselling services has never been higher and highlight the importance of not only sustaining this sector, but also ensuring that capacity is built in the future, based on robust evidence of what works in supporting vulnerable young people.

Key findings of the evaluation

Making Tracks was a small pilot project and, as such, caution is needed in interpreting the outcomes data gathered from young people. Despite this caveat, there is consistency in the data across the three pilot sites and overall indications that young people showed improved post-intervention/last scores in a fairly comprehensive range of validated outcomes tools.

With regard to the three pilot agencies, both the annual health checks undertaken by Youth Access and the interviews undertaken for the external evaluation indicate that the three pilot sites have had some considerable success in achieving the project objectives:

- All three sites reported the development of new tools and resources to demonstrate more proactively and effectively the work of their agency.

- All three sites showed some clear success in engaging with and developing a model of good partnership working with their local GPs and primary care (although unfortunately, in the latter stages of the evaluation, as service cuts and an economically challenging climate became prominent, some of this progress was lost).

- There were indications of greater cross-agency awareness and understanding of agency roles, and of improved joint working, although again, this was unfortunately being undermined by the financial cutbacks and service reorganisations facing all three areas of the country in which the pilot project ran.

- Whilst the three pilot sites had undoubtedly encountered a range of difficulties implementing use of the different tools, the evaluation findings indicate that by the end of year three of the pilot, the use of outcomes tools had become well established within the counselling services, although not necessarily within the advice provision – largely as a result of the more intermittent and one-off contact of young people seeking advice.

- The ability to gather robust outcomes data and to clearly demonstrate what their work with young people achieved, had brought benefits to staff within the pilot agencies (where it had, for example, 'professionalised' the counselling provision) and amongst local stakeholders, who were described as now viewing the agencies as 'serious' providers of services for young people.

Recommendations

Central Government

National recognition is needed of the critical role played by YIACS in meeting the needs of young people aged 18 to 25 with complex and multiple needs, especially those who are often poorly served by statutory sector provision.

Similarly, national endorsement is required of the need for small local VCS providers such as YIACS to have access to specialist resources, training and support tailored to their specific needs, in order to build their capacity to engage in new planning and commissioning processes. To achieve this, the following are recommended:

- A youth policy should be developed focused on needs rather than chronological age, and which recognises that the needs of a 23 year old may be more like those of a 17 year old than an older adult.

- There should be cross-government attention given to the needs of 18-25 year olds and the importance of the early intervention and prevention role played by YIACS.

- The new NHS commissioning reforms must take account of the particular needs of young people aged 18 to 25 and of the evidence and practice-learning regarding those models of service delivery that are most appropriate and acceptable to this age group.

Clinical commissioning groups, GPs and other local planners and commissioners

It is crucial that there is better recognition of the complex and multiple needs of 18-25 year olds, including increased understanding of the links between poor mental health and wider social welfare and other problems. It is also vital that young people's views and experiences are fully heard in the planning and commissioning of local services.

- Local authority and health commissioners need to work across youth and adult services to support the YIACS holistic service model (This includes, for example, commissioners of youth; social welfare advice; social care; housing support services; public health and mental health).

- Formal structures, such as local Health and Wellbeing Boards, must have young people and the VCS represented on them.

- Clinical commissioning groups and those with responsibility for planning and developing local health and social care provision must ensure that data collected by VCS providers, including YIACS, is included in all local planning and service development work.

YIACS

In the future, it will be increasingly important that YIACS are able to provide robust outcomes and cost data and to ensure that this material is fed into local needs assessments, commissioning and service development decisions.

- The growing range of nationally recognised and validated outcomes tools should be drawn upon by YIACS in developing the evidence base for their provision.

- In utilising such tools, YIACS must ensure that their internal communication systems function well and that young people receive well coordinated interventions, advice and support that is consistently monitored and quality assured.

- YIACS should support and enable young people to have a voice in all local planning and commissioning processes, all quality assurance and monitoring of service provision.

- It is recommended that YIACS use the findings from *Making Tracks* and other Youth Access research to advocate for change, develop fruitful partnerships and to support their local strategic position.

Actions to be undertaken by Youth Access

In sharing the learning from *Making Tracks*, and to support the realisation of the above recommendations, Youth Access will work to develop a relationship with the Royal College of GPs.

It will also disseminate the project findings to key policy makers and leads in central and local government. Such dissemination will highlight the challenges and benefits of implementing accessible outcome measures in YIACS that produce reliable data, are adequately costed, address capacity issues and recognise the impact of frequently collecting data on young people.

Youth Access hopes to replicate the development support provided to the three pilots to a wider group of YIACS, to disseminate the tools and learning from *Making Tracks* across the Youth Access network and to develop a national dataset for counselling outcomes using recognised tools. Its ongoing work will focus on supporting YIACS to strengthen their strategic position in new local planning and commissioning through further workshops.

Youth Access will also continue to lobby and fundraise for a Randomised Controlled Trial (RCT) in youth counselling and to gather and disseminate information about good practice models of joint commissioning to support replication of the YIACS model across the UK.

1. Introduction

Overview

This is the final evaluation report of a three-year project (2008-2011) funded by the Department of Health and supported by Youth Access. The *Making Tracks Project* aimed to improve services for young adults (aged 18 to 25) who have complex needs by developing better partnership working between GPs, Primary Care Trusts (PCTs) and Young People's Information, Advice, Counselling and Support services (YIACS) operating in the Voluntary and Community Sector (VCS).

Three pilot sites were selected to develop and evaluate an improved service offer for 'harder to reach' young adults to access a distinctive package of holistic support combining medical, psychological therapies and social welfare advice services.

The objectives of *Making Tracks* were as follows:

- Develop new tools and resources to enable YIACS to demonstrate more proactively and effectively the work of the agency and its contribution to the achievement of local and national targets, to GP and or PCT commissioners.

- Develop new resources to support GP practices and or PCT commissioning of YIACS providers.

- Develop and evaluate a model of good partnership working between GPs, PCTs and YIACS which improves services for young adults with complex needs.

The intended outcomes of *Making Tracks* were to encourage:

- Better partnership working between GPs and voluntary and community youth sector providers.

- Increased awareness of young adults' mental, emotional, psychological and social welfare needs in PCT and GP commissioning practices.

- Improvements in the social, mental and physical health of young adults with complex needs.

The three pilot sites

The pilot sites were selected via a three stage process. Firstly, expressions of interest were sought from YIACS via Youth Access' national e-bulletin; interested agencies were then invited to complete an application pack. This was followed by a visit from the Youth Access development officer for an interview, with the final stage involving a second visit from the development officer for the collection of further information.

Five Youth Access member agencies were shortlisted at the second stage, and from the visits at this stage, a final three agencies were selected. During the second visit by the development officer, the *Making Tracks* working agreement was then discussed, agreed and signed by the partners involved in the project (i.e. the pilot counselling and advice service, the GPs working with the pilot agency and a representative from Youth Access).

The three agencies finally selected as the pilot sites – and which were able to demonstrate good local track records and the capacity to build on the existing successful service models and interventions with young people – were:

Young Adults Advice & Support Project (YASP) in Manchester. YASP is part of the Manchester mental health charity HARP and works with 15-25 year olds. (HARP is the main charitable organisation for a variety of projects and services for people aged 15 and upwards in Manchester; YASP is the only service within the charity specifically targeted at young people).

Based in Levenshulme, part of central Manchester, operating within a diverse community, YASP has been established for about 9 years and sees around 300 young people each year. It operates as a 'one-stop-shop' providing: welfare rights advice; counselling; a volunteering programme; social activities and an open-access internet café. The counselling service has a particular specialism in working with young refugees and asylum seekers. More information about YASP is available at: http://www.harp.project.org/projects/project_yasp_index.php

Mancroft Advice Project (MAP) in Norwich. MAP has centres in Norwich and Great Yarmouth and also works from a number of different venues across Norfolk and Suffolk including schools, youth centres and health centres.

The project works with young people aged 11-25 offering a daily drop-in at its Norwich base from 1.30-5.30pm. Other provision includes: a housing outreach service, welfare rights advice, sexual health advice and specialist counsellors for young people who self-harm and a crisis counselling service for young gay men. More information about MAP is available at: http://www.map.uk.net

Streetwise Young People's Project in Newcastle upon Tyne. Streetwise is based in the centre of Newcastle and, on average, sees around 8,000 young people each year. Streetwise offers information, advice via drop-in to young people aged 13-25 and counselling for young people aged 11-25. Streetwise operates from a city centre base as well as offering outreach work in schools. The information and advice services offer help with sexual health issues and drugs and alcohol awareness. More information about Streetwise is available from: http://streetwisenorth.org.uk

Development support to the pilot sites

Following initial organisational 'health checks', each pilot site was provided with a package of development support by Youth Access. This aimed to address the individually assessed needs of each pilot site and to enable sites to develop replicable models for improving partnership working between the VCS and local GPs in meeting the health and social welfare needs of young adults. [1]

At the end of each project year, follow up 'health checks' were offered. These provided staff in the pilot sites the chance to review their agency's development needs and strategic planning. It also encouraged them to reflect on their success or otherwise in developing partnership working, in particular with colleagues in Primary Care.

Opportunities to share learning and attend workshops and training were offered to the participating pilots. Examples of the training offered to the pilots by Youth Access included the following:

- Completing the project referral forms.
- Selected outcome measures (tools), including how to implement them on a cross-agency basis and how to interpret and use results with young people, in staff supervision and in teams, to improve practice.
- Database installation and data inputting.
- Communication training on how to develop a strategic message.
- The likely impact of changes to health policy on YIACS, young people and commissioning arrangements.
- How to meet Youth Access counselling standards (YASP only).
- Improving advice skills (Streetwise only).

In order to truly embed *Making Tracks* locally, **local steering groups** of key and influential stakeholders, such as GPs and commissioners were set up prior to the roll-out of the combined package of support to young people. Training and guidance was developed to support the pilot agencies to set up these steering groups, with meetings to be held on a quarterly basis. *Making Tracks* also involved young adults through the regular gathering of service user feedback.

A bespoke, *Making Tracks* database was commissioned and built by Cormack Consultancy Services to support the pilots and enable the collection of the referral and outcomes data and other study findings. The database was designed in Access 2007 and, following trialling and feedback by the three pilot sites, some minor changes and refinements were made.

A desired outcome for *Making Tracks* was to leave the three pilots with a useful and robust database which they could continue to use to collect individual client outcomes and monitoring data across the whole agency once their involvement with the project had ended.

[1] Research was also undertaken at this stage of the project to select the outcomes tools most

Evaluation of the Making Tracks project

Making Tracks has been independently evaluated with an aim of identifying evidence in relation to three key questions:

- What difference have the pilot sites' interventions made to the social, mental and physical health of young adult service users?
- What impact has the pilot project had on raising awareness of young adults' needs in local PCT and GP commissioning practices in relation to VCS partners?
- What factors might enable better partnership working between GPs and the VCS?

The evaluation was based on a mixed methods approach. It included: qualitative (thematic) analysis of semi-structured interviews with young people, staff working in the pilot services and a range of practitioners from services working in the locality of the pilot service; and quantitative analysis of individual outcomes data for all young people accessing the *Making Tracks* project over the Feb 2010-March 2011 period.

A bespoke package of Making Tracks outcomes tools for counselling and advice was produced, drawing on a range of validated tools. In addition, a service evaluation form was created. The package and the measures were agreed in consultation with the pilots and designed to maximise their accessibility to the young people completing them. Further information about these tools is presented in section 3. Those selected included:

A) For the counselling provision:

- The Generalized Anxiety Disorder Assessment Tool, GAD-7
- The Patient Health Questionnaire, PHQ 9
- The IAPT PHB (Phobia) Scale
- The Clinical Outcomes Routine Evaluation, CORE-10

B) For the advice component of Making Tracks:

- IAPT employment and inclusion questions (IEQ)
- Work and Impact, W&SAS tool
- The Manchester Short Assessment of Quality of Life, MANSA tool

This report

The report is divided into seven main sections (following this introduction), as follows:

Section two presents an overview of the background to the *Making Tracks* project, including a brief review of recent research findings that support the need to develop services that have a specific focus on meeting the mental health, physical health, social and emotional needs of young adults in the 18-25 age band.

Section three explains the different outcomes tools used in the project and how they are scored; the criteria for including young people in the project are also noted.

Section four summarises the demographic data and presenting problems for the 45 young people drawn from the three pilot sites who completed the various pre and post outcome tools.

Sections five, six and seven present the findings from the three pilot sites. Each section begins with a summary of the progress documented in the evaluation reports completed at the end of years one and two of *Making Tracks*, also any issues or challenges identified.

This is followed by the information gathered in the third and final year of the project from interviews with young people, pilot agency staff and selected local stakeholders. Each section then outlines the key findings from the monitoring of young people's outcomes between February 2010 and March 2011 using the various tools previously described.

Section eight draws out the common themes across the three pilot sites and also the suggestions made by those interviewed for the evaluation as to how the way of working promoted through *Making Tracks* might be sustained and developed further in the future. This section sets out a range of recommendations aimed at three key audiences:

- Central government and those responsible for developing policy and guidance at the national level.
- The forthcoming clinical commissioning groups and other bodies responsible for planning, commissioning, funding and monitoring services for young people at the local level.
- Managers and staff in YIACS directly providing services to young people.

It concludes by setting out a range of activities that Youth Access intends to pursue in disseminating the learning from *Making Tracks* as widely as possible.

Interspersed throughout the report is a series of **case studies**. It was decided that the most appropriate way of profiling the young people, their past and present experience, was via an illustrative case study approach. All the young people, who were interviewed during the second year of the evaluation, consented to the information they gave being used in this way. All names and any identifying features have been changed to protect the young people's anonymity.

2. Background of the project

Where the need for the project came from

In early 2007, Youth Access worked with the Legal Services Research Centre (LSRC) to produce new findings from the Civil and Social Justice Survey. The compelling evidence from this national household survey demonstrated that not only are young people aged 18-24 particularly prone to severe and multiple social welfare problems compared to other age groups, but that these problems have considerable consequences for their mental and physical health. [2]

The data revealed 18-24 year olds to be at greatest risk of developing both physical and common mental health issues as a direct consequence of social welfare problems, such as tenancy problems, homelessness and debt; leading nearly two thirds of this group to visit a GP or health care worker. [3]

Furthermore, it is also recognised that the late teens and early 20s are a time when first episodes of more severe mental health problems arise. Research indicates that 75% of all severe and chronic mental illnesses emerge between the age of 15 and 25[4] with those aged 16-18 with a persistent mental health problem being twice as likely as their peers to have no qualifications. [5]

Those experiencing mental health problems are thus also likely to be more vulnerable to social welfare problems, either because the poor state of their mental health directly brings about the problem or because their health exacerbates existing social and educational difficulties.

While the evidence clearly points to the impact social welfare problems have on common mental health problems, such as depression and anxiety, with consequences for long term health, Government has also acknowledged the current gaps in access to psychological therapies.

Furthermore, various reports have pointed to the specific gaps in mental health provision for 18-25 year olds and particular problems for those young people who need to make the transition from CAMHS to AMHS because of ongoing mental health problems. [6] [7] [8] [9] These difficulties result from both the 'entry' criteria for services, as well as the service preferences of this group.

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[2] Legal Services Research Centre, (2007). *Young People and Civil Justice: Findings from the 2004 English and Welsh Civil and Social Justice Survey.* London: Youth Access

[3] Legal Services Research Centre, (2007). *Young People and Civil Justice: Findings from the 2004 English and Welsh Civil and Social Justice Survey.* London: Youth Access

[4] Kessler, R. C; Amminger, G. P; Aguila-Gaxiola, S; Alonson, J; Lee, S. and Ustun, T.B. (2007) Age of onset of mental disorder: a review of recent literature *Current Opinion in Psychiatry* **62** pp.975-983

[5] Meltzer, H. *et al* (2003) *Persistence, onset, risk factors and outcomes of childhood mental health disorders* ONS

[6] Office of the Deputy Prime Minister (2005) *Transitions. Young adults with complex needs. A Social Exclusion Unit final report* London; ODPM

[7] YoungMinds (2006) *Two steps forward, one step back? 16-25 year-olds on their journey to adulthood.* Stressed Out and Struggling Project London: YoungMinds.

[8] Garcia, I; Vasiliou, C. and Penketh, K (2007) *Listen up! Person-centred approaches to help young people experiencing mental health and emotional problems* London: Mental Health Foundation

In both the final report of the National CAMHS Review [10] and the end of year one report of the National Advisory Council (NAC) for children's mental health and psychological wellbeing, [11] improving provision at the transition between CAMHS and AMHS is a prominent theme, with both documents emphasising the need for more joined-up and age-appropriate approaches to meeting the needs of older adolescents and young adults.

With Government policy promoting a more integrated approach to health and social care, the 'under one roof' model of YIACS, in which young people aged 13-25 can access help across a wide spectrum of practical, emotional, social and mental health needs, has much to offer. However, while in some local areas YIACS find GPs and other health professionals are happy to signpost and refer young people to YIACS for counselling, [12] in other areas there are poor or non-existent relationships.

Furthermore, regardless of the relationship between these frontline agencies and GPs, funding from statutory health rarely follows young adults to the VCS providers. As a consequence, too many YIACS are left to respond to young people with an appropriate package of help funded through their own efforts.

Reports by Youth Access, [13] Young Minds, [14] the Mental Health Foundation [15] and the Social Exclusion Unit [16] have all pointed to the multiple and often complex problems experienced by the most disadvantaged 18-25 year olds. Few services specifically cater to the holistic needs of these young adults, with the cost of failing to offer appropriate early intervention and prevention services having consequences for individuals and health services.

For young adults, this failure is likely to set them further into a life of social exclusion; often transferring from one generation to the next. For health and other public service budgets, it has been estimated failure to meet the social welfare needs of the whole population amounted to at least £13 billion over a 3.5 year period. [17] These failures are often felt most acutely by young adults, leading to high levels of stress and mental health issues. [18]

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[9] Lamb, C; Hall, D; Kelvin, R. and Van Beinum, M. (2008) *Working at the CAMHS/Adult Interface: Good practice guidance for the provision of psychiatric services to adolescents/young adults.* A joint paper from the interfaculty working group of the Child and Adolescent Faculty and the General and Community Faculty of the Royal College of Psychiatrists.

[10] Department of Health and Department for Children, Schools and Families (2008) *Children and Young People in Mind: the final report of the National CAMHS Review* London: DH&DCSF

[11] Department of Health and Department for Children, Schools and Families (2010) *One Year On. The first report from the National Advisory Council for Children's Mental Health and Psychological Wellbeing* London: DH&DCSF

[12] Youth Access (2006) *Access to Counselling* London: Youth Access

[13] Youth Access (2001) *Breaking Down the Barriers* and Youth Access (2002) *Rights to Access*

[14] YoungMinds (2006) *Op Cit*

[15] Garcia, I. (2007) *Op Cit*

[16] ODPM (2005) *Op Cit*

[17] Pleasence, P. (with Balmer, N. and Buck, A.) (2006) *Causes of Action: Civil Law and Social Justice – Second Edition* (The Stationery Office)

[18] Legal Services Research Centre and Youth Access (2007) *Young People and Civil Justice: Findings from the 2004 English and Welsh Civil and Social Justice Survey.* London: Youth Access

The more recent economic context

During the life of the *MtP* project youth unemployment reached record levels, whilst at the same time, as a result of the Government's planned reductions in public sector expenditure, funding cuts were being felt by the *Making Tracks* pilots and other youth advice and counselling services across the country.

Youth Access estimated in early 2011, using the results from its National Cuts Survey [19] that at least 45,000 young people were experiencing acute recession-related problems, such as debt, mental ill health and homelessness, and feared that many young people would be left without access to the specialist support they need to turn their lives around.

The survey findings concluded that youth advice and counselling agencies currently help over a million young people a year, but that 42% of agencies are at risk of closure this year (2011), with 7% already certain to close as a result of funding cuts. A majority of the specialist youth advice services, youth counselling services, drug and alcohol services and sexual health services delivered by these agencies will be forced either to cease operating this year or to continue at a reduced level.

