Evaluation of Young People's Building Bridges

A case study approach using Social Return on Investment (SROI)

Full Report

March 2012

Contents

1. Introduction

Aims and Objectives of the report

The aim of this report is to use the principles of Social Return on Investment (SROI) to evaluate the value of the Young People's Building Bridges (YPBB) project in Southwark.

Social Return on Investment (SROI) is a tool that helps measure the value of a project by considering a range of outcomes for all stakeholders affected. Rather than being led by prescriptive outcomes, SROI allows stakeholders to communicate the change in their own words, and describe how they know a change has happened. This then informs the indicators selected.

SROI aims to puts a monetary value on a range of social outcomes, both intended and unintended, so they can be included in the value of a project. To ensure that the impact of a project is not over claimed, SROI also attempts to take into account what would have happened without the project and who else may have contributed towards the outcomes. Together the value of the project can be understood in comparison to the delivery costs.

Overview of YPBB

Evidence suggests that one in ten children and young people in the UK have a mental health disorder. Disorders such as eating disorders, anxiety and depression can affect every part of young people's lives and prevent them enjoying the things that we take for granted: spending time friends, learning, going out. Children and young people's mental health can also have a significant impact on their families, friends and communities. YPBB provided support for young people aged 13 to 25 in Southwark who had a mental health diagnosis or emotional/ behavioural issues. It built on the Building Bridges model which provided holistic and flexible support to families where a parent has experience of mental health issues. During the 18 month pilot of YPB, 30 referrals were received from a variety of agencies. Through both practical and emotional support young people were encouraged to understand and manager their health issues while working towards their own personal goals. The ethos of the YPBB was to de-stigmatise mental health, and provide a customised, person- centred service to maximise young people's life chances.

Scope

This evaluation will consider the delivery of YPBB over the 18 months. This exploration will initially include of a review of the data already collected on outputs and service users' outcomes. Principles of Social Return on Investment will then be applied

to evaluate the impact of the project to all the affected stakeholders, with a focus on service users, and the return on investment, in both financial and social value, between October 2010 and March 2012.

2. The Context of Young People's Building Bridges

Review of existing evidence

The World Health Report 2001 states that mental health problems account for a third of all disabilities in the word and 12% of global health problems. It reports that 121 million people world wide face depression and 24 million experience schizophrenia. At present, depression is the fourth greatest global health problem. However, by 2020 it is expected that depression will be the second biggest global health problem after chronic heart disease[1].

1 in 4 British adults experiences at least one diagnosable mental health problem in any one year, and 1 in 6 experiences this at any given time[2]. Estimates vary, but according to the Mental Health Foundation, 20% of children have a mental health problem in any given year, and about 10% at any one time. The survey conducted by The Office for National Statistics[3] in 2004 found that rates of mental health problems among children also increase as they reach adolescence with disorders affecting 10% of boys and 6% of girls aged 5-10, rising to 13% of boys and 10% of girls aged 11-15, and % of girls aged 11-15. These figures also suggest that mental disorders in young people are more common in males than in females. The survey found that there were certain socio-demographic groups in which mental health problems were more prevalent. These included:

- Single parent families
- Reconstituted families
- In families were there were lots of siblings
- Where parents had no higher educational qualification
- Where neither parent was working
- Where there was low income
- Where there was disability
- Where families were living in socially or privately rented accommodation compared with those who owned their own properties

Furthermore, it is estimated that 95% of imprisoned young offenders have a mental health disorder.[4] and more than 70% of the prison population have two or more mental

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[1] World Health Organisation, 2001

[2] The Office for National Statistics Psychiatric Morbidity report, 2001

[3] Office for National Statistics (2004) News Release: One in ten children has a mental disorder. Available: www.statistics.gov.uk/pdfdir/cmd0805.pdf

[4] Office for National Statistics (1997) Psychiatric morbidity among young offenders in England and Wales. London: Office for National Statistics.

health disorders[5]. More than half of all adults with mental health problems were diagnosed in childhood although less than half were treated appropriately at the time[6]. Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth[7]

Of the 10% of young people experiencing mental health problems it was found that 4% had an emotional disorder (anxiety of depression), six per cent had a conduct disorder (behavioural problem), two per cent had a hyper-kinetic disorder (such as ADHD), one per cent had a less common disorder (such as autism, eating disorder or mutism) and around two per cent were found to have more than one type of disorder[8]. Mental health problems can bring about a complex set of emotions for young people. In one survey of a sample of the British population, people with current symptoms of a mental disorder were up to 20 times more likely to report having harmed themselves in the past[9] The Adult Psychiatric Morbidity Survey (APMS) in 2009 found that 8.9% of 16-24 year olds had self-harmed in their lifetime and 6.2% of 16-24 year olds have attempted suicide in their lifetime[10]. Suicide remains the most common cause of death in men under the age of 3511 There are an estimated 24,000 suicide attempts made by 10 to 19 year olds in England and Wales each year, which amounts to one attempt every 20 minutes[12].

The stigma of mental health can often be barrier to getting help and support. Black and minority ethnic (BME) parents with mental health problems are often reluctant to use existing services because they are not perceived to be culturally sensitive to their needs. There is wealth of research evidencing the higher rates of hospital admissions and compulsory detention for some BME communities, especially people of Black Caribbean, Black African, White/Black Caribbean mixed and White/Black African mixed heritage, than for other groups in the general population. African–Caribbean people are twice as likely as white people to be diagnosed with a mental health problem, but they are less likely to access treatment and care. Research undertaken for the Delivering Race Equality strategy indicates that a majority of the Africans and African–Caribbean's surveyed thought that mental health problems were something to be ashamed of13. In January 2009, a ground breaking anti stigma campaign, Time to Change, funded by the Department of Health, was launched across England to challenge

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[5] Social Exclusion Unit, 2004, quoting Psychiatric Morbidity Among Prisoners In England And Wales, 1998

[6] Kim-Cohen, J., Caspi, A., Moffitt, TE., et al (2003): Prior juvenile diagnoses in adults with mental disorder. Archives of general psychiatry, Vol 60, pp.709-717

[7] Department for Education and Skills (2010) Teenage Pregnancy: Accelerating the Strategy to 2010. London: DfES

[8] Office for National Statistics (2004) News Release: One in ten children has a mental disorder. Available: www.statistics.gov.uk/pdfdir/cmd0805.pdf

[9] Meltzer, H., Lader, D., Corbin, T., et al. (2002a) Non-Fatal Suicidal Behaviour Among Adults aged 16 to 74 in Great Britain. London: The Stationery Office.