The cuts to YIACS come at a time when demand for youth advice and counselling services has never been higher. Youth Access reports a particular rise in mental health issues amongst 16-25 year old young adults:

"It is clear that issues such as stress, depression and anxiety are on the increase and that young people are frequently presenting to services with a more complex combination of mental health and social welfare problems. These cuts will particularly exacerbate an already poor situation in terms of 18-25 year olds' access to services." [20]

A recent study by the New Economics Foundation for Catch 22 has calculated that one-to-one support services for young people with complex needs generate a return on investment of £5.65 for every £1 invested, as a result of reductions in drug misuse, mental health problems, offending and unemployment. [21]

In addition, some of the proposed NHS reforms and the vision of the new mental health strategy from the Department of Health *No health without mental health*, [22] will have little impact on improving outcomes for young people if the very best services that young people can access are constantly threatened with cuts and closure.

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[19] Youth Access, (2011) *Results of a survey on the funding situation of Youth Information, Advice, Counselling and Support services*.

[20] Barbara Rayment, Director of Youth Access and Vice Chair of the Children and Young People's Mental Health Coalition http://www.youthaccess.org.uk/news/Cuts-leave-young-people-without-vital-support.cfm

[21] Shaheen, F. and Kersley, H. (2011) *Improving Services for Young People. An economic perspective.* New Economics Foundation and Catch 22

[22] Department of Health (2011) *No health without mental health* www.dh.gov.uk/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance

Research evidence to support the Making Tracks project

- One in six 16-24 year olds meet clinical diagnosis thresholds for anxiety and depression. [23]
- When problems such as post traumatic stress, attempted suicide, eating disorders, alcohol and drug dependence are added, the proportion affected rises to almost a third. [24]
- Mental health problems and civil and social welfare law problems [25] are often associated with long-term illness, disability, and poorer general health, in both adults [26] and children. [27]
- 18-24 year olds are at higher risk of developing both physical and mental health issues as a direct consequence of social welfare problems, such as tenancy problems, homelessness and debt; leading to nearly two thirds of this group to visit a GP or health care worker. [28]
- The most common reason young people seek counselling is for mental health problems such as depression and anxiety. [29]
- There is considerable evidence that people with mental health problems are more likely than those without to experience a range of social welfare and civil law problems. [30]
- Mental health problems have also been found to be much more common among homeless young people. [31]

[23] Sefton, M. (2010) *With rights in mind. Is there a role for social welfare law advice in improving young people's mental health? A review of evidence*. London: Youth Access
[24] Ibid
[25] Pleasence, P. (2006) *Op Cit*
[26] Singleton, N., Bumpstead, R., O'Brien, M. Lee, A. and Meltzer, H. (2001) *Psychiatric morbidity among adults living in private households*, 2000 (The Stationery Office)
[27] Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. (2005) *Mental health of children and young people in Great Britain*, 2004 (Palgrave Macmillan)
[28] Sefton et al (2009) *Op Cit*
[29] Street, C. (2007) *Commissioning Counselling Services for Young People a Guide for Commissioners.* London: Youth Access
[30] Pleasence, P. and Balmer, N. (2009) *Mental Health and the Experience of Social Problems Involving Rights: Findings from the United Kingdom and New Zealand,* Psychiatry, Psychology and Law, Vol 16: 1, 123-40
[31] YoungMinds (2006) *Op Cit*

Case study 1

Jack's story

Jack is 25 years old and his family has a long history of mental health problems. Jack has received various diagnoses for his own mental health issues and at the time of his involvement in *Making Tracks*, described his problems starting when he was 16. At this time, he was involved in an assault in which he was beaten up.

Jack first came to MAP when he was 18 years old after he had lost his job and had no money. His relationship with a girlfriend had also broken down leading to him becoming homeless. A friend had told him about MAP and he sought help with benefits and obtaining emergency housing.

He also accessed emergency counselling at MAP, which he found helpful, although he declined a longer term counselling contract as he wanted to try to deal with his personal problems himself.

After he had been re-housed, MAP referred Jack to the Early Intervention in Psychosis (EIP) team. He found the first support worker that he saw to be very helpful but after she left, he did not relate well to her replacement. He was subsequently referred to AMHS, however, they suggested that he had a drug-induced psychosis and couldn't treat him until he stopped using cannabis.

Jack returned to MAP a little while after his referral to AMHS. He was unemployed and receiving Invalidity Benefit. Regular counselling sessions were put in place with a number of workers at MAP offering advice and support in dealing with different issues including Jack's sexual health and housing.

Despite finding it difficult to make friends, Jack became friendly with a few of the other people using MAP who gave him support and understood his difficulties. This led to Jack starting to join in some of the social activities run by the advice project.

3. The outcomes tools used in *Making Tracks*

A bespoke package of outcome tools for counselling and advice were produced for *Making Tracks* in consultation with the pilot project sites, together with a service evaluation form.

Outcomes tools used pre and post counselling

The Generalized Anxiety Disorder Assessment Tool, GAD-7

GAD-7 is a screening tool and severity measure for generalized anxiety problems. It is recognised as moderately good at screening for panic, social anxiety and post-traumatic stress.

A self-administered client questionnaire asks the person to rate how they have been feeling over the last two weeks with regard to seven areas: feelings of nervousness; anxiety; worrying; being able to relax; or being annoyed, irritable or afraid.

The GAD-7 score is calculated by assigning scores of 0, 1, 2 or 3 to the response categories of "not at all", "several days", "more than half the days" or "nearly every day."

Scores of 5, 10 and 15 are taken as the cut-off points for mild (5), moderate (10) and severe anxiety (15) with further evaluation recommended when the score is 10 or greater. A **lower post-intervention score indicates improvement.**

The Patient Health Questionnaire, PHQ 9

PHQ 9 is a self-administered questionnaire to measure common mental problems. Suitable for use face-to-face or over the telephone, the tool facilitates the recognition and assessment of the most common mental health problems through asking people to rate how they have felt over a previous two week period with regard to nine domains that include: interest in doing things; sleep patterns; appetite; and concentration.

The PHQ 9 is the depression module of this tool and scores each of the 9 DSM-IV criteria. The range of scores is from 0 (not at all) through to 3 (nearly every day). Scores of 5, 10, 15 and 20 represent mild (5), moderate (10), moderately severe (15), and severe depression (20) respectively.

Similar to GAD-7, a **lower post-intervention score indicates improvement.**

The IAPT PHB (Phobia) Scale

This scale presented three questions which asked respondents to rate how much they would avoid certain situations or objects. It is recommended for use with PHQ9 and GAD-7. This self-completion questionnaire covers:

- Social situations and fear of embarrassment
- Certain situations and fear of having a panic attack or other distressing symptoms
- Certain situations due to fear of particular activities or objects (e.g. fear of heights, confined spaces, certain animals).

The tool is only used when the young person identifies a phobia or their practitioner thinks there is a need to check. The scale ranges from "would not avoid it" – 0, up to "always avoid it" – 7.

Clinical Outcomes Routine Evaluation - CORE-10

CORE-10 screens or reviews health and wellbeing and measures change in psychological health and wellbeing. It is made up of 10 statements that the person is asked to respond to in terms of how they have felt over the previous week.

The statements cover: whether a person has felt tense, anxious or nervous; whether they have had someone to turn to for support; whether they have felt able to cope when things have gone wrong; whether they have felt panic or terror; whether they have felt despairing, helpless or made plans to end their life.

Possible responses to the statements range from "not at all" (a score of 0) through to "most or all of the time" (a score of 4). The CORE-10 score is calculated by adding together the item scores and dividing by the number of questions completed (the mean score) and then multiplying by 10 (the clinical score).

A CORE-10 score of 25 or over indicates severe problems; a score in the range20-25 is rated moderately severe; a score of 15-20 is moderate; a score of 10-15 is mild; 6-10 is low level; and 0-6 indicates that the person is healthy.

A lower post intervention score indicates there has been improvement in health and wellbeing between the first and last session scores.

Outcomes tools used pre and post advice sessions

IAPT employment and inclusion questions (IEQ)

The tool collects and measures the changes in a person's employment and inclusion, including any changes in a person feeling empowered or better able to find work.

Work and Impact, W&SAS tool

Five questions explore whether certain problems are affecting a person's ability to undertake certain day-to-day tasks. The areas include:

- Work
- Home management – including cleaning, shopping, cooking, looking after a room/home/children
- Social leisure activities with other people
- Leisure activities done alone, including listening to music and reading
- Family and other relationships – the ability to make and maintain close relationships with others.

The rating scale for W&SAS ranges from "not at all" (score of 0) through to "very severely" (score of 8). Thus, a **lower score indicates improvement.**

Manchester Short Assessment of Quality of Life – MANSA

The MANSA outcomes monitoring tool comprises 15 questions. Those completing the questionnaire are asked to estimate how satisfied they are with a range of different aspects of their life. The different areas encompass, amongst others: general satisfaction with life; satisfaction with education or training; whether the person has a close friend; how satisfied the person is with their physical health; and how satisfied they are with their mental health.

For most of the questions, a seven-point scale applies, ranging from 1 – "couldn't be worse" through to 7 – "couldn't be better", although four of the questions require a yes or no answer only.

In contrast to GAD-7, PHQ 9 and CORE-10, **a higher post-intervention or last score indicates improvement.**

Outcomes data used in the final evaluation report

Data from the 3 YIACS pilot sites could only be included in the final *Making Tracks* report if the:

- *Making Tracks* referral form was completed by the counsellor, advice worker or the GP.

- The young person met the project selection criteria, that is: they had chosen to participate in the project; completed the data consent form; and been willing to complete pre and post outcome measures.

- The counselling and / or advice measures were completed pre the start of counselling/advice and for the last session.

Please note, it was agreed that if a young person did not want to complete the measures and have information collected about them, this would not impact on their access to the local sites' services and the *Making Tracks* package of support. In these circumstances, the young person's take up of the support package on offer would not be recorded for the purposes of the *Making Tracks* project.

4. Profile of the young people supported through *Making Tracks* in 2010-2011

The following data represents the profile of 45 young people from across the three pilot sites who agreed to take part in the project. The data include only those young people who completed the project data consent form and who met the requirements specified in the previous report section.

In addition, those young people selected by the pilot sites had to meet the referral criteria for *Making Tracks* – i.e. to be aged between 18 and 25; to have a range of complex needs or to be those likely to seek/need access to a package of support which combined medical, counselling and social welfare advice services.

Of this sample, 17 young people were in the age range 18-20; 26 were aged between 21 and 25; and 2 were aged 26 (but referred when aged 25).

Table 1: Gender

Gender	18 to 20	21 to 25	25+
Female	12	13	2
Male	5	12	
Transgender		1	

Table 2: Ethnicity/language spoken

Ethnicity	18 to 20	21 to 25	25+
Afghani\Afghanistan		1	
Asian Indian	1		
Asian Pakistani	1		
White British	13	25	2
Any Other Asian Background	1		
Not stated	1		

- With the exception of one young person, the preferred language of all the young people was English.

Table 3: Sexuality

Sexuality	18 to 20	21 to 25	25+
Heterosexual/straight	9	19	2
Bisexual	2	3	
Gay male		2	
Prefer not to say	3	1	
Not stated	3	1	

Table 4: Learning disability

Learning disability	18 to 20	21 to 25	25+
Yes	2	4	
No	11	20	2
Not stated	4	2	

Table 5: Physical disability

Physical disability	18 to 20	21 to 25	25+
Yes	1	1	
No	12	23	2
Prefer Not To Say	1		
Not stated	3	2	

Table 6: Pregnant/young parent

Pregnant	18 to 20	21 to 25	25+
Yes	1	2	
No	14	23	2
Not stated	2	1	
Young parent	1	7	1

Table 7: NEET (not in education, employment or training)

NEET	18 to 20	21 to 25	25+
	4	10	1

Table 8: Drug/Alcohol misuse

Substance Misuse	18 to 20	21 to 25
Yes (substance misuse)	2	2
Alcohol misuse	2	1

Table 9: Current contact with GP

Current contact with a GP	18 to 20	21 to 25	25+
Yes	8	16	1

Physical and mental health

- 5 young people aged 18-20 and 11 young people aged 21-25 had a current mental health diagnosis.
- 2 of the young people aged 18-20 and 4 of the young people aged 21-25 reported physical ill health.
- 3 of the 18-20 year olds were taking mental health medication; for the 21-25 age group, there were 6 young people taking prescribed medication for mental health disorders.
- For physical ill health, 3 of the 21-25 age group reported taking prescribed medication for physical health conditions.

Table 10: Diagnosis

Condition	18 to 20	21 to 25	25+
Crohns Disease		1	
Depression	5	3	
Post Traumatic Stress		1	
Psychotic Illness	2	2	
Borderline Personality Disorder		1	2
Endometriosis	1		
Not specified	9	18	2

Table 11: Contact with services: current

Current contact with other services *	18 to 20	21 to 25	25+
AMHS	1		
Early Intervention in Psychosis (EIP)	2	2	
GP	8	16	1
Housing Department	1	3	
Housing Support Service	1	1	
Social Services	1	3	
Probation		1	
Other	4	2	

**CAMHS not shown in this table since all young people in Making Tracks were aged over 18*

Table 12: Contact with service: previous

Previous contact with services	18 to 20	21 to 25	25+
CAMHS & AMHS	1	3	
AMHS only	1		
CAMHS only	2	1	1
Child Protection		1	
Early Intervention in Psychosis (EIP)	2	2	
GP	7	11	
Housing Department		6	
Housing Support Service	1	2	
In Care	1	2	
Youth Offending Team (YOT)		1	
Probation		1	
Social Services	4	4	
Other	1	4	1

Presenting problems and outcomes for young people: data from all three pilot sites

Figure 1 below summarises the problems presented by the 45 young people who provided outcomes monitoring data for *Making Tracks*. The numbers in brackets show actual numbers of young people.

This is followed by two graphs showing average outcomes scores for CORE-10 and MANSA question 16 across the three pilot sites. These were selected since they had some of the highest overall response rates in comparison to some of the tools used in *Making Tracks.* Both show overall improvement between baseline and final outcomes scores.

Figure 1: Presenting problems of 45 young people/3 pilot sites

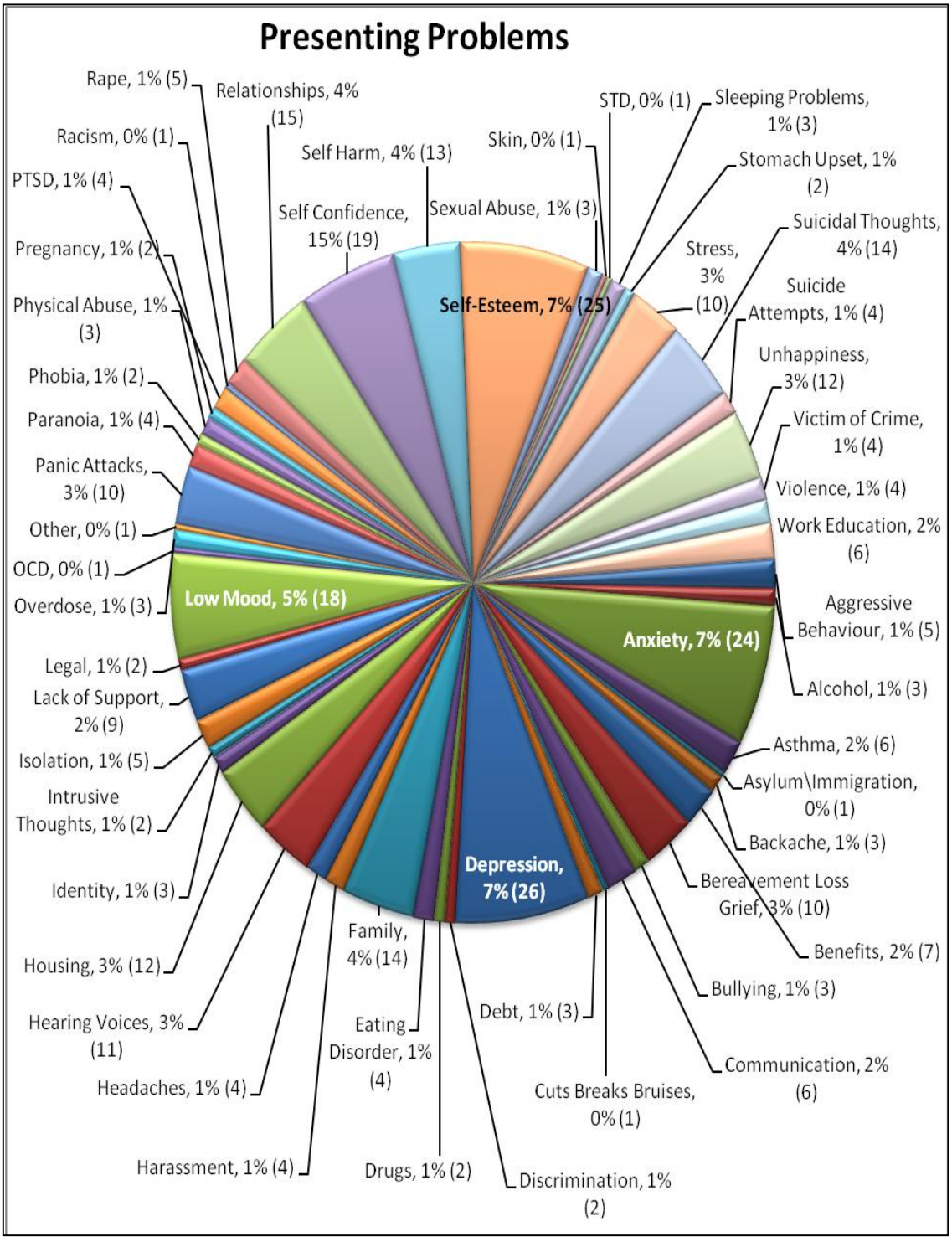
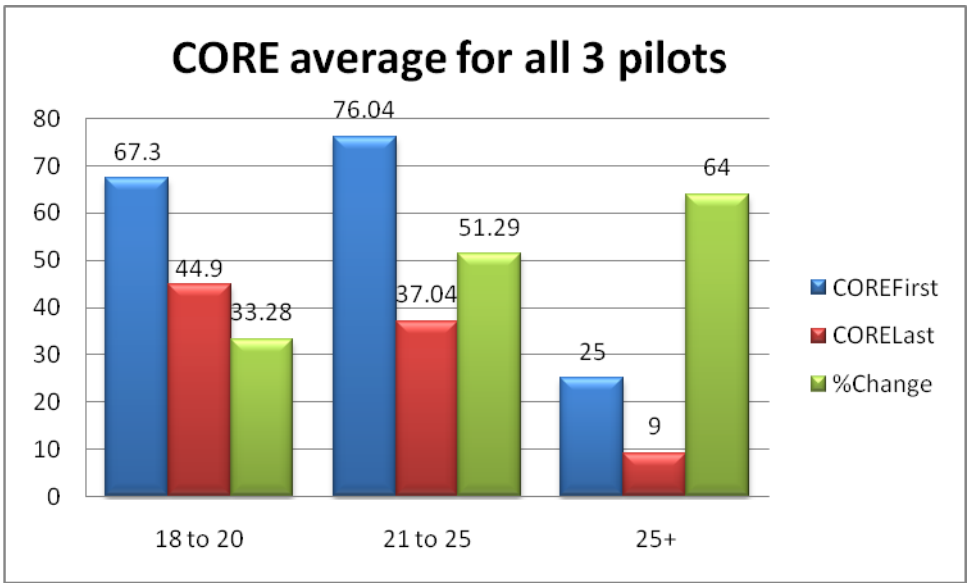


Figure 1 - problems presented by 45 young people who provided outcomes monitoring data for *Making Tracks*.

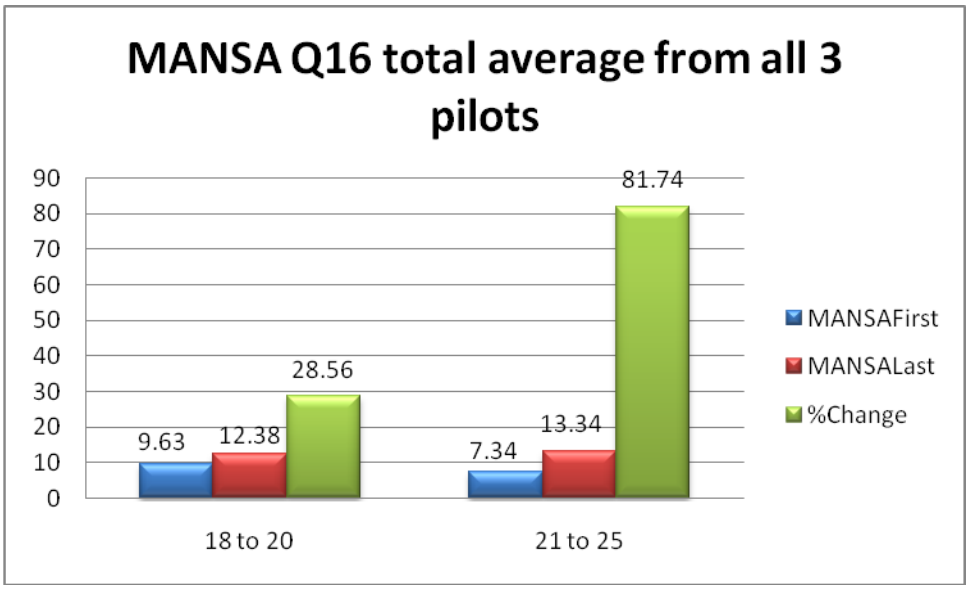
A lower follow up score in CORE-10 indicates improvement and in figure 2 below, it is apparent across all age groups in the three pilot sites, that improved last scores were recorded.

Figure 2: CORE-10 average scores for all three pilot sites (completed by 37 young people)



A higher last score indicates improvement and in figure 3, improvements for both age groups, across all sites, are shown.

Figure 3: MANSA Question 16 total for all pilots (completed by 23 young people)



Case study 2

Isobel's story

Isobel was 24 years old when she was interviewed for the *Making Tracks* evaluation. As a child, Isobel was brought up by her grandmother. Her mother had a series of unstable relationships, frequently moved house and had a drink problem; when Isobel was five years old, she was sexually abused by one of her mother's partners. She was also bullied.

Isobel learnt to stand up for herself and fight back, however, unfortunately this meant that even though she did not instigate fights, she was often in trouble for aggressive behaviour. She became isolated and did not feel able to talk to anyone. Isobel attended eight schools in total but despite her problems at school, she managed to obtain a significant number of GCSEs.

When she was 14 years old, Isabel's grandmother died and she went back to live with her mother and her latest partner. The relationship with her mother at this stage was physically and emotionally abusive and Isobel started self-harming. She attempted suicide for the first time when she was 15 and when she was 16, Isobel ran away from home and went to live in London with a man she had briefly met once or twice.

Isobel found a job which went well until she started to experience severe back pain; this was subsequently diagnosed as curvature of the spine which should have been treated at a much younger age and resulted in Isobel being put on medication on a permanent basis. Problems with her partner then developed, culminating in him becoming physically violent towards her. Under increasing pressure at work, Isobel became depressed and anxious. She attempted suicide a second time, was diagnosed with clinical depression and prescribed Prozac by her GP. Isobel found Prozac to be ineffective and instead she started dabbling in drugs as well as drinking heavily. Around this time, she started to experience manic phases.

In an attempt to raise some money to get away from her partner, Isobel then committed fraud against the company for which she worked. She received a fine and a caution and following this, found it hard to get another job and still owed money.

After a brief unsuccessful relationship with another man, Isobel left London and returned home to Norfolk. She sought help from MAP in getting accommodation and sorting out her debts. She began individual counselling sessions which helped her to stop self-harming. With MAP's help, she was able to claim Incapacity Benefit.

5. Findings: Streetwise young people's Project, Newcastle

Overview of year one and two evaluation findings

The earlier evaluation reports for *Making Tracks* noted the following issues for this pilot site:

- That whilst the project was working well, there were some capacity issues to deliver the project due to staff changes and an overall increase in referrals to the agency, partly as a result of increased pressures facing the local specialist CAMHS.

- Difficulties with some of the administrative and data collection systems not being in place (although support from Youth Access had rectified many of these) and also difficulties establishing working relationships with the two GPs because of specific ways in which the two GP practices worked and very different levels of knowledge about how Streetwise operated and what it offered.

- Some issues concerning generating clients (young people) for the *Making Tracks* project due to only very limited contact with agencies such as adult mental health services – however, that together with the support of Youth Access', progress on establishing clear referral pathways and communications (e.g. with the GPs) had been achieved.

- Some initial resistance by staff to using the project database since it was viewed as a "bureaucratic burden" and there was limited understanding as to its use and importance.

- Senior staff at Streetwise identifying a need to dedicate time to address the Youth Access Quality Standards.

- That Streetwise had benefitted from the training and workforce development offered by the *Making Tracks* project, that this had led to:

  "Team building, better working relationships and communications between the various agencies delivered at Streetwise and developing internal systems regarding data collection and case management. MtP has been a 'catalyst' which has developed the agency overall."(Interim Evaluation Report July 2010).

Interviews with two of the GPs linking to Streetwise revealed a general awareness of Streetwise but no formal referral processes or pathways. These practitioners were facing many other competing priority groups, with the target age group covered by *Making Tracks* being a very small part of their caseload. Initial feedback from both was emphatic that the *Making Tracks* referral forms were too long and detailed and needed to be much more succinct (this led to the referral forms being shortened in year 2 of the project).

Issues noted in the **year one 'health check'** for this pilot site included the following:

- Considerable work was underway at Streetwise to revamp the agency's policies and procedures to bring these in line with their vision and objectives and also to ensure these were in line with recent changes to safeguarding procedures.

- Whilst Streetwise had good working relationships with a wide range of local services, the agency needed to learn new approaches to develop sound working relationships and to work to improve its partnerships with CAMHS, AMHS and the housing department.

- Whilst Streetwise collected lots of information about its service users, not much was done with this information. Whilst some outcomes data were collected, it was acknowledged that one of the agency's development needs was to introduce a recognised outcomes monitoring tool for the counselling services offered by Streetwise.

- Other development needs identified during this year one visit included: introducing benefits training and developing a more strategic training programme for staff; acquiring a new database system; developing more diverse and accessible publicity materials; and improving their focus on future planning and development.

- The agency noted that its overall vision was to have: stability in core provision and to offer a diverse range of core provision; to create more structure in terms of management systems and information systems; and to have better coordinated systems which would allow them to identify who they are working with and which user groups are not accessing their services.

In the **year two 'health check'**, again capacity issues were noted, with the agency staff reporting difficulties maintaining contact with the GPs because of the high numbers of referrals from many different agencies, as well as self-referrals, being received by Streetwise. However, there were positive reports of the *Making Tracks* local steering group going well – two meetings had been held, a third was scheduled and attendees included representatives from AMHS, CAMHS and 2 GP practice managers.

At this end of year two point, some problems with the referral paperwork for *Making Tracks* were still evident; the *Making Tracks* database was also not in use and some training for staff was outstanding. Extra support from Youth Access was subsequently agreed to address these issues.

In February 2011, a **final end of project 'health check'** took place which allowed staff from Streetwise to reflect on the three years of involvement in the project. The following points illustrate the 'distance travelled' and the progress facilitated through Streetwise's involvement in *Making Tracks:*

- Streetwise reported that they had developed and now sold their training to other agencies; they had revamped their website and developed their publicity materials.

- Relationships with CAMHS had improved though more work was still needed.

- A much greater clarity and understanding between Streetwise and the local GPs as to what Streetwise did and could offer was noted; better information sharing processes had been developed, and in addition, some funding had been provided by the GPs for Streetwise to deliver counselling.

- Streetwise had begun to develop a young people's advisory group and staff were working in seven local schools.

- The agency was now using a range of validated and nationally recognised outcomes tools.

In terms of difficulties encountered in the final year, a lack of stability in the staff team was noted and the agency had experienced problems with funding. This had resulted in the non-replacement of staff when some left and a lack of resources to support the participation group.

In terms of the lasting legacy from *Making Tracks* and any unintended benefits, Streetwise reported a commitment to using the outcomes tools and gathering outcomes data, however, the agency would not continue its use of the bespoke *Making Tracks* database. Rather, in the future they noted an intention to use CORE Net which includes full CORE, CORE-10, PHQ 9 and GAD-7.

The staff members of Streetwise who gave feedback in the final 'health check' also reported positively on:

- The networking and relationship building with GPs and other local professionals encouraged through the local steering groups.

- The value of the health checks in encouraging reflection and providing time to think through how the agency was developing.

- The support and training offered by Youth Access and the opportunities to talk to and learn from the other pilot sites.

Interviews with young people

Three young people were interviewed in the final phase of data gathering for *Making Tracks*.

A semi-structured interview schedule was developed (**see Appendices)** which explored their views as to the support they had been offered alongside seeking feedback about the outcomes tools. Of particular interest was whether young people understood the tools; how easy they found them to complete and also whether there were issues which the young people thought were important that were not covered in the different questions or statements set out for them to rate.

All three of the interviewees reported positively about the support they had been offered; they stated that they thought the counselling sessions had helped them and they noted that they would recommend Streetwise to their friends.

Two of the young people had also seen their GP, with one commenting that they had not found their GP supportive. The third highlighted that they had chosen to attend Streetwise because:

"it seemed more comfortable, it wasn't a hospital, it wasn't sitting in waiting rooms waiting for a doctor person to come in… you can sit and talk and cry and whatever else you want…"

The following points about the outcomes tools were noted:

- Some of the scores were confusing because they were the 'other way round' (this was referring to MANSA where a higher score indicates improvement, whereas for all the other tools used by *Making Tracks* a higher score indicates a worsening of the area of difficulty).

- All three of the young people expressed the view that the outcomes forms were clear and generally easy to understand, with one commenting that they were well laid out.

- However, having to complete outcomes monitoring forms at the end of every session was viewed as too much, with two of the young people suggesting that completion of the forms every second or third session would be better, and one young person suggesting that once a month would be adequate.

- One described the forms as "annoying", another that if done every session, they would become too familiar and that young people would lose interest in them and the third commented:

  "it's a bit too intrusive as well, getting questions hurled at you… it's hard to put all these different things on paper, sometimes you don't want to think about the things let alone write down how you are feeling…"

In terms of areas of difficulty not explored through the various outcomes tools utilized in *Making Tracks*, one young person suggested that there should be some questions or statements about stress. Another suggested that different kinds of accommodation should also be covered because, in their experience, young people often have trouble with housing costs.

This young person also recommended that all outcomes tools should provide more options for young people to write about their own views or experiences since with regard to the different ratings scales:

"it's hard just to say where you would fit in… you don't always just fit in a box, you can't always just put that…"

Local stakeholders' perspectives

In the final year of the project, interviews were also undertaken with the key project staff from Streetwise and GPs involved with *Making Tracks.* These provided interviewees with the chance for further reflection as to what involvement in the *Making Tracks* project had meant for their agency and also for the young people they work with.

The following points were noted from **two senior members of Streetwise staff:**

- *Making Tracks* had encouraged Streetwise to develop a more robust and sophisticated approach to outcomes monitoring; it had promoted effective information sharing and it had encouraged a case management approach as opposed to case recording.

- Involvement in the project had made staff much more aware of the language and terminology they used in their records and in particular, its relevance to primary care/GP colleagues.

- The work of the project over the last three years had resulted in a major shift in staff thinking and engagement in reflective practice; it had bolstered staff confidence and facilitated capacity building in team working.

- *Making Tracks* had definitely assisted in the building of positive relationships with local GPs and in increasing awareness in primary care of what services like Streetwise could offer.

However, in the opinion of these interviewees from the Streetwise staff group, possibly *Making Tracks* was overly complicated in the number of outcomes tools it had involved and the length/complexity of some of the referral paperwork. The demands of the project had also posed staff capacity implications – for example, in data entry and maintenance of the database – and in chasing data from young people who may dip in and out of services or who only intermittently engage.

This also required a delicate balancing act so that young people who might be wary or struggle to complete forms, were not deterred from seeking help.

Other challenges of collecting outcomes data from the young people who often present to Streetwise included the staff time needed for supporting young people with limited literacy/reading skills and helping them to complete the forms, or for supporting young people who present in a distressed state. It was also noted that fitting in outcomes monitoring amongst the many other forms that might need to be completed and which seemed more urgent or pressing to the young person, e.g. applications for emergency housing or welfare benefits, could be difficult.

At the time of interview, Streetwise was facing a loss of funding and possible staff redundancies. These circumstances, alongside ongoing high rates of referrals, were placing considerable pressures on staff and were already reducing the amount of administrative time available to support outcomes data collection. This obviously raises questions as to how sustainable an approach involving comprehensive outcomes monitoring/data collection can be in services with significantly reduced staff capacity.

In the opinion of **one of the GPs linking to Streetwise**, the local steering groups set up through *Making Tracks* had been a useful vehicle for sharing information about services across the locality. According to this interviewee, before *Making Tracks*, the six GPs in the practice had been previously aware of Streetwise but:

"perhaps didn't fully appreciate the range of things on offer, or the holistic manner of needs that could be addressed."

This GP noted that two young people that he had referred to Streetwise through *Making Tracks* had both received a very good service. One of those referred had issues with low confidence and prior to *Making Tracks*, might have been referred to the practice counsellor. Comparing Streetwise provision, he suggested that this had seemed more immediate, extensive and 'young person friendly'.

Other developments possibly emerging from involvement in the project included the instigation of a computer alert to flag up the possibility of Streetwise offering support for young people presenting to the GP practice who were within the project age range.

The introduction of GP drop-in sessions and evening clinics run out of the Streetwise city centre base were also mentioned. Described as "an idea from a long wish list", this interviewee suggested that the underpinning principles of *Making Tracks*, of developing robust links between primary care and the VCS, had perhaps brought the idea of GP drop-ins forward. Talking more recently about developments in the Newcastle Bridges Commissioning Consortium, which is made up of 16 GP practices covering the west and centre of Newcastle, this informant went on to say:

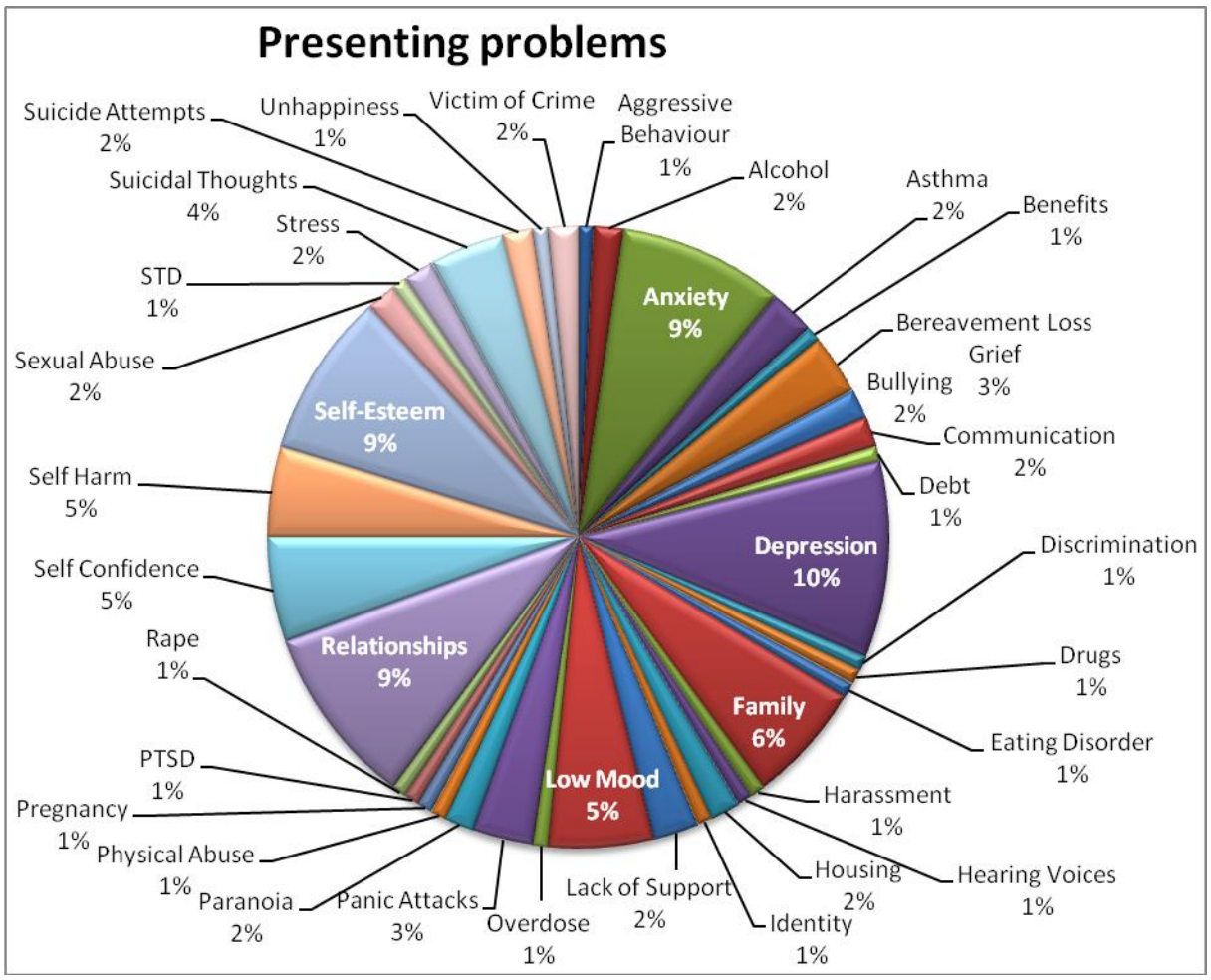
"We're not scared of the challenge. We've started thinking about working with youth counselling and advice centres to build a mechanism whereby GPs are able to go and resource some of the drop-in centres that are run."

Summary of Streetwise outcomes data

28 young people at Streetwise provided outcomes data, however, not all of them completed all of the different outcomes tools. The numbers of young people providing data are therefore cited for each outcomes monitoring tool.

A total of 43 GP sessions were offered during the project; 34 sessions were subsequently attended by 7 young people. 380 counselling sessions were offered to 24 young people, with 305 sessions attended. 63 advice sessions were offered to 13 young people, with 51 sessions attended.