[10] Figures according to Adult Psychiatric Morbidity in England, 2007: Results of a household survey. Sally McManus, Howard Meltzer, Traolach Brugha, Paul Bebbington, Rachel Jenkins. The Health and Social Care Information Centre. London, 2009.

[11] The National Service Framework For Mental Health – Five Years On, Department Of Health, 2005

[12] Eden-Evans, V. (2004) Young People and Suicide, Samaritans. Available: www.samaritans.org/pdf/Samaritans-YoungPeopleAndSuicide.pdf

[13] http://www.scie.org.uk/publications/briefings/briefing29/

attitudes and change behaviour around mental health problems. As part of the second phase of Time to Change a new programme is being developed that works specifically with children and young people. This approach recognises the many studies show that roughly half of all lifetime mental health problems start by the mid-teens, and three quarters by the mid-20s. It is therefore important that young people who experience any mental health problems can receive support and understanding from those around them[14].

The recognition of young people 'falling though the net' is now well documented[15] with the needs of young people aged 11–17 easily overlooked by services. Recent research has found that young people who have experienced difficult childhoods can experience an escalation of difficulties in adolescence due to increased propensity for risk-taking/acting out behaviour at this age[16]. There is a tendency within AMH Safeguarding to consider risk in relation to age categories – younger children are seen as more vulnerable and therefore are prioritised. Evidence from analyses of serious case reviews has drawn attention to serious harm experienced by older children, as well as a heightened risk of suicide[17]

The Coalition Government recently published a mental health outcomes strategy; 'No health without mental health' which states that service transition from CAMHS to adult services can be improved by planning early, listening to young people, providing appropriate and accessible information to young people, and focusing on outcomes and joint commissioning. The Department of Health views both early intervention as crucial to both the mental health and public health strategies; and good mental health and well-being are seen as central to public health strategy and the ability to generate NHS savings more widely. However, a survey of health trusts and councils has found that more than half have cut their budgets for children and young people's mental health services for 2011/2012. A Freedom of Information request sent to 120 service providers generated 54 responses, of which 29 said they would reduce spending in this area[18]. The Children's and Young People's Mental Health Coalition have lobbied so that children and young people are now viewed as deserving their own thematic strand in the face of the health reforms. For example, the Department of Health has set up The Children and Young People's Forum to inform the development of a Children and Young People's Health Outcomes Strategy[19].

Outcomes for Young People with Mental Health Issues

Robust studies into outcomes for young people in the UK with a mental health diagnosis compared to those without are hard to find. Such studies can be extremely

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[14] http://time-to-change.org.uk/youngpeople
[15] Hicks and Stein, 2010
[16] Rees et al, 2010
[17] http://www.nspcc.org.uk/inform/publications/downloads/tenpitfalls_wdf48122.pdf
[18] Young Minds, 2011
[19] http://healthandcare.dh.gov.uk/mental-health/

costly and time consuming and complex. One American study[20] took a longitudinal approach to measuring outcomes your young people aged between 16 and 21 who experienced depression in early adolescence (14 to 16). Adolescents with depression were at increased risk of a wide range of subsequent outcomes over the period 16-21 years. These outcomes included: later depression (Odd Ratio (OR) = 4.5); anxiety disorders (OR = 3.9); nicotine dependence (OR = 2.1); alcohol abuse/dependence (OR = 1.5); suicidal behavior (OR = 2.9); school failure (OR = 1.8); and a reduced likelihood of entering university (OR = 0.6) or other form of tertiary education (OR = 0.6). In addition, at age 21, depressed adolescents were characterised by higher rates of recurrent unemployment (OR = 1.8) and early parenthood (OR = 3.7).

The results reinforce the growing consensus of evidence that depressive disorders are frequently recurrent conditions and it would appear that this applies to disorders developing in the early teenage years. This study suggests that nearly two-thirds of those with depression between the ages of 14 and 16 years will experience a further episode of depression by age 21. Similarly, those with early depression also proved to be at increased risk of later anxiety disorder with just under half of those adolescents with depression developing an anxiety disorder by the age of 21 years.

The study notes however, that although the evidence suggests that depression in adolescence is associated with a range of later adverse outcomes, these outcomes do not appear to be the *consequences* of early depression but rather as a result of common social, familial and personal factors that contribute to both adolescent depression and later outcomes. These findings imply that adolescent depression in combination with problematic social, family and personal factors may be associated with a wide range of adverse outcomes. These results clearly highlight the importance of placing an early episode of depression within the context of a young person's life history, social and personal circumstances and the need to address wider social factors as well as medical treatment to avoid future depression.

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[20] Mental Health, Educational and Social Role Outcomes of Depressed Adolescents, published in the Archives of General Psychiatry, 2002 American Medical Association Fergusson DM, Woodward LJ. Mental health, educational and social role outcomes of depressed adolescents. Archives of General Psychiatry, 2002; 59: 225-231.

Table 1. Psychiatric, educational and social role outcomes associated with Major Depression during early adolescence (14-16 years) *.

Measure	Major Depression (14-16 years)									Effect of Depression p[1]	Effect of Gender p[1]	Gender x Depression Interaction p[2]
	Females			Males			Total Sample					
	No (n=400)	Yes (n=88)	OR (95% CI)	No (n=440)	Yes (n=36)	OR (95% CI)	No (n=840)	Yes (n=124)	OR (95% CI)			
Psychiatric Outcomes (16-21 years)												
% Major depression	38.0	71.6	4.1 (2.5-6.8)	20.7	47.2	3.4 (1.7-6.9)	28.9	64.5	4.5 (3.0-6.6)	<.0001	<.0001	>.60
% Anxiety disorders	24.8	58.0	4.2 (2.6-6.8)	14.3	25.0	2.0 (0.9-4.4)	19.3	48.4	3.9 (2.7-5.8)	<.0001	<.0001	>.10
% Nicotine dependence	23.8	40.9	2.2 (1.4-3.6)	26.6	44.4	2.2 (1.1-4.4)	25.2	41.9	2.1 (1.5-3.2)	<.0001	>.30	>.90
% Alcohol abuse/dependence	27.8	36.4	1.5 (0.9-2.4)	45.0	55.6	1.5 (0.8-3.0)	36.8	41.9	1.5 (1.0-2.2)	.044	<.0001	>.90
% Suicide attempt	6.8	14.8	2.4 (1.2-4.9)	3.6	11.1	3.3 (1.1-10.5)	5.1	13.8	2.9 (1.6-5.3)	<.01	.08	>.60
Educational Achievement (16-21 years)												
% Left school without educational qualifications	11.8	23.0	2.2 (1.2-4.0)	21.4	34.3	1.9 (0.9-4.0)	16.8	26.2	1.8 (1.1-2.7)	<.01	<.0001	>.70
% Entered tertiary education/ training	55.8	40.0	0.5 (0.3-0.9)	47.6	32.4	0.5 (0.3-1.1)	51.6	37.8	0.6 (0.4-0.8)	<.01	<.02	>.90
% Entered university	34.1	24.1	0.6 (0.4-1.0)	29.9	17.1	0.5 (0.2-1.2)	31.9	22.1	0.6 (0.4-0.9)	<.02	>.10	>.60