Figure 4: Problems presented to Streetwise by 28 young people

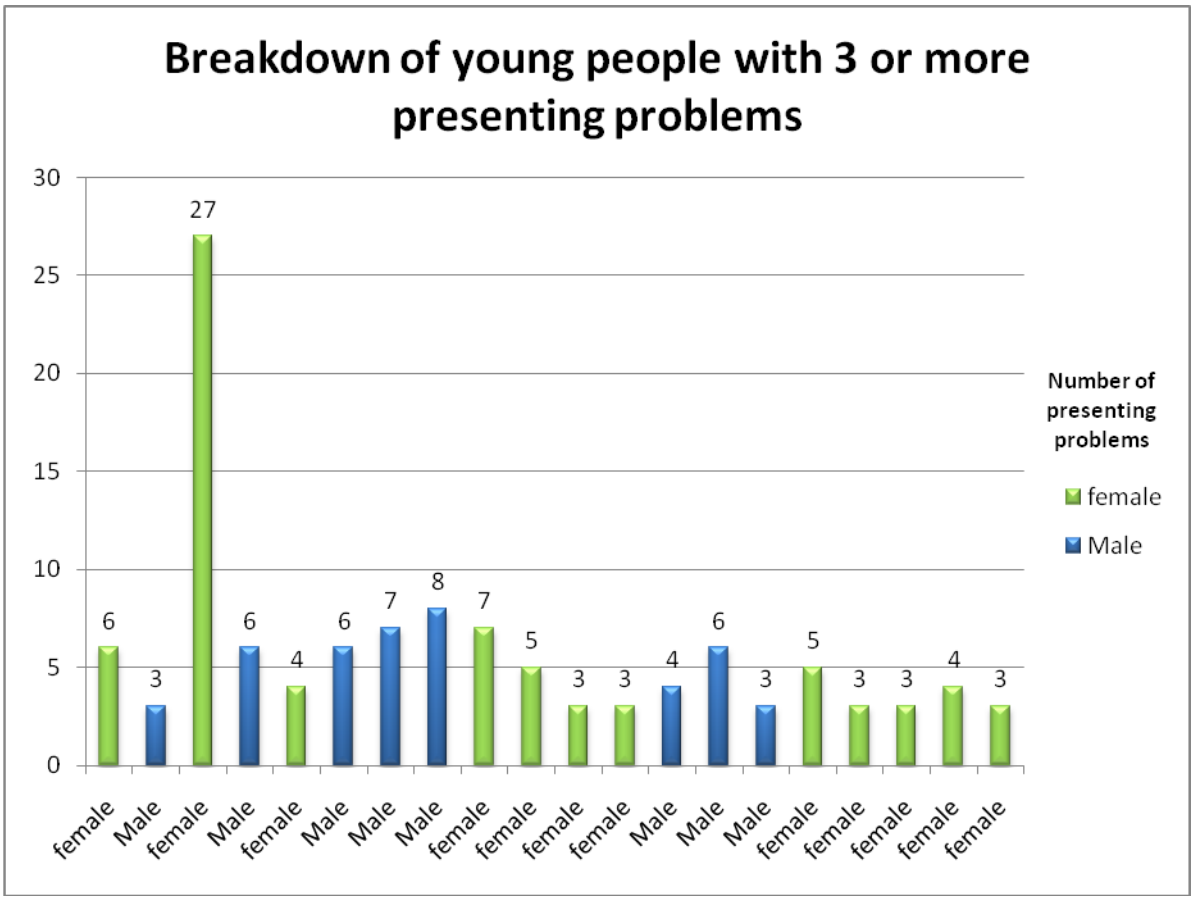


- The outcomes data for Streetwise is based on a total of 28 young people aged 18-25. (One person was over 26 in 2011 but started the interventions when they were 25).

- 6 of the young people had received all three interventions (support from GP, counselling and advice); 9 young people had received two interventions, (either GP and counselling, or counselling and advice) and 13 young people had received 1 intervention only (either counselling or advice).

- The table above shows that for young people in the *Making Tracks* project, the most commonly presented problems at Streetwise were depression, anxiety, relationship and self-esteem problems.

Figure 5: Gender breakdown of young people presenting with 3 more problems



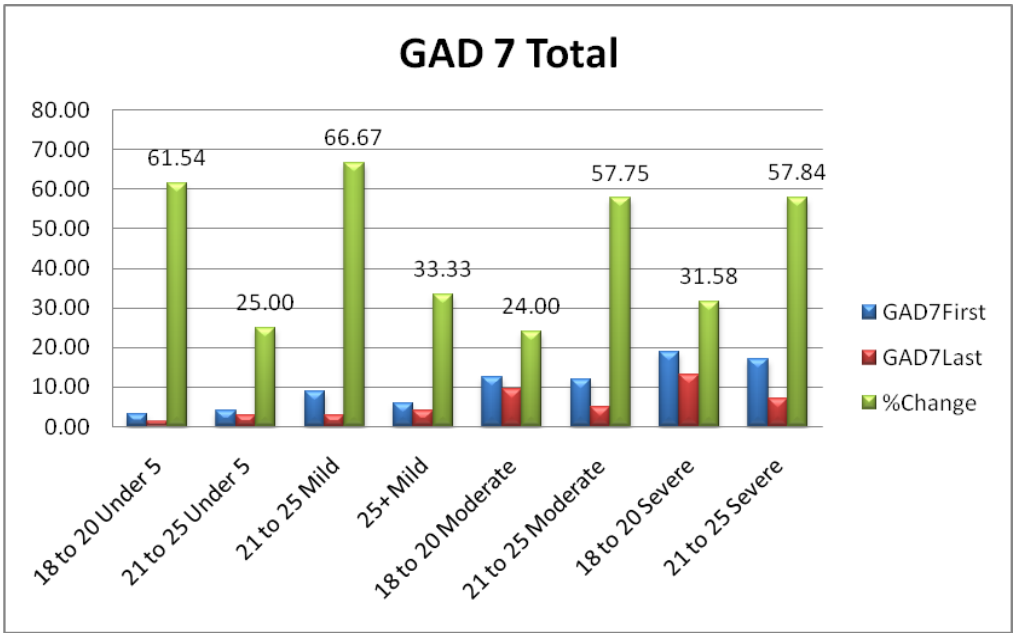
- In total, 128 different problems were presented by 28 young people seen at Streetwise in MtP
- As figure 5 shows, 21 of the 28 young people presented with 3 or more problems
- 3.57 % (1 young person) presented with more than 10 problems
- 25% (7 young people) presented with 6 to 10 problems
- 46.43% (13 young people) presented with 3 to 5 problems
- 25% (7 young people) presented with 1 or 2 problems

Generalized Anxiety Disorder Assessment Tool GAD-7

As explained in chapter 3, a **lower post-intervention or last score indicates improvement.**

GAD-7 scores for 26 young people seen at Streetwise in *Making Tracks* indicate improvements for all age groups; these data are shown in figure 6.

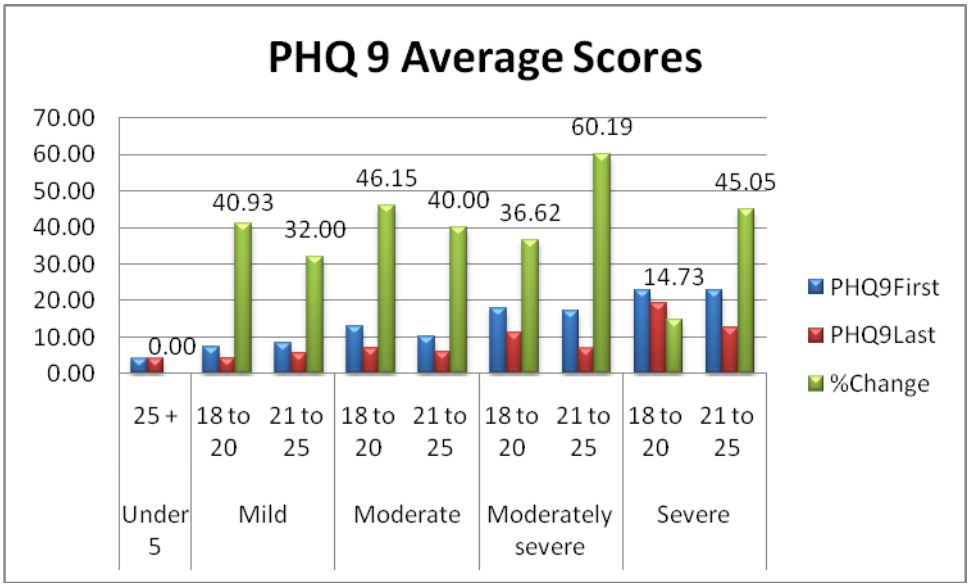
Figure 6: GAD-7 total average scores (completed by 26 young people)



Patient Health Questionnaire – PHQ9

A lower follow-up score indicates improvement and as figure 7 shows, the data collected by Streetwise for 26 young people indicates that nearly all showed improvement.

Figure 7: PHQ 9 first and follow up scores (completed by 26 young people)



Manchester Short Assessment of Quality of Life – MANSA

In contrast to both GAD-7 and PHQ9, **a higher follow up score indicates** improvement in the MANSA tool. The following five figures show that in certain areas of their lives, young people did not report any improvement, or there were only very small changes. However, overall MANSA scores show a clear improvement for all young people from Streetwise monitored through *Making Tracks*.

Figure 8: Overall MANSA scores (completed by 14 young people)

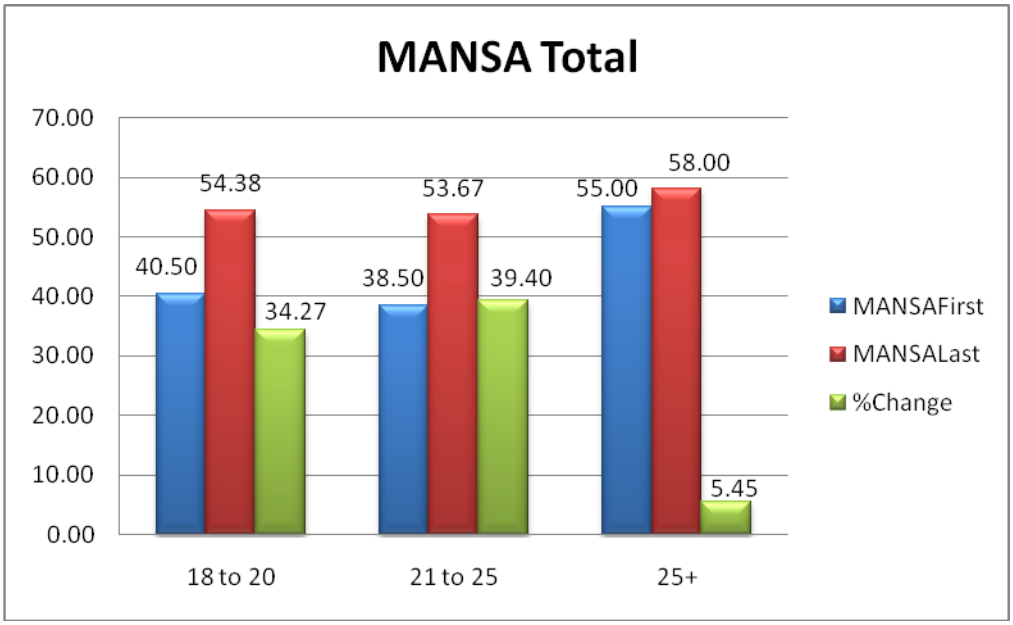


Figure 9: Analysis of scores to the question "How satisfied are you with your life as a whole today?" (completed by 13 young people)

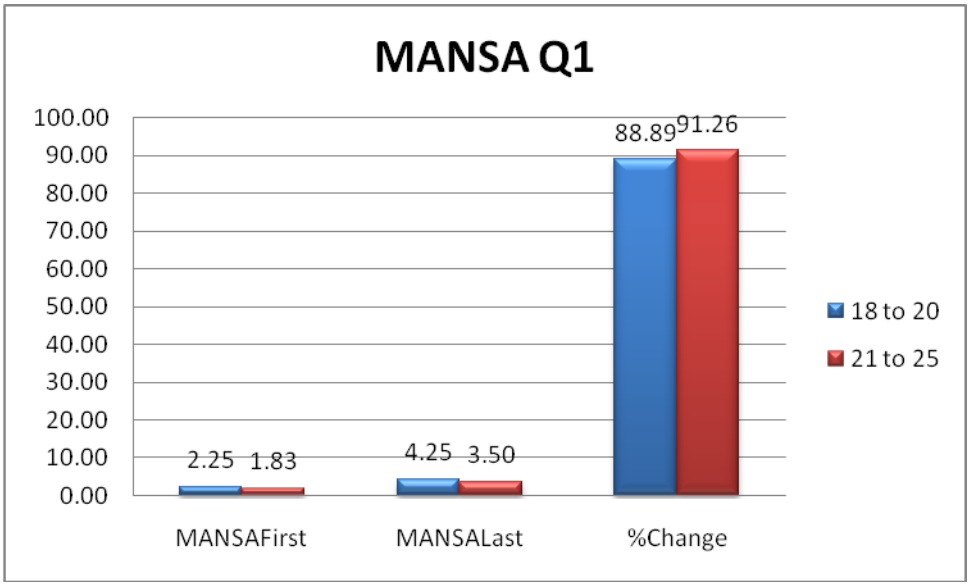


Figure 10: Analysis of scores to the question "How satisfied are you with your leisure activities?" (completed by 13 young people)

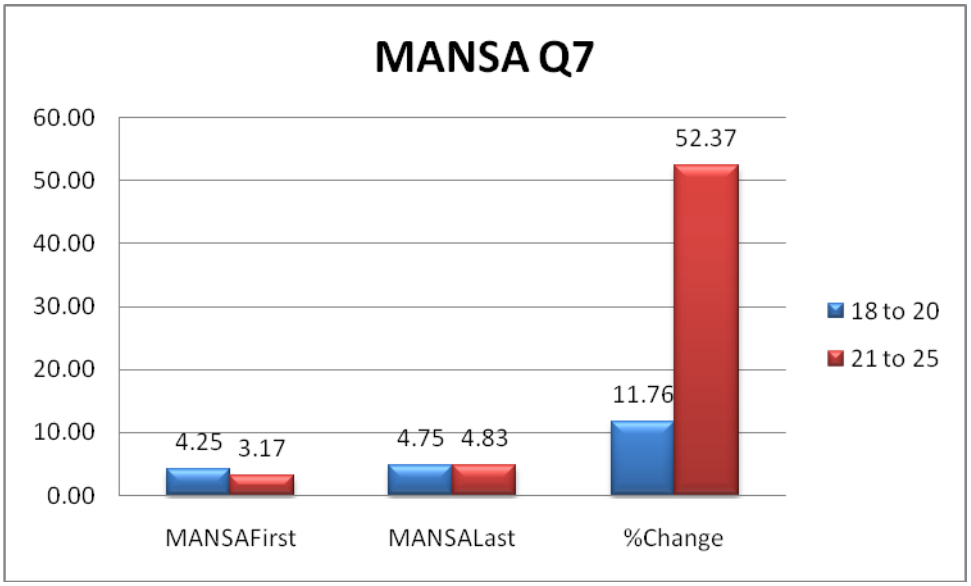


Figure 11: Scores in response to the question "How satisfied are you with your physical health?" (completed by 13 young people)

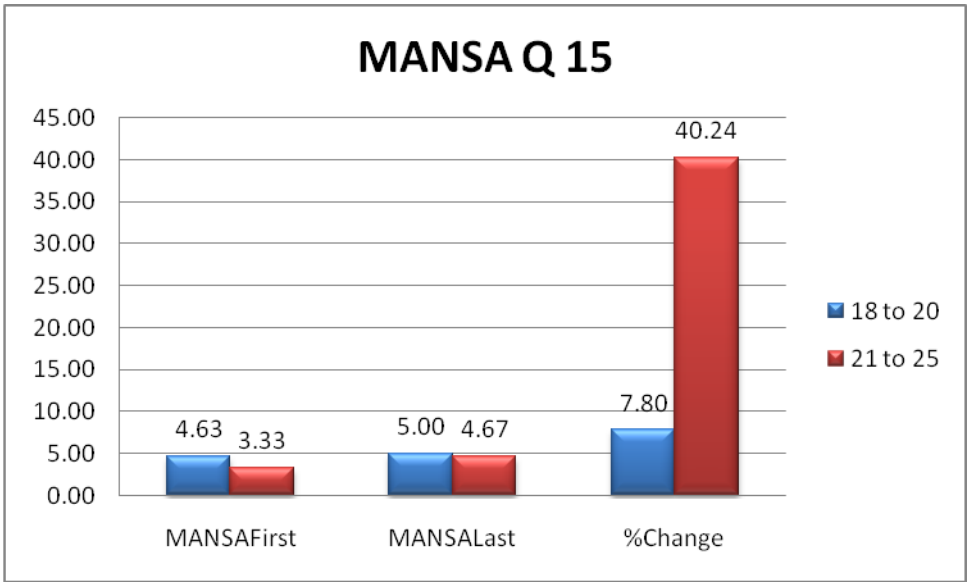
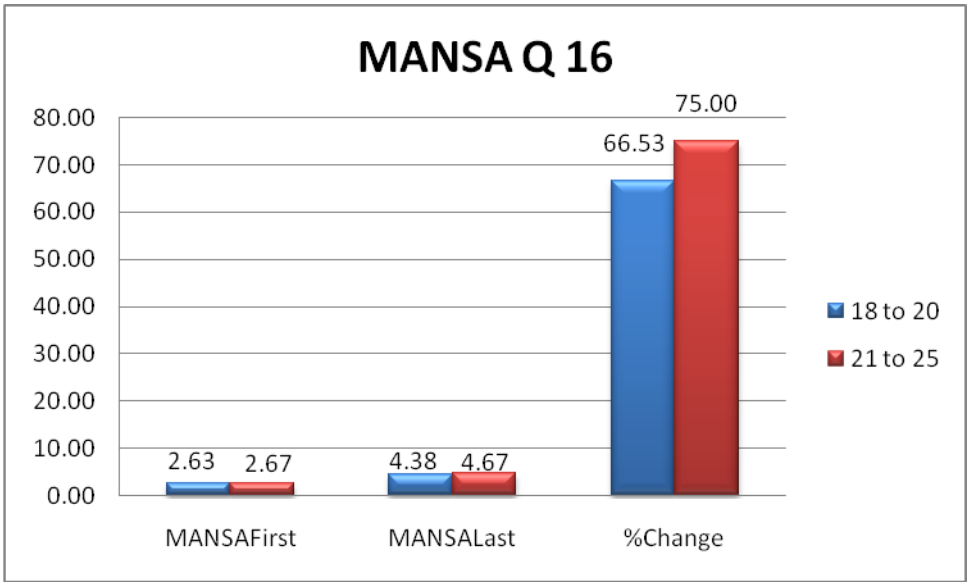


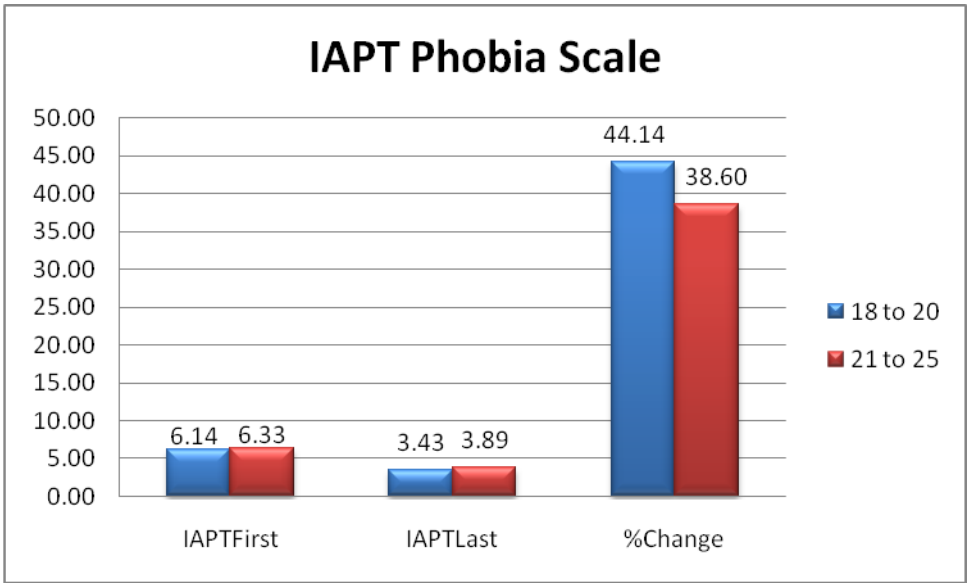
Figure 12: Responses to the question "How satisfied are you with your mental health?" (completed by 13 young people)



IAPT PHB Scale

A lower follow up score indicates improvement and in figure 13, clear improvements are apparent for both the 18 to 20 year olds and the 21 to 25 year olds monitored through *Making Tracks.*

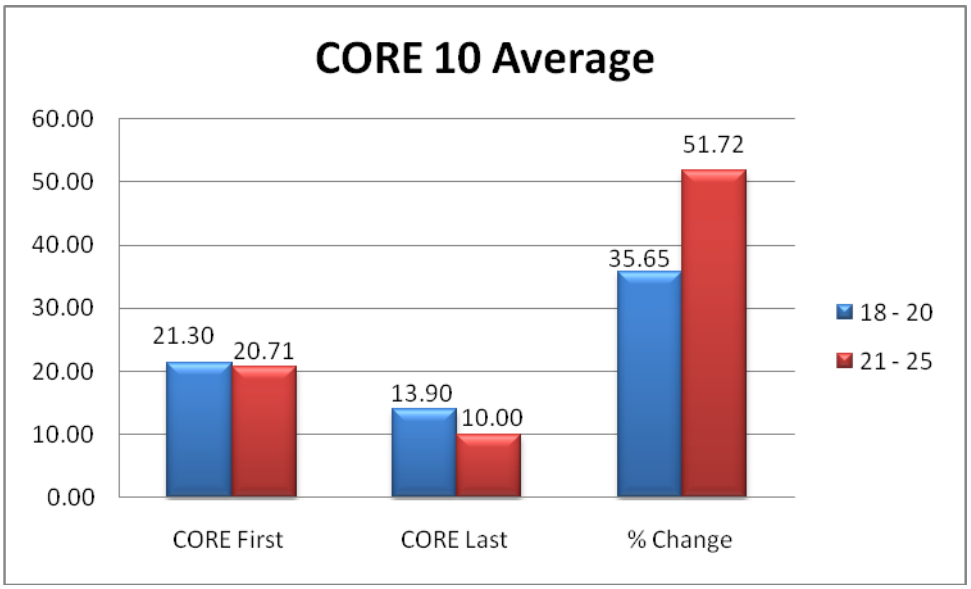
Figure 13: IAPT Phobia Scale (completed by 15 young people – 9 female and 6 male)



Clinical Outcomes Routine Evaluation - CORE-10

As noted previously, CORE-10 is made up of 10 statements that the person is asked to rate, with **a lower post intervention score indicating improvement.** Figure 14 indicates improvement across both age groups seen at Streetwise.