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Measure	Major Depression (14-16 years)									Effect of Depression p[1]	Effect of Gender p[1]	Gender x Depression Interaction p[2]
	Females			Males			Total Sample					
	No (n=400)	Yes (n=88)	OR (95% CI)	No (n=440)	Yes (n=36)	OR (95% CI)	No (n=840)	Yes (n=124)	OR (95% CI)			
Social Role Outcomes (16-21 years)												
% Multiple periods of prolonged unemployment	17.3	31.3	2.2 (1.3-3.7)	26.8	38.2	1.7 (0.8-3.5)	22.2	33.3	1.8 (1.2-2.7)	<.01	<.01	>.50
% Became a parent	11.2	26.1	2.8 (1.6-4.9)	1.6	2.8	1.8 (0.2-15.1)	6.1	19.4	3.7 (2.2-6.2)	<.001	<.0001	>.60

* Data are given as percentages unless otherwise indicated. Measures reflect outcomes at age 16 to 21. OR indicates odds ratio; CI, confidence interval.

[1] p value based on log likelihood ratio χ^2 test from a logistic regression model including main effects for early depression and sex.

[2] p value based on the residual model χ^2 after the main effects of depression and sex had been considered.

However, with such studies there are often difficulties in knowing whether a diagnosis is a clear measure of depression. A further study from New Zealand[21] explored reported depression that was *not* considered to meet the threshold for diagnosis and found that there were significant associations between early 'sub-threshold' depression and later symptoms, major depression, treatment for depression, anxiety disorder, treatment for anxiety disorder, suicidal ideation, and suicide attempts. After adjustment for 'covariate factors', the extent of depression at ages 17 to 18 years remained associated with later depression and suicidal tendencies. Comparisons showed that young people with sub-threshold depression had a similar prognosis to those meeting criteria for major depression although those with sub-threshold depression are a group with 'elevated

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[21] Subthreshold Depression in Adolescence and Mental Health Outcomes in Adulthood,2005, David M. Fergusson, PhD; L. John Horwood, MSc; Elizabeth M. Ridder, MSc; Annette L. Beautrais, PhD

risks of later depression and suicidal behaviours'. This highlights the importance of supporting young people who may not meet the threshold for adult mental health services and the risk of leaving them unsupported.

Local context

Understanding the impact of mental health on young people helps to define the range of potential needs. However, it is also important to understand the local population so that support can be tailored to the local needs. The 2010 Indices of Multiple Deprivation show that Southwark is the 41st most deprived borough in the UK (out of 326), up from 26th in 2007. Although the rank position has improved over recent years, Southwark is still within the top 15% most deprived authorities in the UK. In May 2011, 55% of 18-24 year olds claiming incapacity benefit in Southwark and 49% of 18-24 year olds claiming Employment and Support Allowance (ESA) were due to 'mental and behavioural disorders'. This is broadly similar the UK average. However, in 2009, 32% of all children in Southwark were living in poverty, compared to 21% in the UK. Of these, 15,900 children lived in lone parent families compared to 3,445 in couple parent families. As a proportion therefore, 82% of children in poverty in Southwark were living in lone parent households, compared to 68% nationally. This percentage is the second highest Local Authority in the UK after Lambeth (84%). Furthermore, Southwark's child population is very diverse with some 58% of children aged 0-19 belonging to black and minority ethnic groups in 2008. Black African children form the largest single minority group and Black groups overall make up 43% of the child population[22]

Recommendations from research

From further reviews of literature the following issues were identified as problems with current provision for Young People with mental health problems or emotional/behavioral issues:

• Transitions from CAMHS to AMHS
The transition from CAHMs to Adult Mental Health Services is not straightforward and many young people get lost in the system. Young people treated by CAHMs do not always fit the criteria for ongoing care[23]

• Waiting lists for CAHMS
Waiting lists for CAHMs can be long for young people who are not in crisis. A report in 2006 found that one in six children and young people had been waiting for over six months for an appointment with specialist CAMHS (at Tiers 2–3)[24]

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[22] Source: GLA 2008 based projections http://www.southwarkpct.nhs.uk/documents/6015.pdf
[23] Heads Up Mental Health for Children and Young People NPC, 2008

• Addressing Stigma

The stigma associated with asking for help regarding mental health issues can lead to low take up of services from young people.

Consequently may young people fall through the gap or cease to use services until a crisis occurs.

Research has shown that young people and professionals would welcome the following:[25]

- Community-based resources which are friendly, informal, flexible, accessible and non-stigmatising
- Flexibility in venues and meeting times (including out of hours, and drop-ins without appointments), plus telephone support
- Services to demonstrate flexibility and perseverance if appointments are missed
- Services that respond to unexpected changes in the young person's mental health and other aspects of their lives.

It has been argued that youth mental health services should be created which are specific to the 12–25 or 16−25 age group, on the grounds that this both recognises the changing context of young people's lives, and takes account of the varied experiences of transitions for individual young people[26]

3. The Delivery of Young Peoples Building Bridges

Building Bridges model

The original Building Bridges programme was developed as a family-focused approach to work with families where a parent has severe and enduring mental health problems. The design was based on research and practice knowledge of what works in home-based professional family support.

The evaluation of mainstream Building Bridges in 2011[27] found that intensive family support services are effective in dealing with a range of serious family difficulties; in engaging families and working with them; in securing improvements in family functioning and wellbeing; and in achieving cost savings for statutory services through

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[24] Department for Education and Skills and Department of Health (2006) Report on the implementation of Standard 9 of the NSF for Children, Young People and Maternity Services.

[25] Mental health service transitions for young people, SCIE, 2011

[26] Kurtz, Z., Stapelkamp, C., Taylor, E., Malek, M., and Street, C. (2005) Minority Voices: a guide to good practice in planning and providing services for the mental health of Black and minority ethnic young people London: Young Minds.

[27]Building Bridges: An independent Evaluation of a family support service http://www.family-action.org.uk/uploads/documents/BB_Report_Final.pdf

the modest cost of the service and the reduction in statutory service involvement and improved family functioning.

A number of recommendations for further improvements were made within the evaluation involving intensity and length of involvement with families, data collection, choice of clinical tools, knowledge and service development, and the development of measurements of cost benefits.