Figure 14: Core-10 average scores (completed by 24 young people)



Case study 3

Natalie's story

Natalie was 20 years old when she was interviewed in year two of the evaluation. She had first attended the YASP service when she was 16 years old. Her parents had suggested that she see her GP because she seemed very depressed. Her GP had prescribed anti-depressants and referred her to YASP's partner agency the Roby Counselling Service which in turn referred her on to YASP. Natalie then received counselling at YASP for 6 months and during these sessions, she disclosed a number of problems that she had not mentioned to her GP. In particular she was able to talk about her mother's heavy drinking when she was growing up.

Natalie did not attend YASP again until she was 18 years old. This coincided with a further period in which she had been prescribed anti-depressants by her GP and had been diagnosed as having bi-polar disorder. She had moved out of her parents' home into a flat with a boyfriend, she was drinking heavily, threw wild parties and had serious problems with her neighbours. These culminated in her boyfriend being arrested for assault and her being evicted.

Natalie then spent the next few years 'sofa surfing' and drinking more and more heavily. She had no qualifications and had been unable to sustain any sort of job, often because of losing her temper and becoming very aggressive.

Natalie was attending YASP for weekly counselling sessions at the time of the *Making Tracks* project. YASP had helped her to get a flat and she was saving up to go to college.

Natalie's GP knew she was attending YASP and she was seeing him every 4-6 weeks for a medication check. Natalie suggested that this demonstrated her progress as she used to see him every week.

6. Findings: Mancroft Advice Project/MAP in Norwich

Overview of year one and two evaluation findings

The earlier evaluation reports for *Making Tracks* noted the following issues for this pilot site:

- MAP was in the process of a major re-structuring in year one of *Making Tracks*, with senior staff taking on new managerial responsibilities.

- The premises used by MAP had also been reorganised to maximise the purpose-built space upstairs; this would allow more space for the drop-in and extra meeting and counselling rooms – which was seen as a welcome development, however, alongside this, there were some worries of MAP getting too big and the separate staff teams (counselling and advice) falling into silos.

- Reports of improved staff communication within the agency, in part encouraged by MAP's involvement in *Making Tracks.*

- Overall, it was noted that MAP staff felt that *Making Tracks* had added value to the services they offer; that it matched MAP's vision of a holistic 'under one roof' model and staff had welcomed the range of assessment tools and the database.

- A local steering group had been established and relationships with local GPs were reported to be established and good – however, an identified challenge was that one of the nominated GPs wanted to refer young people who were below the lower age limit for *Making Tracks* to MAP and the other worked primarily with homeless older people – to which end, it was agreed that MAP would explore options to work with young people referred from other surgeries and those identified by the mental health workers in local hostels.

- It was felt that MAP now needed to further develop and publicise the outcomes evidence base to show the importance of the work it was doing, including to meet local targets.

- However, MAP was not actively publicising its services at this time since the service did not have the capacity to take on any more young people; it was also noted that most young people accessed the service through 'word of mouth'.

- The new database was viewed as useful and was beginning to produce evidence of outcomes that had not been previously captured.

- MAP was evaluating its services against the Department of Health 'You're Welcome' criteria and there was interest in introducing the Youth Access

quality standards. However, since this would require additional time and create additional pressure at a time when many other organisational changes were taking place, it had been agreed that this would be something to consider in the future.

- In terms of training and development of MAP staff, whilst the agency did not have a standardised training programme, it was sending staff on a variety of training courses and had organised some in-house training.

Information from the **year one and two 'health checks'** picked up similar points, with the following development needs being identified:

- A need to improve communication within the agency so that all staff knew what the different teams do and fully understood the role of the director.
- There was also a need to improve communication between the Trustees of MAP and the staff so that together they could plan for the future, including developing a vision for the agency.
- Referrals of young people to *Making Tracks* were still low and there was discussion about MAP looking to support young people referred from other services, not just GPs.
- Work to improve the relationship between MAP's advice team and statutory services was noted since it was felt that there were many misconceptions about the work offered by the team. In contrast, it was felt that the work of MAP's counselling team was highly regarded in the local area, in particular that *"CAMHS recognise them as being light years ahead".*
- There was a need to explore ways in which quality standards, including Youth Access standards, could be incorporated into MAP's work.
- It was suggested that some of the forms used by MAP did not always capture what young people said made a real difference – that the current system of data gathering didn't always produce the information MAP wanted - and that possibly some amendments and new tools might be needed.

In February 2011, the **final end of project 'health check'** with staff from MAP noted the following:

- Communication remained a problem, including with Trustees, largely as a result of increased pressures on the service and a loss of administrative time.
- MAP staff had been meeting with external agencies to develop and build local relationships and the agency had also developed mental health awareness workshops for statutory mental health workers.
- The agency was involved in the plans for the delivery of IAPT (Improving Access to Psychological Therapies) and this had been helpful in that it meant that MAP was now seen as on the same level as statutory agencies. However, relationship building with GPs was noted not to have gone well

due to all the pressures facing MAP and the demands of IAPT "taking over everything."

- As a result of all the various pressures (and the loss of a dedicated member of staff to oversee data collection), whilst some outcomes data were still being collected, nothing was being done with this material/data. Likewise, the *Making Tracks* local steering group was on hold and there had been no recent meetings.

Despite these many difficulties, a number of positive points were noted which provide some sense of the 'distance travelled' by MAP during its involvement as a pilot site in *Making Tracks:*

- The project had encouraged the formation of new partnerships and networks and pieces of joint working between MAP and local statutory agencies were now developing:

  "We've begun breaking down the myths, before it didn't seem like we were on the same level but now it does."

- The new database was viewed as an improvement on MAP's previous system and the service intended to continue using it:

  "Database has been really useful learning… the fact that it can generate a comparison of work…. It's a visual tool to use with staff…. Now they can really see the difference they have made. We now have 'real' evidence to show what difference we made, before it was anecdotal."

- There were also positive reflections on the value of the 'health checks' – that the questions asked helped the staff involved to get into 'overview mode'*:*

  "The health check process initially felt like there were too many questions but when you begin the process it's surprising that it's all relevant and specific and gets use thinking about the service as a whole…"

Local stakeholders' perspectives

In concluding the evaluation, staff from MAP and from the GP surgeries linked in to the project, were interviewed again. Interviewees were offered the chance to share their views as to what *Making Tracks* had meant for their services, what had worked well and also, the challenges they had encountered.

These interviews took place at a time when the financial climate facing MAP was extremely challenging, and not surprisingly, this was a prominent theme in the interviews.

- It was suggested that *Making Tracks* could have led to significant developments in joint working between this VCS service and statutory services – however, unfortunately, financial cutbacks to services across Norfolk had badly affected this. Uncertainty and job insecurities made working together very difficult to achieve.

- Despite the challenging context, it was felt that *Making Tracks* had brought improvements in terms of local GP awareness of MAP and their willingness to consider other options rather than just medication for the young people they saw with mental health problems.

Other achievements brought about through *Making Tracks* included staff having much more appreciation of what outcomes data could demonstrate – and here, the new database introduced through the project had played an invaluable role. It was suggested that staff being able to really see the outcomes of the work they did had helped to foster improved team working within MAP.

With regard to the various outcomes tools employed in *Making Tracks*, it was reported that MAP had found these quite straightforward to use (possibly because the service reported itself to be increasingly used to working with specialist CAMHS outcomes monitoring). However, such data collection clearly has administrative capacity implications and like many other interviewees in this evaluation, it was highlighted that:

- Some of the *Making Tracks* paperwork had originally been too long and detailed.

- If the approach pioneered by *Making Tracks* was to be feasible in the long-term and to become mainstreamed, it would be crucial to streamline all the forms, in particular, the referral forms.

On the point of longer-term sustainability, the age range of *Making Tracks* was also queried, with one informant noting that it might be better to organise the service based on young people's needs rather than their age.

Overall, it was felt that being involved with the project had possibly helped to embed the status of MAP locally and that the publicity and information leaflets about *Making Tracks* had helped MAP to position itself as an important provider of services for young people.

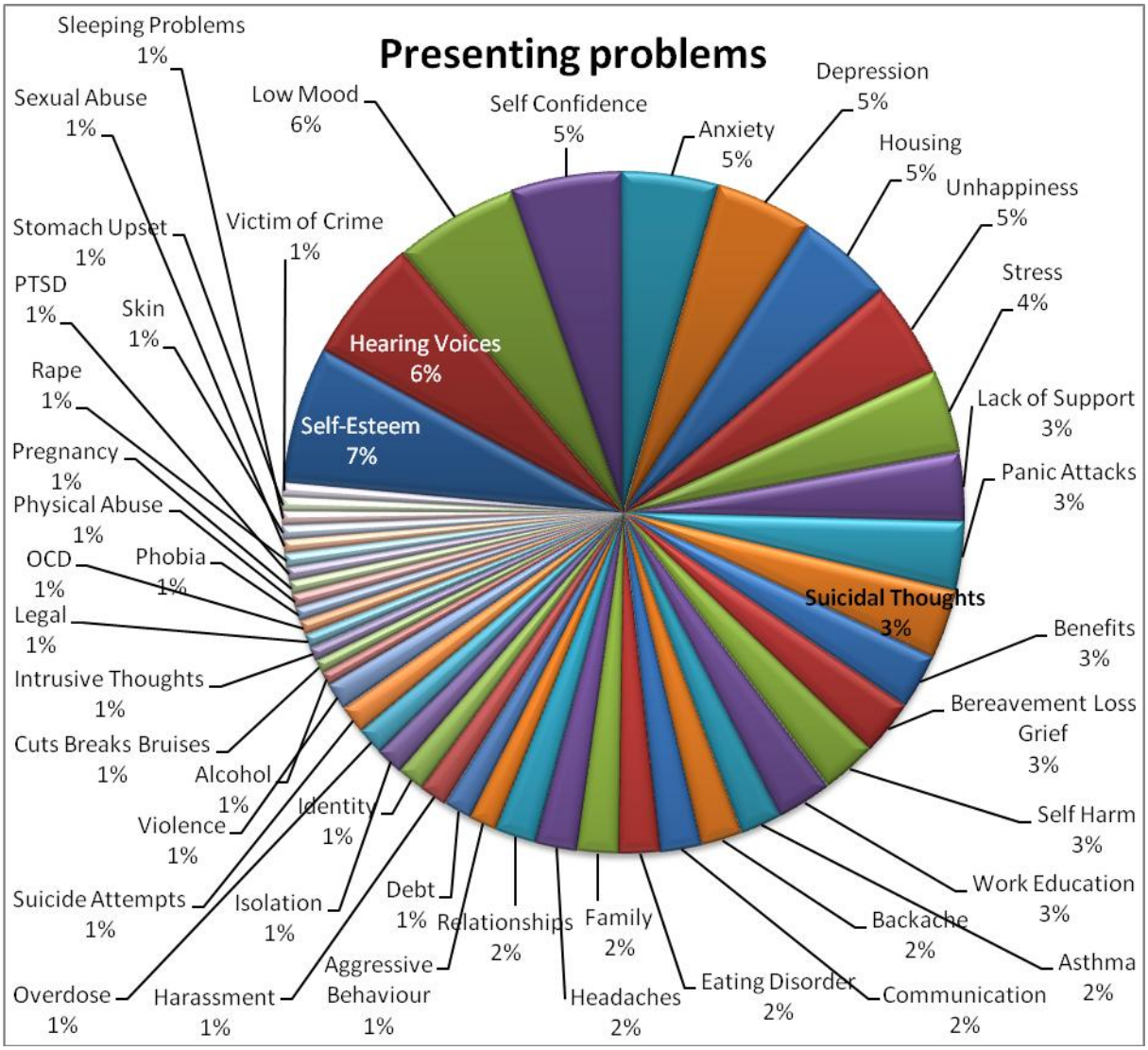
Furthermore, it was suggested that being involved in *Making Tracks* had helped MAP to challenge some of the professional silos that can surround statutory mental health services and that it had also helped the agency in its bid to be a local IAPT for young people pathfinder – not least through the clear and accessible layout of the *Making Tracks* outcomes measures toolkit which had been positively commented on by many of MAP's local stakeholders.

Summary of outcomes data

MAP's outcomes data for *Making Tracks* is based on 10 young people. 6 young people had received both counselling and advice and 4 had received either counselling or advice.

Unfortunately no data regarding GP interventions was available and only a small number of young people completed the GAD-7, PHQ 9 and MANSA questionnaires. Like the previous section, the numbers of young people providing data are shown for each tool/question answered.

Figure 15: Presenting problems (10 young people)

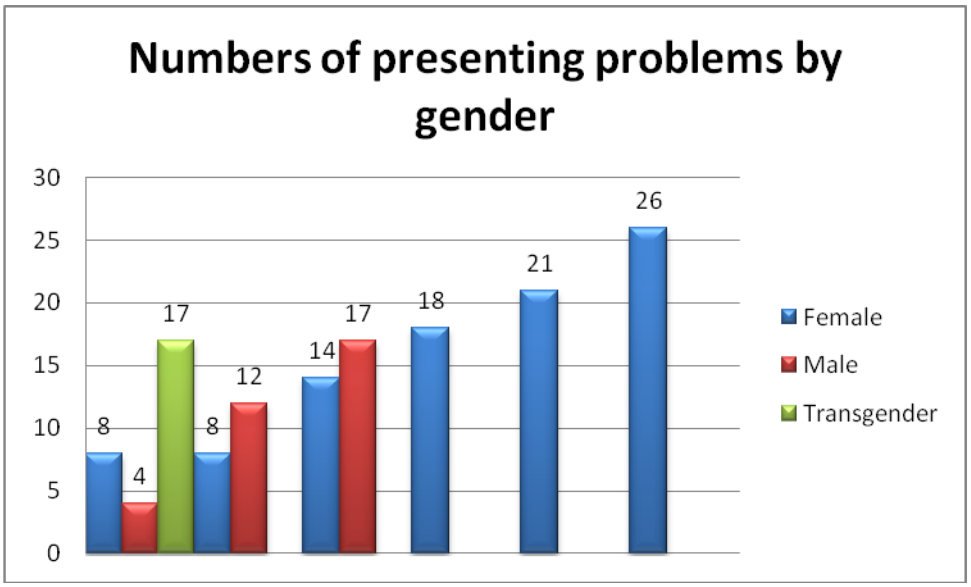


The table above shows that for young people in the *Making Tracks* project, the most commonly presented problems at MAP were low self-esteem and self-confidence, hearing voices, low mood, depression and anxiety, unhappiness and housing problems.

- As before in the data presented for Streetwise, the wide range of problems presented illustrates the complex combination of mental and physical health and social problems (e.g. depression, backache, harassment and debt).

- Many of the young people presented with multiple problems; this is shown in figure 16.

Figure 16: Number of presenting problems per young person (10 young people)



Analysis of PHQ 9 and GAD-7 average scores

Improvements (lower post intervention scores) are apparent for 18 to 20 year olds and 21 to 25 year olds seen at MAP in the *Making Tracks* project in terms of outcome monitoring by both PHQ 9 and GAD-7.

Figure 17: PHQ average scores (based on 10 young people)

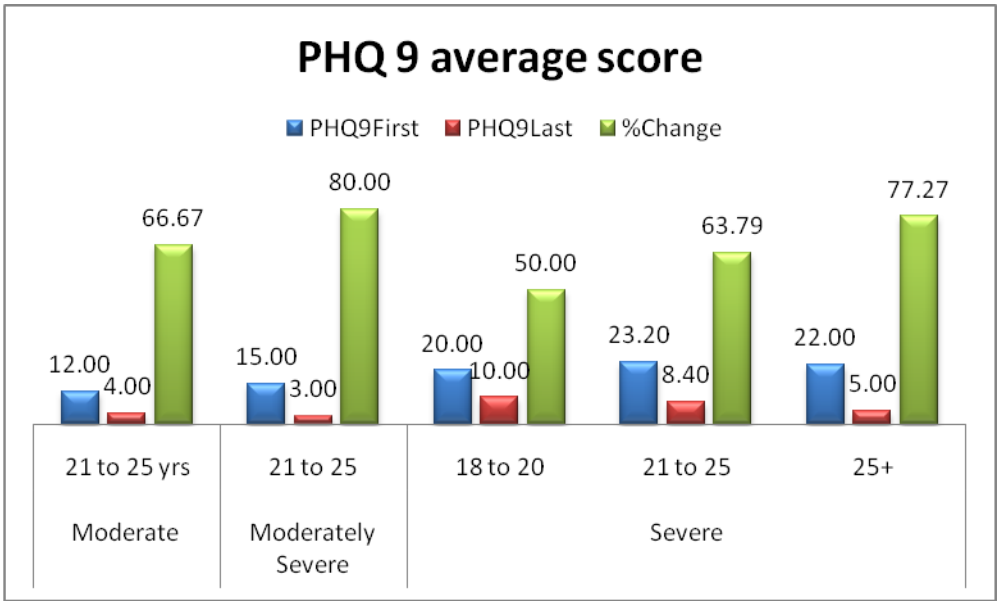
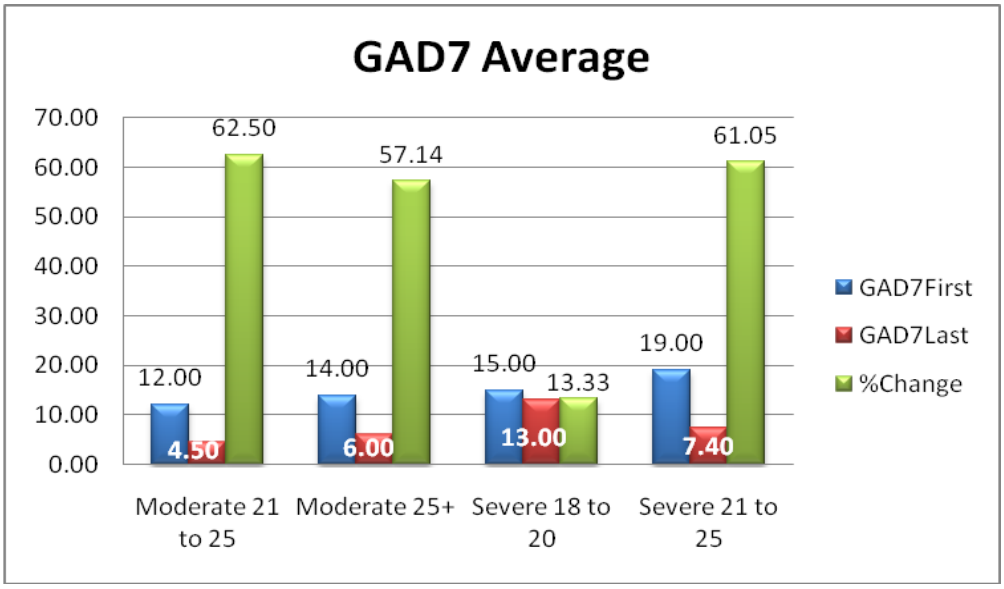


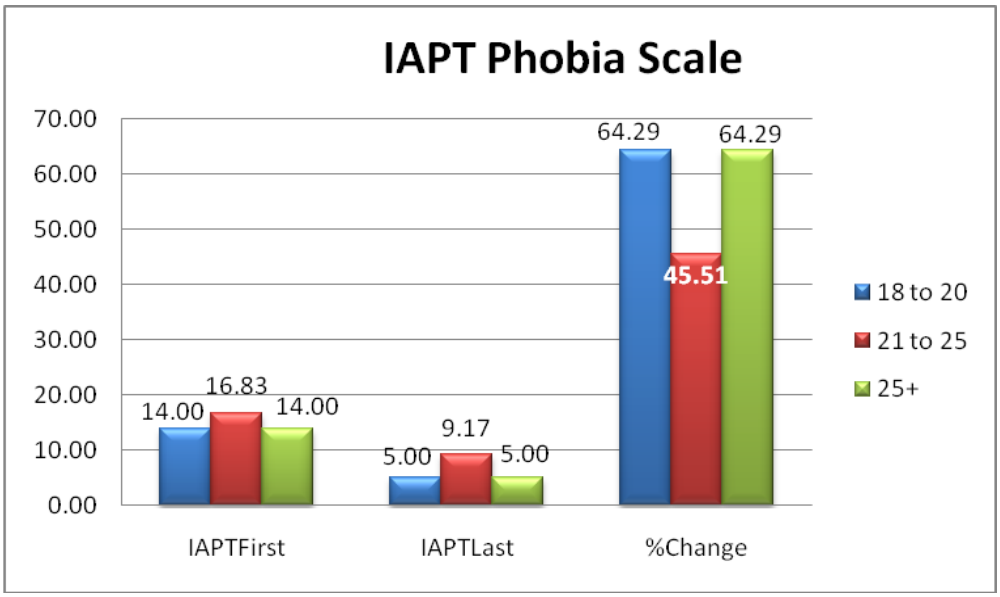
Figure 18: GAD-7 average based on 9 young people (completed by 5 females, 3 males and 1 transgender young person)



IAPT PHB scale

Improvements were noted for both age groups in terms of how much young people would avoid certain situations or objects. This is shown in the figure below.

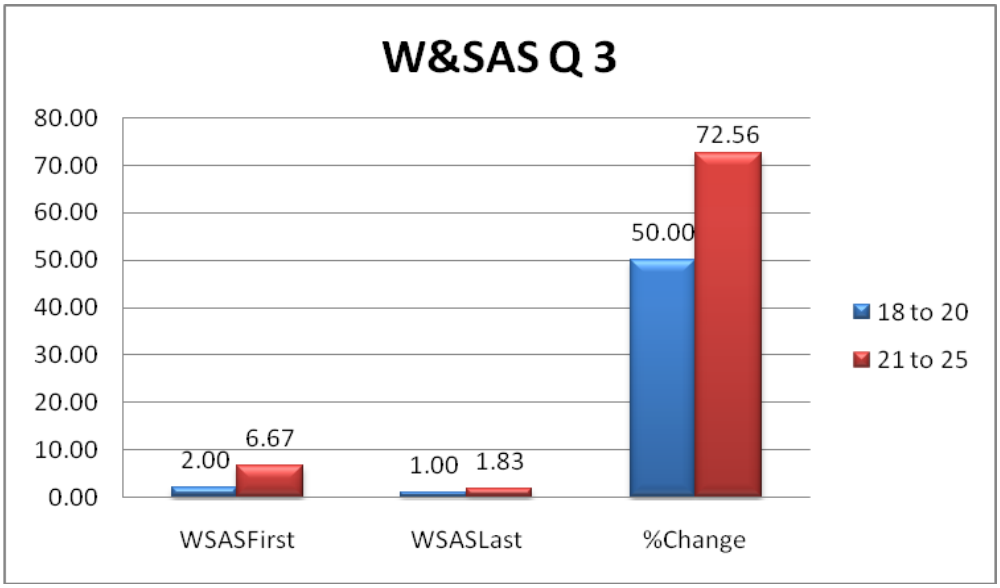
Figure 19: IAPT PHB scores (completed by 3 female, 2 male and 1 transgender young person)



W&SAS – Work and Impact

In the W&SAS tool as section 3 described, a **lower score indicates improvement.** The figure below indicates that the young people involved in *Making Tracks* from MAP all showed improvement as measured by this tool.

Figure 20: Scores of young people regarding their ability to engage in social leisure activities (completed by 8 young people)



MANSA Scores

The MANSA scores for young people from MAP present a mixed picture, with significantly, the total scores (shown in figure 21) indicating an improvement for 21 to 25 year olds (higher last score) but a slightly lower (worse) last score for young people aged 18 to 20.

Responses to questions 1, 7 and 16 show only a small change between first and last scores (albeit for general satisfaction with life and satisfaction with mental health, the last scores are lower/worse).

The greatest difference between pre and post intervention scores relates to question 15 (figure 24) which shows a marked improvement in how satisfied young people felt about their physical health.

Figure 21: Mansa total score (completed by 4 females, 2 males and 1 transgender young person)

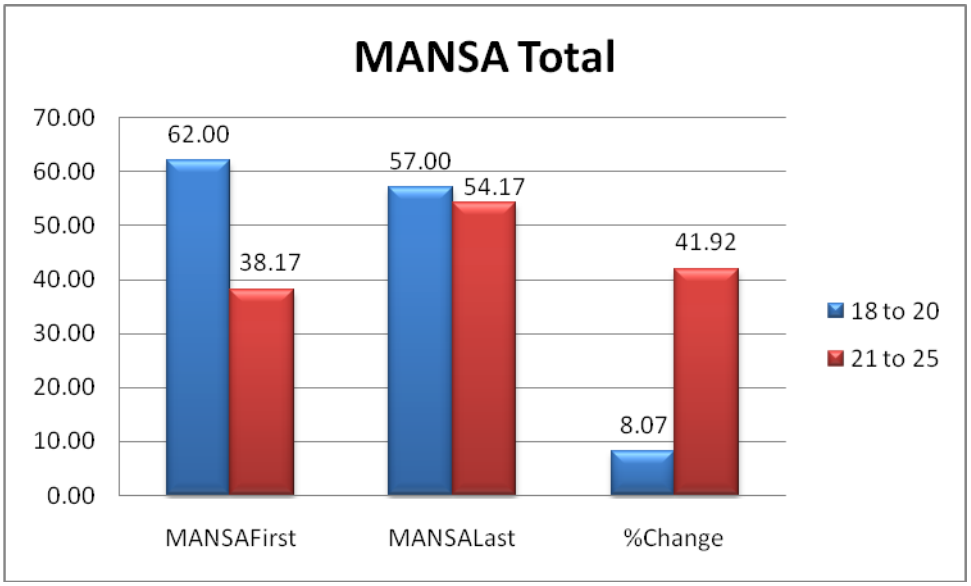


Figure 22: Analysis of scores to the question "How satisfied are you with your life as a whole today?" (completed by 7 young people)

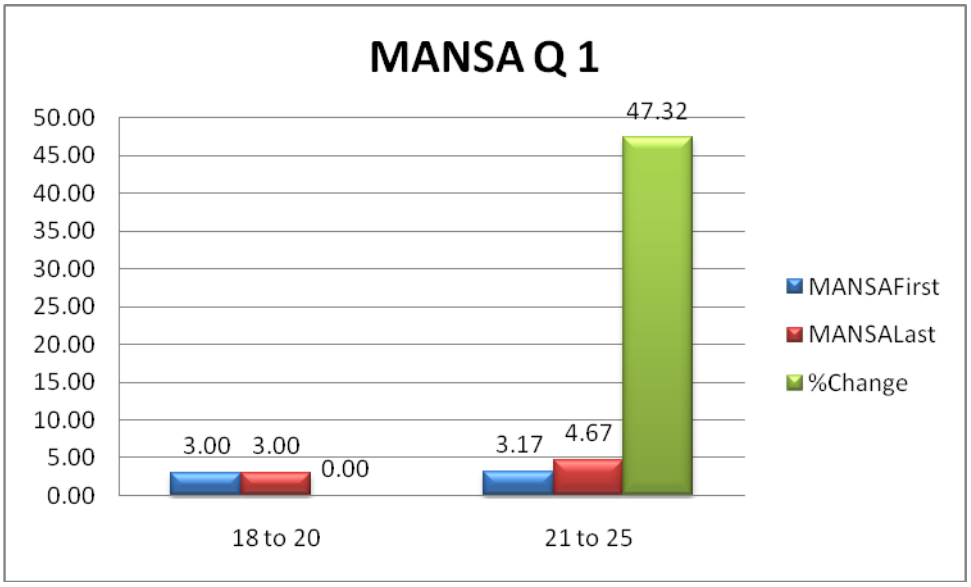


Figure 23: Analysis of scores to the question "How satisfied are you with your leisure activities?" (completed by 7 young people)

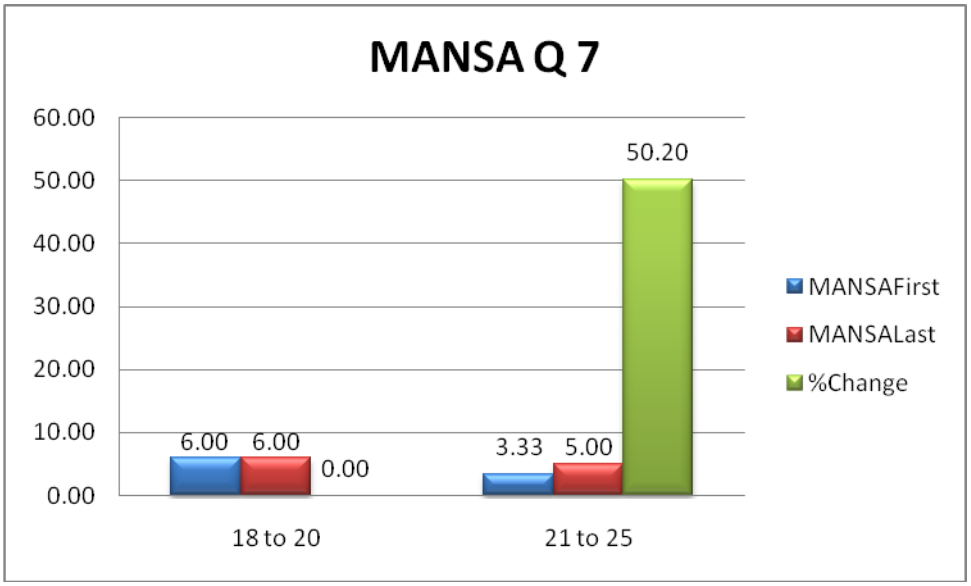


Figure 24: Scores in response to the question "How satisfied are you with your physical health?" (completed by 7 young people)

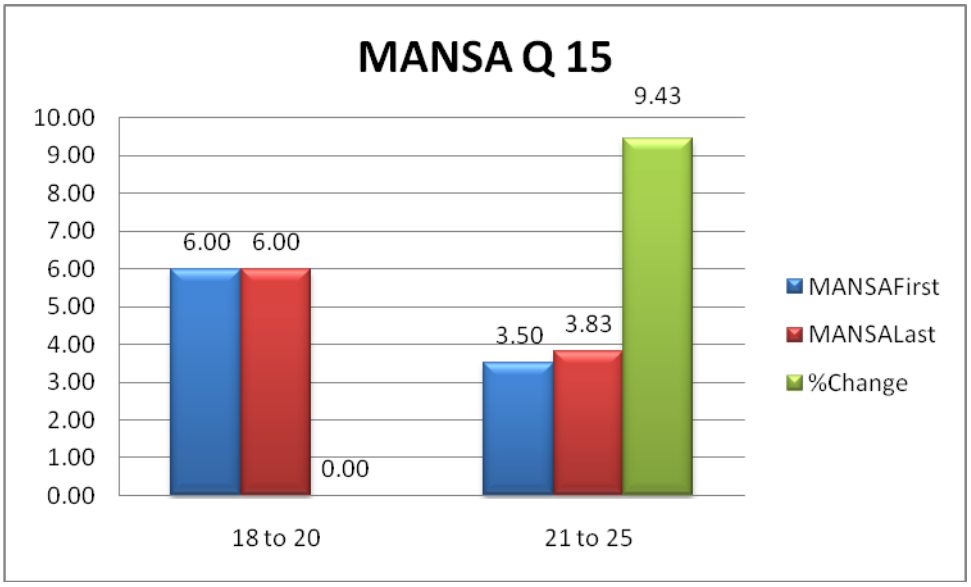
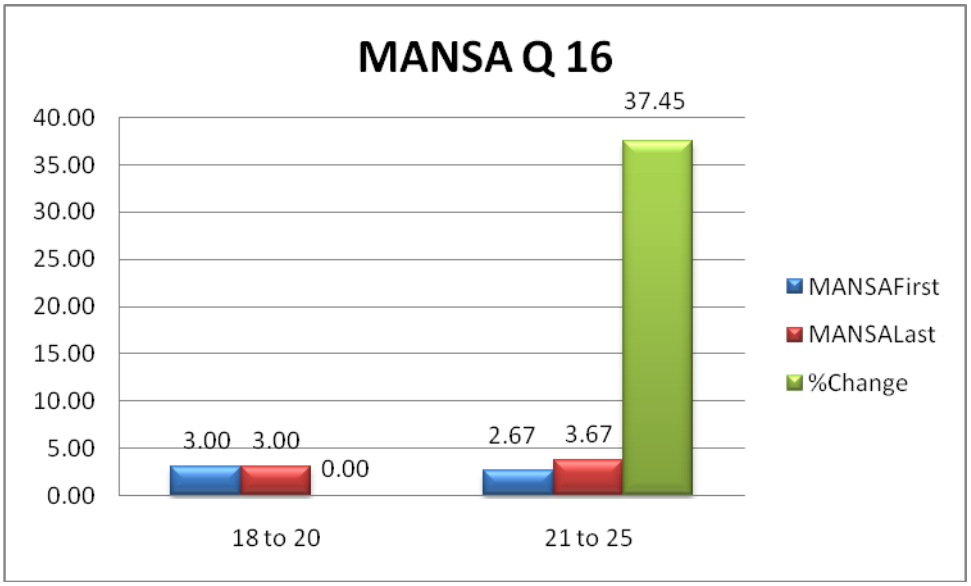


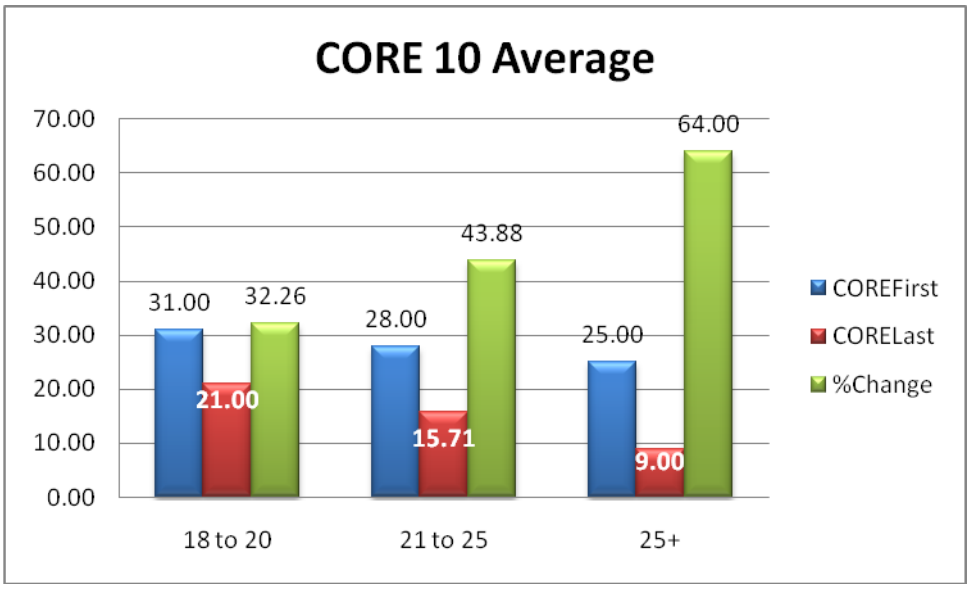
Figure 25: Responses to the question "How satisfied are you with your mental health?" (Completed by 7 young people)



Analysis of CORE-10 scores

A lower post-intervention/last score indicates improvement and in figure 26 below, it is apparent across all age groups seen by MAP that improvements were recorded post-intervention.

Figure 26: Average CORE-10 scores (completed by 5 females, 3 males and 1 transgender young person)



Case study 4

Reggie's story

Reggie was 23 years old at the time of her interview for the evaluation. She had spent a considerable amount of her childhood in care and had Cerebral Palsy, epilepsy and bi-polar disorder. Her conditions had necessitated taking many different kinds of medication from an early age, and during her teenage years, she had a number of stays in secure units and inpatient CAMHS (Tier 4) units. From about the age of 13, Reggie self-harmed and attempted suicide on a number of occasions.

Reggie first visited MAP for a pregnancy test when she was 16. She had been expelled from school for aggressive behavior. At about the same time as her expulsion from school, a proposed adoption placement broke down and shortly afterwards both her long-term social worker (whom she described as a close family friend) and her long-term foster mother died.

Reggie married at 17 and referred herself to MAP when she was homeless after leaving her husband. MAP helped her to complete an application for accommodation and also helped and supported her in filing for a divorce from her husband.

She began attending regular counselling sessions at MAP focused on addressing her anger and helping her to channel this into more positive activities. She also joined an internet forum which offers self help to young people who self harm; Reggie reported finding this very helpful.

In addition to her counselling sessions, Reggie attended the MAP drop in every day and this helped her to make new friends - there was a group of about 20 young people who all had problems who used the MAP drop in to support each other. She also attended a number of groups including a life skills group, a reading group, an art group, a cooking group and the Friday 'Chill Out' group.

During this second period of contact with MAP, Reggie was only in hospital three times, each time for about a week. This was a considerable improvement and a sharp contrast with her previous experience of spending weeks and sometimes months in hospital.

During one period spent in hospital, Reggie was allowed day release to go to MAP. Her GP also actively encouraged her to attend MAP and worked closely with her MAP support worker.

At the time of her involvement with *Making Tracks* Reggie was hoping that if she remained well, she would be able to go to college to study horticulture.

7. Findings: Young Adults Advice and Support Project (YASP) Manchester

Overview of year one and two evaluation findings

The earlier evaluation reports for *Making Tracks* noted the following issues for this pilot site:

- It was reported that, whilst there had been some delays in getting *the* pilot up and running within the range of services for young people offered by YASP, by the second year, the pilot project was more established in YASP and was beginning to work well.

- The outcomes tools were seen as useful in demonstrating to GPs more effectively the work that YASP undertook with young people and all staff in YASP were reported to be using them appropriately; the tools were also being used as a formal part of YASP's service evaluation along with informal service user evaluation.