Recommendations to commissioners from the 2011 mainstream Building Bridges Evaluation were :

- Intensive family support should be in the service mix for vulnerable children given that the evidence of its impact on their positive outcomes is compelling
- There needs to be flexibility in the tailoring of family support and linked services given that short fixed times frames and less intense work are not always appropriate
- Diversity of service is needed to match diversity of needs in services
- Help with material deficits in the home is vital
- Commissioners should share with providers the financial burden of cost effectiveness evaluations
- Providers should be commissioned where they have an embedded theory of change, use a range of clinical tools and outcome measures and include service user reported outcomes

Recommendations to the service from the 2011 mainstream Building Bridges Evaluation were around:

• understanding why service users drop out of the programme
• reviewing the clinical tools used
• developing a knowledge base

The YPBB built on this model, in terms of the flexibility and holistic approach to both practical and emotional support, and the recommendations from research, to provide a service that met the needs of young people with a mental health diagnosis or emotional/behavioral problems to support their transitions to independence and improve their life chances.

During development of YPBB, a focus group gathered the views of young people locally to understand what they wanted from a mental health service. They cited the importance of a flexible service that would come out to them in their community but they also specified that face-to-face contact was important and they did not want to access services online. These finding were fed into the programme design.

The Young People's Building Bridges model

YPBB provided support for young people aged 13 to 25 who had a mental health diagnosis or emotional/ behavioural issues. The aims of Young People's Building Bridges were:

• support young people living in Southwark who have a mental health diagnosis or emotional/ behavioural issues;
• work from a person-centred perspective, meaning clients direct the work they do with the worker;
• deliver services wherever it is convenient and preferred by the client (venues in the community);
• help clients and their family understand their mental health diagnosis and provide support relevant to the clients' individual needs;
• empower young people to become peer mentors.
• support the transition from AMH Safeguarding to adult services
• demystify/destigmantise mental health for young people and family

YPBB was set up as an 18-month pilot, building on the success of the original Building Bridges programme with families, based in the London Borough of Southwark. YPBB was run by two staff; a part time project co-ordinator and a part time practice manager.

4. Evaluation approach

Limitations of Evaluations

Evidence of results not only helps charities to improve their services; it also helps to inform funding decisions. If charities do not properly evaluate what they do, they cannot assess whether they are having a positive impact, or where they might need development.Many services rely on outputs to show the value of their work, such as the number of service user contacts or the number of activities. However, this tells us little about how the service has made a change to people's lives.

Clinical scales are now often adopted by charities to show the progress of the service users they work with. They can be used to measure a young person's well-being at the beginning and end of an intervention, in order to determine if any improvement has occurred. Young people can fill out a questionnaire, or work through a series of questions with their worker during their first and last session, and sometimes at regular intervals in between. This measures the progress that a young person makes and demonstrates the changes to well-being as a result of the intervention.

However, many services that use clinical outcome scales still face challenges in collecting data. The extent of young people's mental health problems does not always emerge in the first session which means that the baseline data (against which change is

measured) may be misleading. Conversely, young people may stop using a service without warning, which makes it impossible to track progress.

Another common difficulty for charities is the challenge of evidencing how successful preventative approaches are. The cost saving associated with avoiding escalation of mental health issues can be huge. However, understanding what would have happened if a service did not exist is difficult to establish.

Often children and young people's views are not sought or acted upon when services are evaluated. Including young people in the evaluation of a service ensures that there is an understanding of what difference it has made from their perspective, rather than replying on prescribes outcomes which often to do convey the complexity of people lives and the priorities that young people have at this time.

Methodology

The first phase of the evaluation is a review of existing data to understand how young people used the service based on the data collected. The second phase then involves engaging with service users and other stakeholders to understand how the project impacted on them and the value that can be placed on this to calculate the social return on investment (SROI).

5. Analysis of Delivery

Data Analysis

An MS Access database was used to record and collect data on all service users. This included data on referrals, needs, methods of delivery, goals and outcomes. Analysing this data can provide an overview of the project. The data can also be viewed in context of the findings from the mainstream Building Bridges evaluation although caution should be taken in comparing results due to the different ways of working and the difference in client groups.

YPBB began in October 2010. The aim for the 18-month pilot was to work with 30 referrals. Links with made with over 30 agencies, organisations and local community groups, to encourage new referral routes into and out of the project. By November 2011, 30 referrals had been received from a number of different services, namely adult mental health services and 'other statutory services'. 'Other' included four referrals from Integrated Children Services (Education Welfare Officer).

Table 1. Number of referrals from each agency

Referral Service	No. of service users	% of service users
Adult mental health	11	37
Other statutory	7	23
Social Services children/family	4	13
CAMHS	3	10
Self	2	7
Voluntary organisation	2	7
Self - advice of other	1	3

Although YPBB was a stand alone project, this can be compared to the original mainstream Building Bridges evaluation where a third were referred from Adult Mental Health Safeguarding, 10% from Mental Health services and 10% from voluntary organizations, to highlight the different referral routes and the work around gaining new contacts and relationships, as well as building on existing ones.

Referrals to YPBB were made for a variety of reasons. Lack of confidence and isolation were reasons in over half of the referrals received.

Table 2. Reason for referral

Referral reason	No. of service users	% of service users
Lack of confidence	20	67
Isolation	18	60
Mental health of young person	13	43
Housing	9	30
Substance misuse	9	30
Education issues	8	27
Disabilities or health problems	5	17
Financial problems	5	17
Information/advice	5	17
Sexual abuse	5	17

Referral reason	No. of service users	% of service users
Domestic abuse/violence	4	13
Adult's relationship	2	7
Child care	1	3

This table shows the diversity of issues but also the importance of addressing needs around confidence and isolation which were common issues . In the mainstream Building Bridges evaluation 70% of referrals were for 'family support/behaviour of child', 34% were for 'mental health of the adult', 30% for 'information/advice', 18% for 'isolation' and 18% 'education issues'. This evidences the different types of issues identified in the two models and the need to be flexible enough to address individuals needs.

In terms of family types, 13 were in lone mother families (62% of known). This can be compared to the mainstream Building Bridges programme where 51% were lone mother families. However, due to the age range for YPBB, service users may be living with their parents, making transitions to independent living, or be young parents with children themselves. Therefore this data capture does not represent the variety, or often changing circumstances, of young people's lives who YPBB work with.

Clients referred to YPBB received holistic support for the whole family, taking into account other needs and how they may impact on other family members. Four young people referred to the project also had young children. In total 37 service users and children were recorded on the YPBB database, reflecting varied needs and issues. 32% of these were White British, 26% Black Caribbean, 11% Black African, 11% not known, 8% mixed other, 5% Mixed White and Black Caribbean, 5% white other and 3% Mixed White and Asian. This client group is more ethnically diverse than the clients in the mainstream Building Bridges programme, representing the cultural diversity of Southwark. YPBB recognise that Southwark has residents with a range of cultural needs and attempts to respond to each individual's requirements.

The mental health issues of the young people referred varied considerably with the majority having a specific diagnosis but a significant minority (6) experiencing undiagnosed emotional/ behavioural issues. Without a diagnosis these young people can often slip though the net, or only present to services later in life when mental health has deteriorated to crisis point.

Table 3. Types of emotional/behavioural or mental heath issues

Diagnosis	No. of service users
Emotional/behavioural problems	6
Depression	6

Personality disorder	3
Post traumatic stress disorder	3
Mood affected disorder	2
Aspergers Syndrome	2
Anxiety disorder	1
Anorexia nervosa	1
Social phobia	1
Schizophrenia	1
Bipolar affected disorder	1
Speech and language problems	1
Affected psychosis	1

Of the 30 referrals 14 resulted in ongoing work (47%), 15 referrals did not want the service (50%) (for 4 of these it was not considered necessary) and 1 was an inappropriate referral. The mainstream Building Bridges evaluation found that between 71% and 80% of referrals resulted in ongoing help and advice and between 5% and 9% declined help. This suggests that there may be more difficulties in engaging with young people.

Table 4. Number of contacts

Number of contacts	No. of service users	% of service users
None	4	13
less than 10	10	33
10 to 19	7	23
20-29	3	10
30-39	3	10
40-49	1	3
50-59	1	3
60-69	1	3

In the mainstream Building Bridges evaluation the average number of contacts was 35. For YPBB the average number of contacts was 15 for all 30 referrals. This reflects both the difficulty in maintaining engagement with this client group and the shorter time scales for the project.

The most common issues YPBB worked with were:

· Emotional stress
· Accessing other services
· Mental health adult
· Self esteem
· Social isolation / support
· Information
· School issues
· Couple/marital relationship difficulties
· Substance misuse
· Parenting issues
· Adult relationship difficulties
· Child behaviour / relationship difficulties
· Domestic abuse/violence

The methods used to support the young people were varied as shown in the table below:

Table 5. Methods used/services delivered

Method	No. of service users	% of service users
Assessment	13	43%
Advice/information	9	30%
Accessing voluntary services	8	27%
Individual work-adult	7	23%
Practical help	7	23%
Social activities, outings	6	20%
Family work	5	17%
Individual work-child	3	10%
Accessing other statutory services	2	7%
Education/training/skills development	2	7%
Volunteer-mentor introduced	2	7%

Method	No. of service users	% of service users
Advocacy	1	3%
Drop in	1	3%

Service users set their own goals and during the closure of their case they were encouraged to score their own progress towards meeting these goal. The YPBB workers also scored their progress. On average scores are broadly similar between workers and service users (average of 3.5 for workers and 3.4 for service users).

Table 6. Number of scores from service users and workers at each level

Score	Service user	% of goals scored	Worker	% of goals scored
1- not met	3	19	4	13
2	2	13	2	7
3	3	19	8	27
4	2	13	7	23
50-fully met	6	38	9	30

The most common score given by both workers and service users was 5 out of 5 meaning that goals were 'fully met'. Those with the highest number of contacts were more likely to have their goals met. The mainstream Building Bridges evaluation found that goals were scored as 'fully met' in 31-37% of cases for service users and between 30% and 36% for workers, similar to proportions in the table above.

The goals varied between service users as they depended on individual need and were guided by the young person themselves. However, when categorised there were some common categories for goals across service users such as addressing social isolation and increasing self esteem.

Table 7. Category of goals and average scores given

Goal category	Number of goals	Average score at end from worker	Average score at end from service user
Social isolation/support	6	2.8	2.5

Goal category	Number of goals	Average score at end from worker	Average score at end from service user
Self esteem	4	4.3	4
Accessing other services	3	2.5	3
Mental health adult	3	3.3	5
Substance misuse	2	4.5	3
Emotional stress	2	4.0	
Skill enhancement	2	3.5	
Parenting issues	2	4.0	4
Truancy/school attendance	1	5.0	5
Loss bereavement	1	4.0	4
Information	1	3.0	
Financial/material hardship/benefits	1	3.0	
Adult relationship difficulties	1	1.0	1
School issues	1	5.0	5
Mental health child	1	3.0	3
Adult with disability	1	4.0	

While a number of goals have clearly been met fully or mostly as perceived by both worker and service user, there appears to be more difficulty affecting common goals such as social isolation and accessing services. This highlights the role of the community and peer groups. Due to short time scales of the project YPBB were unable to find compatible matches between peer mentors to service users. However this concept was embedded in the philosophy of the YPBB project and, given time, may have addressed some of the needs around social isolation and accessing universal services. Improving self esteem was a common goal that was successfully met in most cases. Goals around mental health were also quite common, with high scores given, particularly from service users.

To measure 'softer' outcomes, the Strengths and Difficulties Questionnaires (SDQs) and Rosenberg's Self Esteem Scale were used. Other innovative tools were also

explored such as 'blobs' where a young person is presented with a cartoon drawing of characters exhibited different emotions or situation and they are encouraged to colour in the one that they most feel like. Four services users completed both a start and end SDQ and four completed Rosenberg's Self Esteem scale at the start and end of the work. Rosenberg's Self Esteem scale was used for older service users as SDQ was not applicable to over 16s.

 SDQs provide scores for :
1) emotional symptoms
2) conduct problems
3) hyperactivity/inattention
4) peer relationship problems
5) pro-social behaviour

The average scores for self completed SDQs for 11-15 year olds in Britain is 10.3 (with a standard deviation of 5.2) [28]. The average starting score for the 9 under 16s who completed a SDQ at the start of the YPBB work was 15.4. Four services users completed the SDQ at the end of work showing an average increase of 2.25 points. Scores had increased for two service users and decreased for two other service users, implying for some service users more issues were uncovered during the work, or other external situations were having a bigger impact on the young people's lives.

The Rosenberg self esteem scale measures self-esteem by asking the respondents to reflect on their current feelings. Scores between 15 and 25 are considered within normal range; scores below 15 suggest low self-esteem[29]. For the four service users completing the Self Esteem Scale the average starting score was 15. All four completed the scale at the end of work with an average ending score was 18.75 (+3.75 points). In total, 3 service users score increased and one remained the same.