- Work had been undertaken to refine a referral process following the receipt of information from a GP. Relationships with a number of GP surgeries were reported to be progressing, however, an identified important area for development was to establish joint working protocols.

- Capacity issues, in particular, waiting times for counselling, were a key challenge for YASP – in year two of *Making Tracks*, YASP (like many other counselling services in Manchester) had a waiting list (in YASP's case this was for 3 months). This resulted in some negotiations with Youth Access and agreement that the referral and inclusion criteria should be broadened, in order to ensure that the pilot site could meet the targets for numbers of young people to be supported through *Making Tracks.*

- A local steering group to support *Making Tracks* had been established, with a first meeting attracting representatives from a good range of different agencies.

- With regard to quality standards, YASP had the CLS quality mark and a range of policies and procedures were already in place. YASP was, however, interested in working towards Youth Access Quality Standards for counselling (this aim was in the organisation's 3 year strategic plan but was on hold due to the need to prioritise securing future funds for YASP). The agency had also registered with BACP and was in the process of making all its policies and procedures more user friendly.

- One conclusion was that participation in *Making Tracks* had been beneficial in terms of improving understanding in the GP practice involved with the project of what YASP offers young people. It had also encouraged local partners to consider the needs of young people more holistically.

In the **year one and two 'health checks'** undertaken by Youth Access, a range of development needs for YASP were identified. These included:

- To continue to develop their relationships with GPs and local commissioners
- and to develop a quality assurance framework for the counselling service.
- To develop joint working protocols – these are not in place, even for services that already refer regularly to YASP.
- To develop the organisation's counselling quality standards and for all staff to be involved in implementation.
- To build a database for YASP's counselling service.
- To improve the involvement of young people aged under 19 in their consultations about the service.
- To develop mechanisms for publicising their services to GPs.
- At an overarching level, to begin the work to move from being a project to being a mainstream service.

In February 2011, a **final 'health check'** was offered to YASP. Areas of progress, or the benefits arising through YASP's involvement in *Making Tracks*, were as follows:

- The development of a referral pack which had helped YASP to: "*manage the expectations from referrers more effectively, it's been particularly beneficial to us, it highlights the complementary services we offer.*"
- Improved awareness and understanding amongst local agencies as to the distinct services offered by YASP.
- The ability of the service to show that it used an evidence base for delivering its services.
- The building of relationships with GPs.
- Access to training.
- The new database and how this was introduced to staff:

  "*The team are now very confident to put personal data on the database, this has been a big turnaround.*"

Unfortunately, at the time of this final health check, YASP was facing funding uncertainty and this was clearly impacting on its plans for work in the future. The YASP interviewee concluded that in terms of the most useful learning for YASP as a result of *Making Tracks*, involvement had led to:

"a 'professionalization' of the counselling service. We have developed a more credible counselling service, developing tools and practices that the medical profession recognises."

Also that:

"MtP gave us the time to keep all our practice that we value but to describe it in a way that the medical profession will be comfortable with and refer to. This is most evident in our referral pack and outcomes tools, GP discharge letter and attendance at the GP's quarterly mental health meetings."

Interviews with young people

One young person gave some feedback about their involvement with YASP and also their experience of using the *Making Tracks* outcomes tools.

With regard to their experiences of using YASP, they reported positively about the support they had received and confirmed that they would recommend YASP to their friends.

With regard to the outcomes tools, this young person reported that she understood the purpose of the tools (following an explanation by a YASP staff member) and that they were straightforward to complete. However, she made the suggestion that possibly the forms would be improved if they had some pictures and were in colour, rather than being in black and white.

Unlike the young informants from the Streetwise pilot site, this young person also indicated that she would not mind filling in outcomes paperwork at each session. She commented:

"I don't mind but I would prefer to do it at the end of the session…. It's best to do it at the end than at the beginning and then at the end when the counselling finishes, you can look back and like see like maybe your moods and that might have changed…"

Local stakeholders' perspectives

The feedback gathered through the final round of evaluation interviews with local stakeholders linked to YASP included the following points:

- The project overall had been generally successful in engaging with the GPs/medical centre that agreed to be involved in the pilot.

- One informant (a PCT commissioning manager) suggested that a major strength of *Making Tracks* had been its awareness-raising of the needs of young people aged 18-25, especially amongst GPs.

- Another interviewee (a local GP) stated that in his opinion, the project had led to improved feedback processes from youth counselling services and also the development of clearer referral pathways.

- This GP was also of the view that the basic principles underpinning *Making Tracks* have real potential to improve joint working between the voluntary sector and primary care.

- Like many other informants to the evaluation, both the local PCT commissioning manager and the GP highlighted that in order for the working processes of *Making Tracks* to be sustainable in the longer-term, it was of vital importance that initial referral forms were short and not too detailed or time-consuming to complete.

One senior member of the YASP staff was also interviewed and suggested that as a result of *Making Tracks*, staff in YASP:

- Now had a much better understanding of the information needed by GPs in a referral and also when a young person was discharged from YASP.

- Had a better understanding and were more confident about the barriers and limits to confidentiality; there was more appreciation that sharing information with a referrer was not breaching confidentiality and that putting data onto a password protected database was safe.

- Were much more confident in using outcome assessment tools and, furthermore, now recognized that these could be part of the counselling process and a helpful therapeutic intervention for the young person.

In a similar vein to comments noted by interviewees for the other two pilot sites, this interviewee also suggested that as a result of *Making Tracks* GPs now more overtly valued YASP as a 'serious' service.

With regard to the future, at the time of interview, YASP was facing possible changes to its service delivery in the summer of 2011. Proposals under consideration included: services to young people aged under 25 being mainstreamed back into the work of the main charity HARP. However, additional funding has been sourced to fund an expansion of the counselling service for under 25s, with a continuation of casework delivered from the charity's central base.

Should this be possible, this interviewee expressed the hope that the use of outcomes monitoring tools in the counselling process, and the regular liaison with GPs which has now become "normal practice" at YASP, would continue.

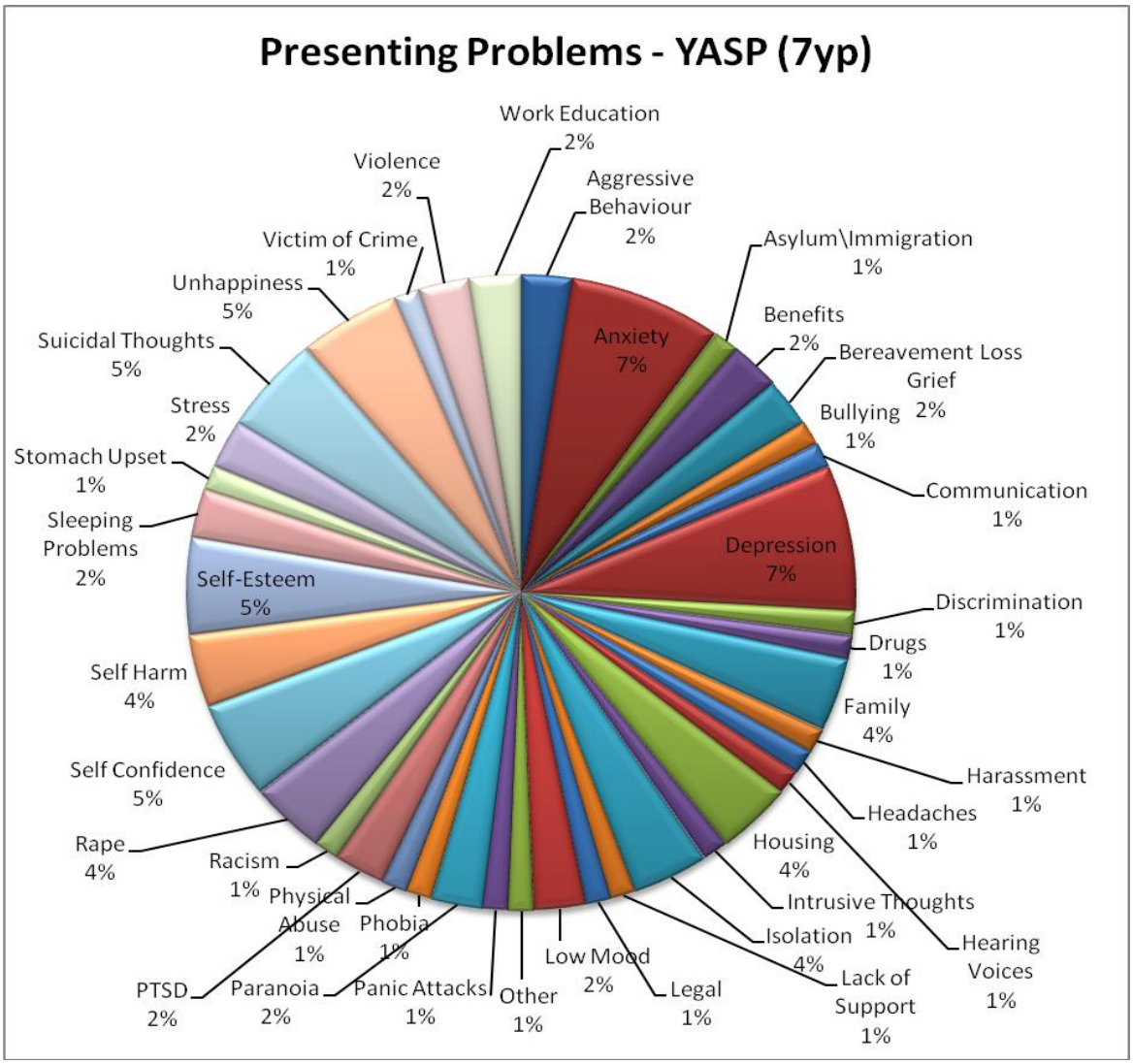
Summary of outcomes data

YASP's outcomes data for *Making Tracks* is based on 7 young people. Like the other two pilot sites, not all the young people at YASP completed all of the outcomes tools and the numbers completing each tool/question are thus shown.

Over the project data collection period, 86 GP sessions were offered (with 82 attended); 38 counselling sessions were offered to 4 of the young people (33 sessions attended) and 75 advice sessions were offered to 3 of the young people (68 sessions attended).

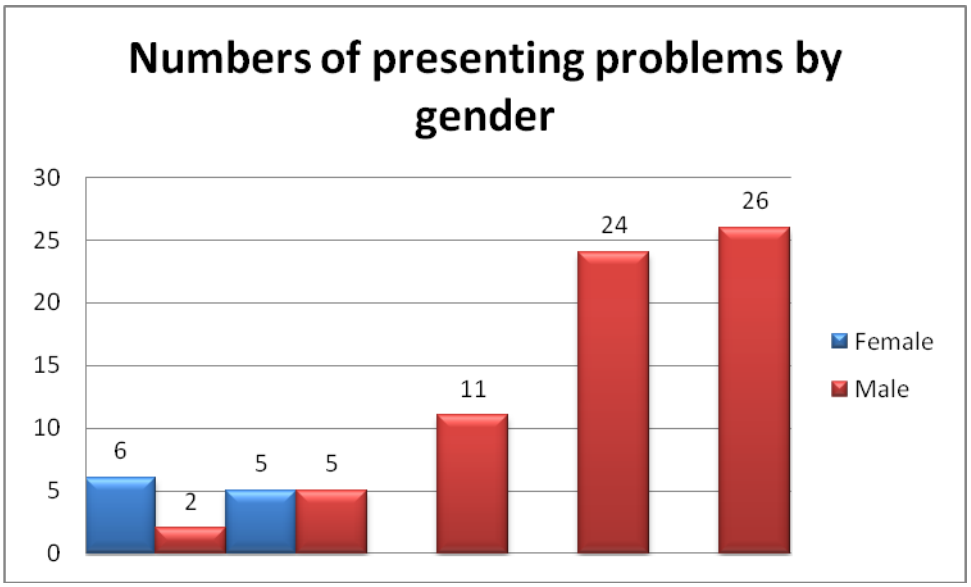
Improved scores for the **7** young people seen at YASP within the *Making Tracks* project are shown for the majority of the outcomes tools used.

Figure 27: Presenting problems at YASP (7 young people)



- The wide range of problems presented to the *Making Tracks* pilot sites, in this case YASP, are again illustrated by the chart above.
- The most commonly presented problems included suicidal thoughts (5%), unhappiness (5%), self-confidence (5%), rape (4%) and self-harm (4%).
- Like the other two pilot sites, many of the young people presented to YASP with multiple problems; this is shown in figure 28.

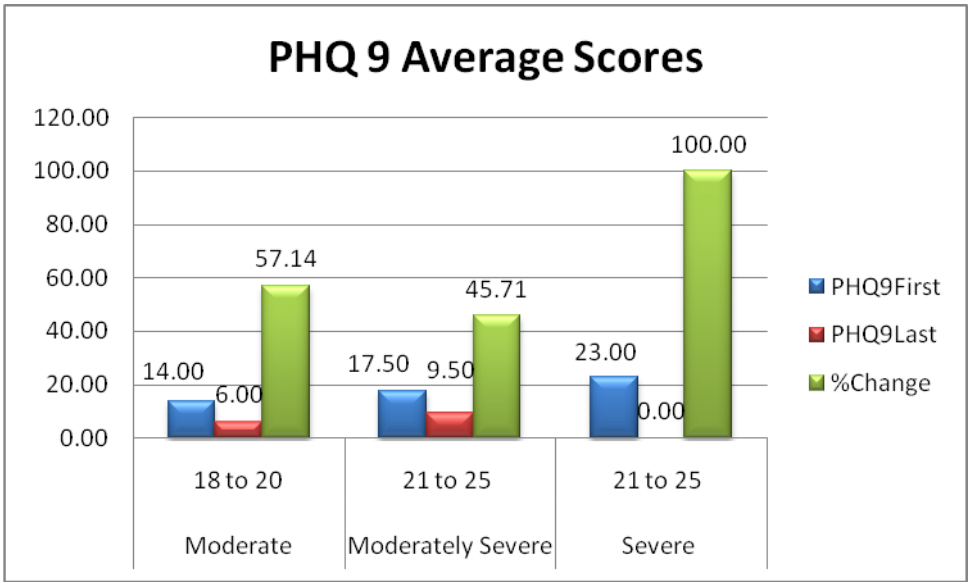
Figure 28: Number of presenting problems per young person (based on 7 young people)



Analysis of PHQ9 and GAD-7 average scores

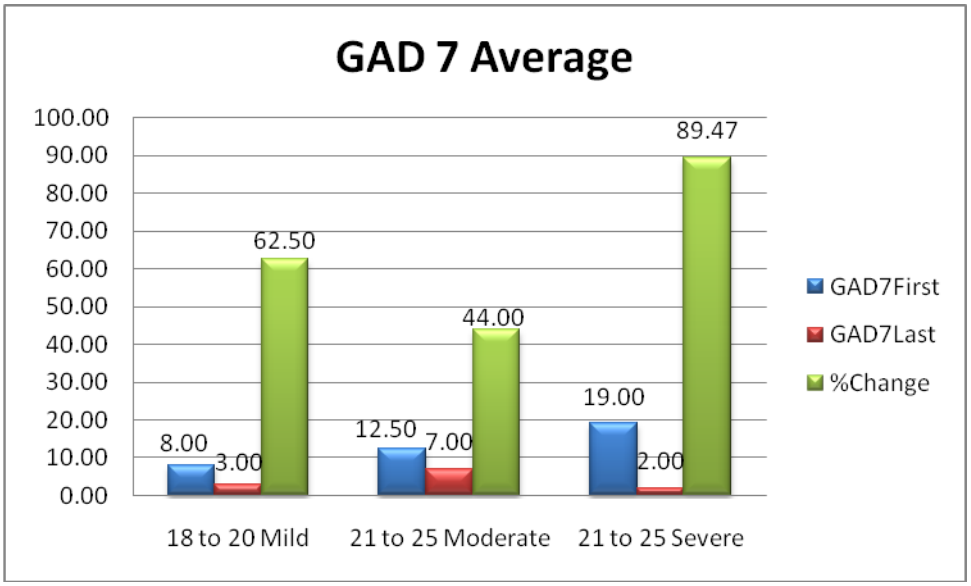
Improvements (lower post intervention scores) are apparent for nearly all of the 18 to 20 year olds and 21 to 25 year olds seen at YASP in the *Making Tracks* project in terms of outcome monitoring by both PHQ 9 and GAD-7.

Figure 29: PHQ 9 scores (completed by 4 young people)



**Please note: one young person, whose first PHQ9 score fell in the severe range, scored themselves as 0 at the last score; this is why no second (red) column is shown in the severe banding of the figure above.*

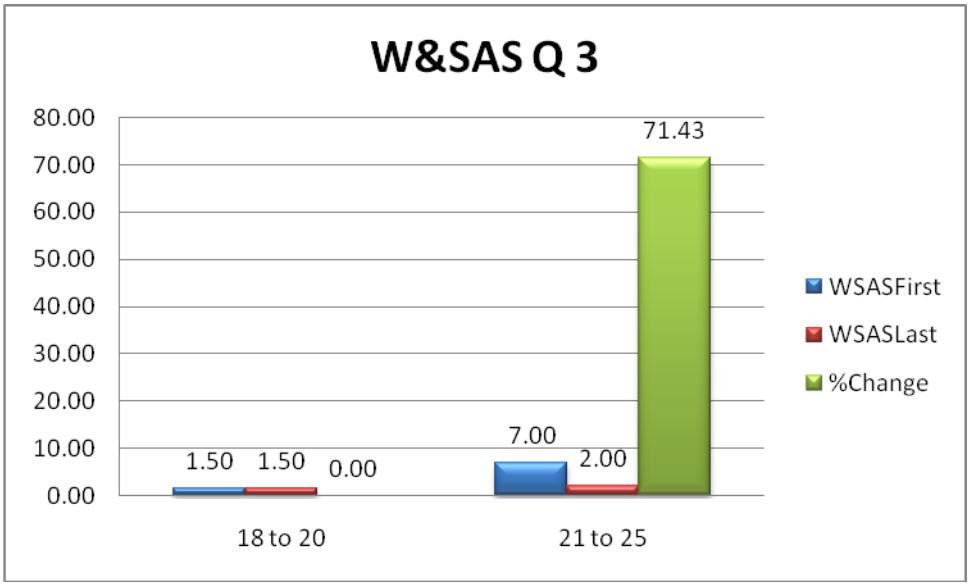
Figure 30: GAD-7 scores (completed by 4 young people)



W&SAS – Work and Impact

A **lower post-intervention score indicates improvement** and data gathered at YASP suggests that in relation to question 3, social leisure activities done with other people, there was no change in the ability of 18 to 20 year olds to do such activities, but a much lower (i.e. better) last score for those aged 21 to 25.

Figure 31: Scores for Question 3 which asks people to rate their ability to undertake social leisure activities (completed by 3 young people)



MANSA Scores

The MANSA scores for young people from YASP indicate:

- An improvement in total scores (shown in figure 32) for both age groups.
- Improvements for both age groups regarding question 1, general satisfaction with life as a whole, with a more marked improvement apparent for the 21-25 year olds.
- A slightly lower (worse) last score for 18-20 year olds for question 7 (satisfaction with leisure activities) and only a slight improvement for 21-25 year olds.
- A lower (worse) last score for 18-20 year olds and no change for 21-25 year olds rating their satisfaction or otherwise with their physical health (question 15).