As previously discussed, questionnaires that rely on completion at the beginning of a project can often lead to inflated scores, then as service users explore their needs and barriers they may be more honest or realistic about difficulties they have. Such bias is difficult to account for but should not devalue the usefulness of working through and scoring needs as part of one to one interventions and exploration of goal setting.

The aim of YPBB was to work with service users for six months. However, due to time spent chasing up young people, and their tendency to disengage and then re-engage at a later date, assessment and closure did not always follow the suggested timeframes. Some service users would disengage before work was properly closed and sometime a lot of time was spent trying to engage a service user who was referred until it was felt appropriate to accept that they did not want the service. Some other cases were open for longer than six months due to the complexity of needs. After 18 months therefore, seven cases were closed because plans were completes/objectives achieved and 17 were

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[28] http://www.sdqinfo.org/norms/UKNorm3.pdf
[29] http://www.wwnorton.com/college/psych/psychsci/media/rosenberg.htm

closed because the service user did not attend or later disengaged. Four cases were closed due to 'other' reasons which included the project coming to an end (3) and the service user living out of the area (1).

Table 8. Reasons for case closures

Reason case closed	No of service user
Person did not attend/or want to continue	17
Plans completed / objectives achieved	7
Other	4
Not known	2

Those with higher numbers of contacts were more likely to end due to a plan being completed, although of those not wanting to attend an average of ten contacts were still made before cases were closed, indicating the time spent attempting to engaging with young people who may be typically 'hard to reach'.

Table 9. Number of contacts for different reason for case closures

Reason case closed	Average number of contacts
Not known	0
Plans completed / objectives achieved	31
Person did not attend/or want to continue	10
Other	16

Customer journey

A Gantt chart can provide a picture of how young people use YPBB, the length of time the case in open and the reason for closure. Young people can are referred to the service through a number of different agencies or they can self refer. The number of contacts is also shown. The chart is ordered by ordered by referral agency then duration of case.

Referral chart — Number of months (1–11)

Referral	Outcome	Contacts
Adult mental health	Other	34
	PC	40
	PC	50
	Other	5
	DNA	0
	DNA	10
	DNA	7
	DNA	10
	DNA	4
	DNA	0
	DNA	5
Other statutory	DNA	10
	PC	33
	PC	24
	DNA	6
	DNA	4
	DNA	5
	Not known	0
Social Services	DNA	12
	DNA	7
	DNA	10
	DNA	12
	Other	20
Self	PC	30
	DNA	6
	Not known	0
CAMHS	DNA	60
	Other	4
Voluntary org	PC	25
	PC	12

Legend:
- Assessment (red)
- PC — Plans completed / Objectives achieved (yellow)
- DNA — Person did not attend/or want to continue

The second chart shows the flow of service user referrals and cases closed by actual calendar month through the 18 months of the project. After a number of months of building contact with other agencies there was an influx of referrals and at times there were up to 17 referrals open. Towards the end there were six referrals still open with two cases closed due to the project ending (that may otherwise have closed successfully) while the others YPBB were not able the re-engage with before the project ended.

Referral	Date	Calender months	Outcome	Contacts
Adult mental health	13-May-11		Other	34
	27-Oct-10		PC	40
	19-Nov-10		PC	50
	24-Jun-11		Other	5
	07-Jan-11		DNA	0
	24-Jan-11		DNA	10
	17-Aug-11		DNA	7
	10-Oct-11		DNA	10
	05-Apr-11		DNA	4
	28-Oct-11		DNA	0
	27-Oct-10		DNA	5
Other statutory	24-Mar-11		DNA	10
	16-Jun-11		PC	33
	04-Apr-11		PC	24
	14-Apr-11		DNA	6
	17-Aug-11		DNA	4
	25-May-11		DNA	5
	11-Oct-11		Not known	0
Social Services	06-May-11		DNA	12
	04-Jul-11		DNA	7
	13-Apr-11		DNA	10
	30-Mar-11		DNA	12
Self	20-Jun-11		Other	20
	04-Mar-11		PC	30
	17-Jan-11		DNA	6
CAMHS	25-Mar-11		Not known	0
	16-Mar-11		DNA	60
	01-Sep-11		Other	4
Voluntary org	03-Mar-11		PC	25
	03-Mar-11		PC	12

In summary, the data analysis has shown the varied needs of service user and the range of outcomes recorded. However it is still difficult to know the significance of the impact from YPBB given the cost of delivery and which outcomes should be focused on and why.

6. Social Return on Investment

Social Return on Investment (SROI) is a tool that helps organisations to measure the social impact and economic value they are creating. It can be thought of as a broad approach to cost-benefit analysis which calculates whether or not the benefits resulting from an intervention justify its costs.[30]

The SROI process is made up of the following stages
- Talking to stakeholders to identify what social value means to them
- Understanding how that value is created through a set of activities
- Finding appropriate indicators, or 'ways of knowing' that change has taken place
- Putting financial proxies on those indicators that do not lend themselves to monetisation
- Comparing the financial value of the social change created to the financial cost of producing these changes[31]

SROI is based on seven principles;

1.Involve stakeholders

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[30] The Green Book (2003) HM Treasury http://www.hm-treasury.gov.uk/data_greenbook_index.htm
[31] Measuring Real Value: A DIY Guide to Social Return On Investment (2007) New Economics Foundation

A stakeholder is any group that is affected by the service. Initially the following stakeholders were identified by YPBB:

- · Young people
- · Parents
- · Siblings
- · Children
- · Schools
- · Community
- · CAHMS
- · Adult Mental Health Services
- · Voluntary Services
- · Social Services
- · Probation
- · Education

The way change is created can be understood through dialogue with those affected by the project

2. Understand what changes

Through the stakeholder consultations, the theory of change can be developed. This provides details of activities that contribute towards the changes. Indicators help determine whether or not change has taken place: they allow performance to be measured. The indicators are the ways of knowing something has happened or changed.

3. Only include what is Material

One of the principles of SROI is to only include what is material. The principle states: 'Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact'.

4. Value the things that matter

To assess the value of each outcome, all of the outcomes need to be monetized, or expressed in financial terms. When financial data is unavailable or difficult to obtain, proxies can be used. A proxy is a value that is deemed to be close to the desired outcome, for which data may be unavailable. Proxies should not be seen as conveying a hard and fast value on that outcome but as a way of expressing it in financial terms that ensures it can be included in the analysis. The value of the outcome is the value that it represents to that stakeholder.

5. Do not over-claim

The SROI process also involves assessing the extent to which the outcomes result from the actual project, and any additional impacts. To do this, deadweight, displacement, attribution and drop-off rates and duration need to be taken into account. These were agreed with those working on the project, based on their experiences, the needs of young people and wider research.