Figure 32: Mansa total scores (completed by 3 young people, all male)

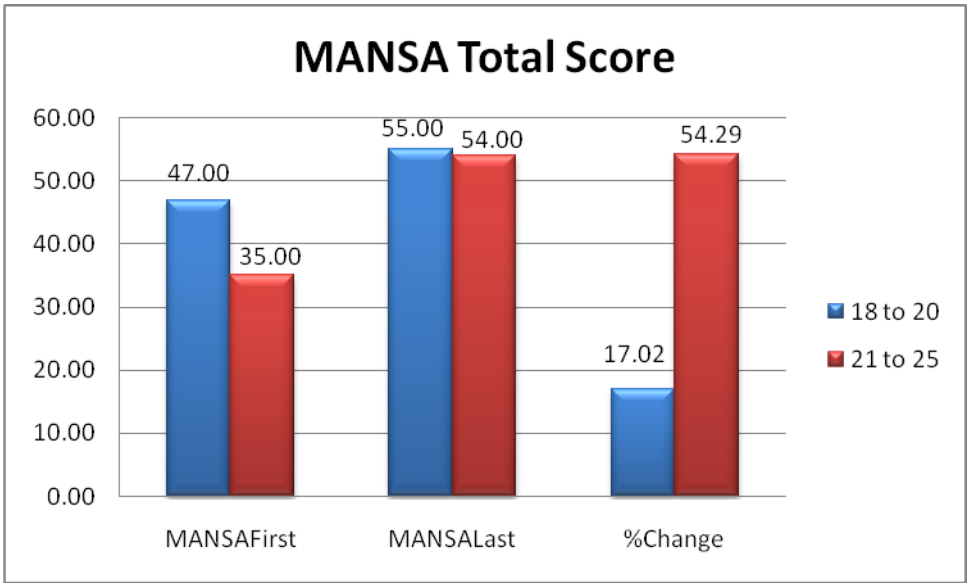


Figure 33: Satisfaction with life as a whole (completed by 3 young people)

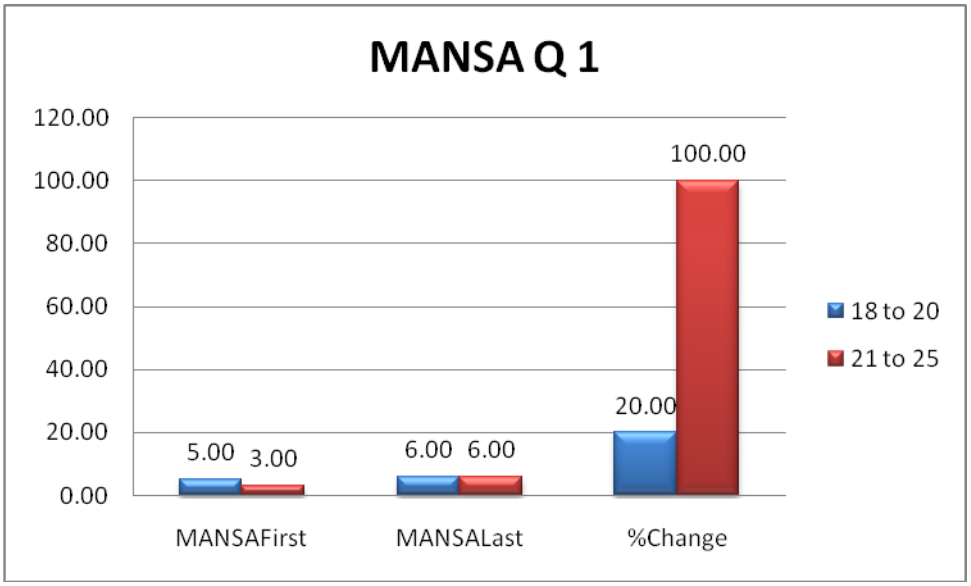


Figure 34: Satisfaction with leisure activities (completed by 3 young people)

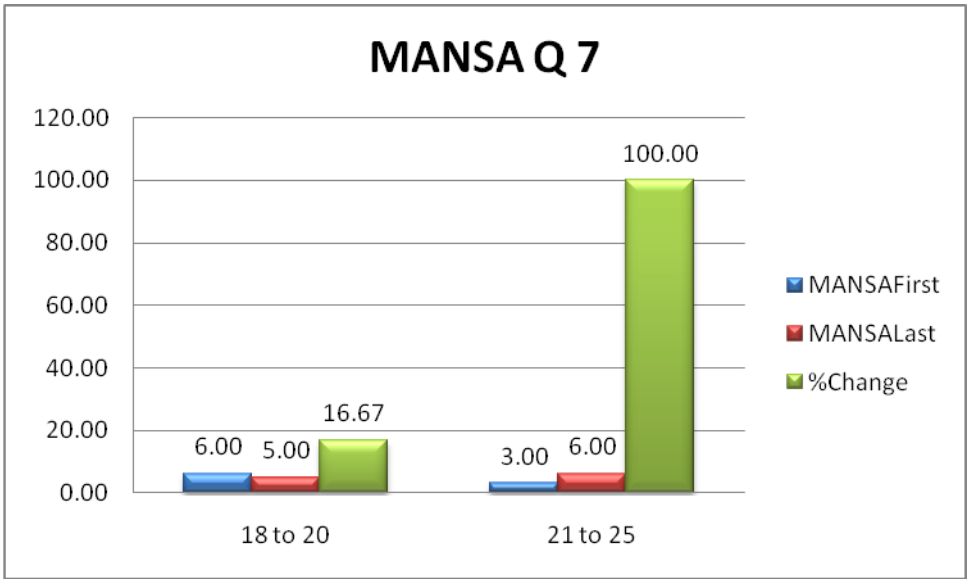


Figure 35: Satisfaction with physical health (completed by 3 young people)

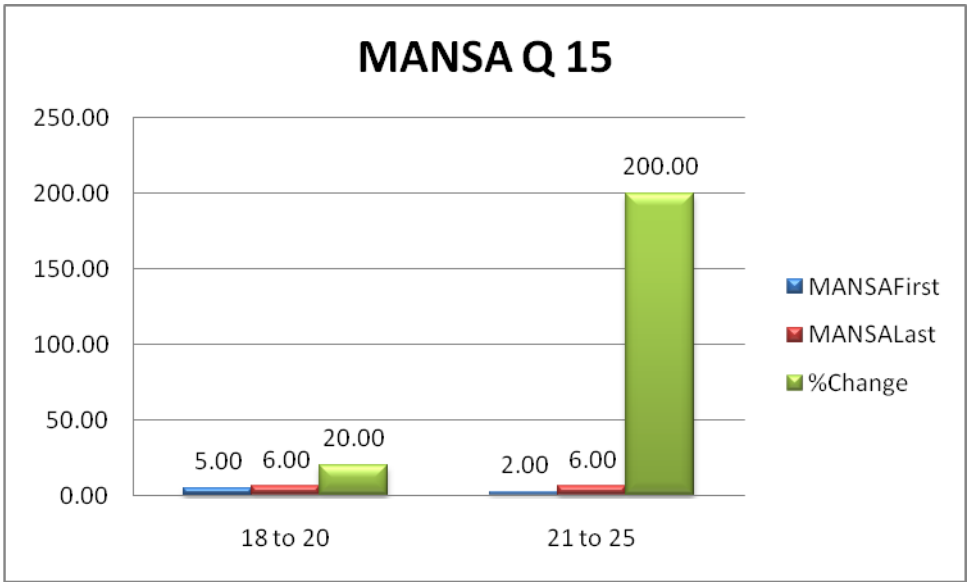
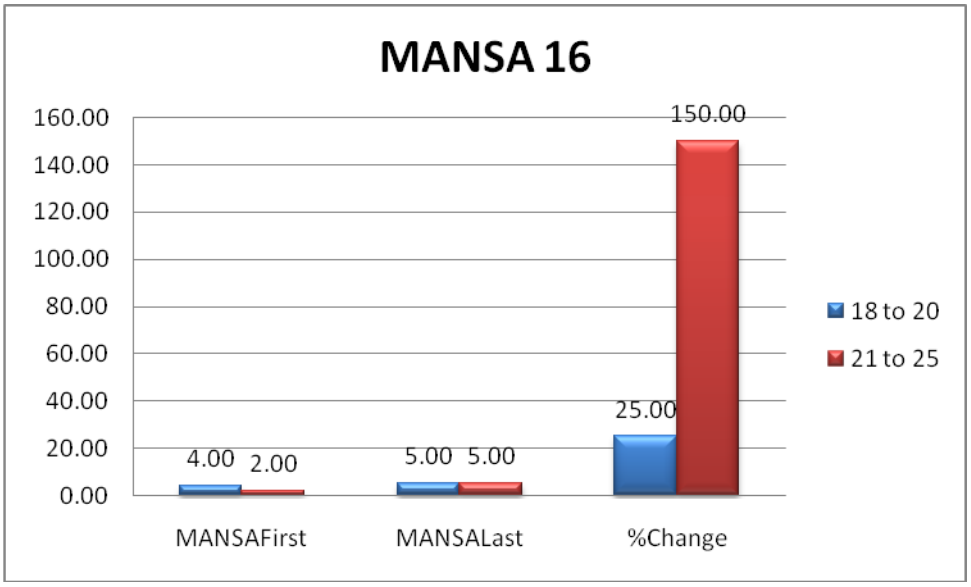


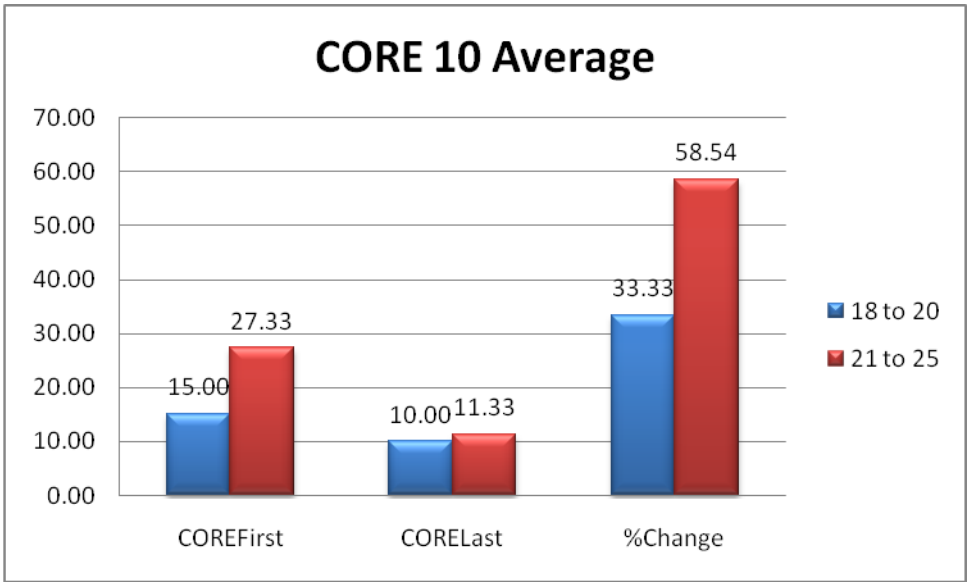
Figure 36: Satisfaction with mental health (completed by 3 young people)



Analysis of CORE-10 scores

A lower post intervention/last score indicates improvement and in figure 37, it is apparent across both age groups seen by YASP, that improvements were seen at the last CORE-10 monitoring stage. These improvements were more marked for the older age group.

Figure 37: CORE-10 scores (completed by 4 young people)



Case study 5

Behnam's story

Behnam, a young man of 21 years was born in Afghanistan. He left home at 13 following disagreements with his parents and travelled alone to Pakistan where he remained until he was 16 years when he came to England to learn English and look for work.

Having thoroughly enjoyed his first years in England, when he had been studying hard as well as making lots of new friends, things changed dramatically when Behnam and one of his friends were attacked in the street by a gang of young men. Behnam was stabbed in the head and neck and woke up in hospital where he remained for the next 9 months.

The attack left Behnam paralysed for several months, but he very gradually regained the use of his legs and body, although he had to learn to write again with his left hand. Since the attack, he also had a number of serious epileptic fits.

Behnam was unable to finish his studies and was unfit for work. This resulted in serious financial problems as he had some small debts before the attack. He became very angry, aggressive and paranoid, on one occasion assaulting a friend. This led to him becoming very lonely and socially isolated, at which point, his social worker referred him to YASP for help.

Behnam attended YASP for over a year and saw a counsellor once a week. He was offered support through his traumatic experiences and with his anger. A Caseworker was also allocated to him, to assist with practical issues such as claiming Incapacity Benefit. He received help in finding accommodation (he had lost his rented flat while he was in hospital) and his YASP worker encouraged him to carry on working on his English with a view to re-enrolling at college in the future.

Behnam made a lot of friends at YASP and joined in various social activities, trips and outings. He has become a volunteer at YASP, working with young people in the cafe kitchen, in the gardening project and helping out with various social activities and trips run by the project.

8. The learning from the *Making Tracks* project: conclusions and recommendations

Summary

- Overall, and in different ways, the three pilot sites involved in *Making Tracks* demonstrated some considerable success in achieving the project objectives. These were: to develop new tools and resources to enable YIACS to demonstrate more proactively and effectively the work of the agency; and to develop new resources to support GP practices and / or PCT commissioning of YIACS providers.

- In different ways, and to different levels, the three sites also showed some clear success in engaging with and developing a model of good partnership working with their local GPs. Unfortunately, in the latter stages of the evaluation, as service cuts and an economically challenging climate became prominent, some of this progress was lost.

- In all three sites, there were reports of the pilot agency being taken 'more seriously' by its statutory partners. It was suggested that this was the result of the pilot agency's ability to really demonstrate the outcomes of the counselling and advice interventions offered to young people in a more robust way and to present this information in ways that were relevant to GPs and practitioners working in the NHS.

- In all three sites, to a greater or lesser degree, it was also suggested that as a result of *Making Tracks*, there was much greater clarity and understanding between the pilot agency and other local services as to what the pilot agency offered. More fully negotiated information sharing processes had developed and underpinned this understanding.

- There were indications of improved joint working, although again, unfortunately, this was being undermined by the financial cutbacks and service reorganisations facing all three areas of the country in which the pilot project ran.

Impact of the outcomes tools and database on pilot agency practice

- Whilst the three pilot sites undoubtedly encountered a range of difficulties implementing the different tools, information gathered from the final 'health check' and the final year evaluation interviews, indicates that in all three sites, by the end of year three of the pilot, the use of outcomes tools had become well established within the counselling services, although not necessarily within the advice provision – largely as a result of the more intermittent and one-off contact of young people seeking advice.

- Whilst there were a number of comments to the effect that the use of outcomes tools had helped to 'professionalise' the counselling provision – and had helped staff to appreciate in a new way what their work with young people achieved – what was also flagged up were the capacity demands posed by outcomes data collection.

- In two of the pilot sites, trying to provide sufficient capacity to collect outcomes data had been clearly problematic and probably would not have happened without the quite considerable development support offered by Youth Access throughout the project.

- This is an important finding in considering the long-term sustainability of the working approaches and commitment to detailed outcomes monitoring promoted through *Making Tracks.*

Individual outcomes for young people

- The data summarised for each pilot site indicate that overall, across the different outcomes tools used in *Making Tracks*, young people, who often presented with multiple problems, showed improved post-intervention/last scores.

- As to be expected in a small pilot project, the numbers completing the different tools are very small and not all young people received input from their GP, but may have only accessed counselling and/or advice.

- As such, considerable caution is needed in interpreting the outcomes scores as evidence that the combination offer of interventions and support promoted through *Making Tracks* lay behind these improvements.

- Despite this caveat, there is consistency in the data across the three sites and, in the limited number of interviews with young people, the views expressed were all highly positive.

Implications for the future?

- The future of the three pilot services at times looked extremely uncertain during this evaluation and, although at time of writing, the situation seems more stable for both Streetwise and MAP, the service delivery arrangements at YASP were about to change significantly, with the provision for young people being relocated back into HARP, the main charity.

- This in itself highlights the fragility of the voluntary sector and the importance of services developing robust ways of working, evidencing what they do and also forging strong working links with the services in their local area. Though even these steps will not in themselves guarantee continued funding success, particularly in the current climate.

- *Making Tracks* has revealed strong interest from primary care partners to work with the VCS and this is something that should be encouraged across the country.

- Likewise *Making Tracks* has demonstrated that small voluntary sector youth information, advice and counselling services can collect and publicise robust and detailed outcomes data and this is something that all in the sector should work towards.

Recommendations

Central Government

National recognition is needed of the critical role played by YIACS in meeting the needs of young people aged 18 to 25 with complex and multiple needs, especially those who are often poorly served by statutory sector provision.

Similarly, national endorsement is required of the need for small local VCS providers, such as YIACS, to have access to specialist resources, training and support tailored to their specific needs, in order to build their capacity to engage in new planning and commissioning processes. To achieve this, the following are recommended:

- A youth policy should be developed focused on needs rather than chronological age, and which recognises that the needs of a 23 year olds may be more like those of a 17 year old than an older adult.

- There should be cross-government attention given to the needs of 18-25 year olds and the importance of the early intervention and prevention role played by YIACS.

- The new NHS commissioning reforms must take account of the particular needs of young people aged 18 to25 and of the evidence and practice-learning regarding those models of service delivery that are most appropriate and acceptable to this age group.

Clinical commissioning groups, GPs and other local planners and commissioners

It is crucial that there is better recognition of the complex and multiple needs of 18-25 year olds, including increased understanding of the links between poor mental health and wider social welfare and other problems. It is also vital that young people's views and experiences are fully heard in the planning and commissioning of local services.

- Local authority and health commissioners need to work across youth and adult services to support the YIACS holistic service model (This includes for example commissioners of youth; social welfare advice; social care; public health and mental health).

- Formal structures such as local Health and Well-Being Boards must have young people represented on them.

- Clinical commissioning groups and those with responsibility for planning and developing local health and social care provision must ensure that data collected by VCS providers, including YIACS, is included in all local planning and service development work.

YIACS

It will be increasingly important that YIACS are able to provide robust outcomes and cost data and to ensure that this material is fed into local needs assessments, commissioning and service development decisions.

- The growing range of nationally recognised and validated outcomes tools should be drawn upon by YIACS in developing the evidence base for their provision.

- In utilising such tools, YIACS must ensure that their internal communication systems function well and that young people receive well coordinated interventions, advice and support that is consistently monitored and quality assured.

- YIACS should support and enable young people to have a voice in all local planning and commissioning processes, all quality assurance and monitoring of services provided.

- It is recommended that YIACS use the findings from *Making Tracks* and other Youth Access research to advocate for change, develop fruitful partnerships and to support their local strategic position.

Actions to be undertaken by Youth Access

In sharing the learning from *Making Tracks*, and to support the realisation of the above recommendations, Youth Access will work to develop a relationship with the Royal College of GPs.

It will also disseminate the project findings to key policy makers and leads in central and local government, to highlight the challenges and benefits of implementing accessible outcome measures in YIACS that produce reliable data, are adequately costed, address capacity issues and recognise the impact of frequently collecting data on young people.

Youth Access also hopes to:

- Replicate the development support provided to the three pilots to a wider group of YIACS.
- Disseminate the tools and learning from *Making Tracks* across the Youth Access network.
- Support YIACS to strengthen their strategic position in new local planning and commissioning through further workshops.
- Develop a national dataset for counselling outcomes using recognised tools.
- Continue to lobby and fundraise for a Randomised Controlled Trial (RCT) in youth counselling.
- Develop good practice models of joint commissioning to support replication of the YIACS model across the UK.

Appendices

Appendix 1: List of interviewees –
http://www.youthaccess.org.uk/about/work/upload/Appendix-1.pdf

Appendix 2: Questionnaire for young people –
http://www.youthaccess.org.uk/about/work/upload/Making-Tracks-Appendix-2-doc.pdf

Appendix 3: Outline for stakeholder interviews –
http://www.youthaccess.org.uk/about/work/upload/Making-Tracks-Appendix-3-doc.pdf

Appendix 4: Youth Access Pilot Guidance on using the Outcome Measures for advice and for counselling

http://www.youthaccess.org.uk/about/work/upload/How-to-use-Advice-outcome-toolsAppendix4.pdf

http://www.youthaccess.org.uk/about/work/upload/How-to-use-Counselling-Outcome-Tool-Appendix4.pdf

Youth Access
Making Tracks Project (MtP)

Final Report

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