Deadweight
Deadweight considers what would have happened anyway if the project did not exist.

Displacement
Displacement occurs when the project benefits are at the expense of others (e.g. benefits are displaced from elsewhere). For this project there was unlikely to be displacement.

Attribution
Attribution considers what share of an outcome is attributable to, or results from, those outside of the project.

Drop-off
Drop-off refers to the deterioration of an outcome objective over time, such as the number of participants each year who lose the confidence gained as a result of the project.

Projecting future benefits
When projecting benefits into the future, it is standard SROI practice to discount the value of any future benefits. The HM Treasury discount rate of 3.5 per cent was applied to all future benefits in the model.

6. Be transparent

Any assumptions and judgments will be clear to allow for transparency and for the analysis to be replicated.

7. Verify results

While some subjectivity is inevitable, verification will be sought to asses whether decisions made were reasonable.

Case Study Approach

Due to the numbers of service users and the high rate of engagement in this evaluation it is possible to analyse the social return for each service user on a case by case basis. This is particularly useful given the varied individual needs and goals of the service users. This allows the case studies to be analysed, following the principles of SROI, to measure the impact within a consistent framework. Narratives from services users,

family members, other services or providers and YPBB staff can be explored to provide details of each young person's journey.

The following questions were explored to provide an understanding of the impact of YPBB from the perspective of those experiencing the change.

1.What changed? (outcomes and indicators)

This provides a picture of the situation at the beginning and end of YPBB support. in terms both what service users were doing and how they felt, to capture both hard and softer outcomes. Commonly used stages of learning and development (as used in a range behavioural theories and outcome measures) can be explored to understand what changes and the scale of change.

2. How important was this change? (value)

Service users were encouraged to value the change in terms if its importance to them. This is referred to as 'stated preference' or contingent valuation where people are asked directly how much they would pay to have something. Alternatively products relevant to the stakeholder group can be used to represent different values. This is particularly useful for younger stakeholders and those with less disposable income, where paying for the outcome may not be realistic.

3. How long do they think it will last? (duration and drop-off)

To find out how long outcomes are expected to last, service users were asked what they thought they would be doing in a year, and five years time, and what might get in the way. This provides an indication of how long they expect the outcomes they describe to last and any potential drop-off in outcomes over time.

4. Who else helped? (attribution)

Understanding who else service users were working with and who else did or did not contribute to the outcomes they described can help assess the proportion of impact that should be deducted due to 'attribution'. Describing processes of joined up working can also provide insight into levels of attribution.

5. What would have happened anyway? (deadweight)

Knowing what would have happened anyway is a common difficulty for evaluations. Asking service users what they think would have happened provides some idea of expected deadweight. Information about the situation before YPBB support, any other support they have previously accessed and how YPBB specifically helped them can inform judgments on deadweight. Describing what was unique about the YPBB support can also provide insight into levels of deadweight.

Stakeholder engagement

A 'stakeholder' is anyone affected by the project, including service users. Engaging with stakeholders ensures that an understanding of what changes can be communicated through their own experiences, as well as the level of importance placed on any changes. The sample interviewed were:

Service users = 5 (3 face to face, 2 phone)

Parents of service users = 4 (2 face to face, 2 phone)

Peer Mentors = 2 (phone)

Services = 10
- AMH Safeguarding Children's Manager
- Consultant Child and Adolescent Psychotherapist and Lead Clinician Southwark CAMHS
- Adolescence Team, CAHMS
- Community Mental Health Nurse
- Community Psychiatric Nurse
- Parent Support Practitioner AMH in Children's Centre's Team
- CAHMS worker
- Psychologist
- Education Welfare Officer
- Consultant Clinical Psychologist

In addition, case studies previously collected from YPBB were reviewed. This triangulation of evidence provided verification of journeys, as well as an understanding of how different stakeholders perceived impact differently. In summary, the following sources provided evidence on all seven cases that were closed with plans completed and a further single case that was closed due to project ending but where the service user had engaged in the project.

Case study[32]	YP	Parent	Other Service	YPBB case study
Ruby			1	1
Shaun		1		1
Talisha	1	1		1
Mekiah	1	1		
Stacey	1			
Jasmine		1		
Akeem	1	1		
Lee	1		1	

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[32] Names have been changed

Service Users

Service users were asked whether they preferred to be interviewed face-to-face or on the phone. Younger service users were contacted through their parents and visited in their home. This allowed for more innovative activities in valuing outcomes with themselves and their parents. All service users, parents and mentors were given a £10 voucher for their time which was presented after the interview was complete. This was used as a token of appreciation rather than offered before hand, to ensure that those who agreed to be involved were doing so voluntarily and that it was a positive experience for them. Before the interviews informed consent was gained and confidentiality were explained as well as the right to withdraw at any time. The interviews were informal and relaxed to encourage participants to engage. They were semi-structured, with a series of open-ended questions to guide the conversations.

Case Study 1. Ruby

Background
Ruby was 22 yeas old and a mother of three children under-five, the youngest of whom had just turned seven months when referred. She was Black Caribbean. Her diagnosis was mood disorder and she has a history of self harm, including a spell in a psychiatric unit following an overdose attempt at the age of 15. Her referral was from adult mental health.

1. What changed?

A case study on Ruby was provided from YPBB for a previous report and described her initial needs when being referred to the project:

"Ruby had suffered post natal depression with her previous child. Part of my brief was to help raise her confidence and self-esteem and monitor her mood post-natally. Ruby's confidence around social interactions was low – she found it hard to be assertive with her older sister and the father of her children, who is married to someone else with whom he has a separate family. At the start of work Ruby had just finished the first term of an Access to Midwifery course but had to leave due to having her new baby. Her goals were to try to stay in education, to get the children into better routines e.g. bed times, and to apply for primary school for her eldest child and get him into regular nursery and apply for nursery for her middle child." YPBB worker

The case study then goes on to describe the achievements through working with YPBB.

"Attending under fives drop-in; attitude shift, changes to children's routines have worked and Ruby has gained in confidence as result. The children's schools and nursery are sorted; she soon returns to college part-time to complete her Access course. Her ambition is to achieve a degree in midwifery and work as a midwife. She expresses her feelings more now – so if she needs support she asks for it. Ruby has agreed to have a mentor to support her in getting out of the flat more with the children which she still finds a challenge." YPBB worker.

The case studies also quotes Ruby as stating 'I don't want my children to grow up and think that is the way to be [re. their father's behaviour in having two families]. There won't be any more children now; I've taken control of my contraception and that feels good. I'm more focussed on my own aims and future."

Ruby's evaluation form also cited the benefits of YPBB in terms of both emotional and practical support.

"Having someone to talk to about problems and help with practical things such as school applications and getting out with the children" Ruby, Evaluation form

The Community Mental Health team, where Ruby was referred from, were also able to cite the benefits of joined up working

"I think she engaged quite well. It was helpful. For a time we were working together [with YPBB], side by side, separately but at the same time, and YPBB continued on after I stopped seeing the client. It was very helpful because the client had just had her third child and was quite isolated and had a number of issues and problems in getting her children to nursery and all these other things and getting her son registered at school and practical things like that and Sylvia was very helpful in adding extra. She was doing the things that I wouldn't have the capacity to do so it was helpful from that perspective really. Without YPBB, I think it would probably have been an unmet need because I don't think there was any other service I could have called. I was trying to support her with things as well but I didn't have capacity to go to a nursery with her and register the child so I suppose possibly I would have tried to do more myself but realistically I wouldn't have been able to give her the time." Community Mental Health Nurse

The Community Mental Health worker was able to recognise the specific needs of the young person and issues around isolation and lack support.

"I think it was good support for her, she was quite isolated at a time when she was in quite a vulnerable position. She's got a long history of depression and she'd just had her third child and her social circumstances were less that perfect. She had very little family support and her own mother died when she was a teenager and her sister unfortunately created more stress and worry to her than support, so it was really good
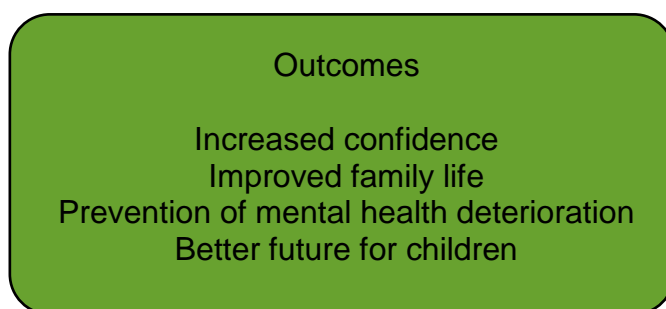
for her to have an adult who was professional but also there for her really. That was just very helpful." Community Mental Health Nurse

There was also a recognition of some of the difficulties for the service users in following through with advice given.

"I think there are issues in terms of client reservation and their ability to follow the support and advice she was given but I think YPBB did everything they could do, they were very flexible, and supportive so I don't think there's anything that could have been done differently" Community Mental Health Nurse

In terms of outcomes, the community mental health nurse was able to identify positive benefits, give the complexity of the case.

"I think she was someone who was quite 'stuck'. I think its hard to say how much difference we made but she hasn't been referred back to mental health services in over a year since she was discharged, which is potential evidence that things are better. In terms of whether or not she actually progressed as quickly as we would have liked her to have done I think the answer's probably "no" but, on the other hand, hopefully there was support put in and she knew what she needed to do to move on, but I think it was quite difficult timing, given that realistically, she'd just had her child, basically her main problems were with the relationship with the father of the children and her sister and it was about supporting her to set boundaries with them and I think we would have liked to have done more but I think hopefully at some point in the future she, I suppose she's had the advice, and... it was a hard case, it wasn't like it was going to be straight forward and we were going to solve all her problems in six months, so I think it potentially stopped her from becoming depressed in that period, which was a period of time when she was potentially quite vulnerable to becoming unwell." Community Mental Health Nurse

> **Outcomes**
>
> Increased confidence
> Improved family life
> Prevention of mental health deterioration
> Better future for children

2. How important was this change?

The ability to support those who are isolated and vulnerable was seen as the most important aspect of YPBB by the Community Mental Health Nurse

"I think the most important aspect is being there for young people, especially for people who are vulnerable, who don't have necessarily supportive friends or family who are there for them. So I think the angle of giving young people a chance, and being quite open in terms of what YPBB might do for them, so its very much lead from the client. I think it allows the support which they probably wouldn't be getting otherwise I think." Community Mental Health Nurse

This flexibility and freedom to be client-led rather than target-led was the aspect that made YPBB unique from other services.

"I think its the fact that it's there specifically for the young person to use in whichever way they want really, its important to them and their personal growth and I think that's quite new to have something that's client-led. Its more what they want rather than, as a health professional we have a certain agenda of what we need or we're willing to offer someone, whereas that project was more for anyone who was potentially at risk, or has a history of mental health problems so I think the fact its client led is important." Community Mental Health Nurse

> Values
>
> Increased confidence=cost of confidence training
> Improved family life=average parents spend to improve children's well-being
> Prevention of mental health deterioration=value of counseling
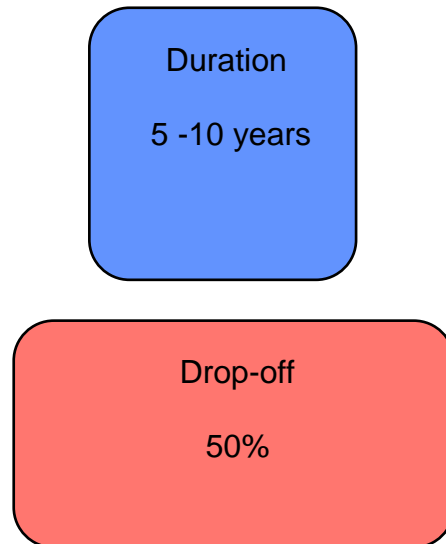> Better future for children=average cost parents invest in children's future

3. How long do they think it will last?

The community mental health worker was fairly confident that outcomes the had lasted and that the service user was able to maintain good mental health.

"I think they increased her self esteem and her self worth and what we and YPPBB were trying to do was around building that. I'm fairly clear that it was very helpful for her. I thought the timing was good. It made my job an awful lot easier and I think, I hope, it has lasted. She was someone who had a lot of history from when she was a child herself, and like I say she hasn't been referred back to us. So I think that's pretty positive really and I think, I would hope, I imagine they would have contacted us if there had been any issues, so I think that's been quite a success." Community Mental Health Nurse

Ruby also stated on her evaluation form her future goals, indicating that she left the project with high aspirations and a positive outlook on her future.
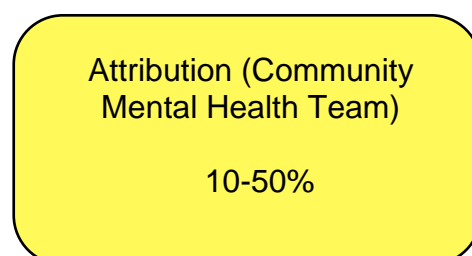
"To complete my access course, go onto uni and get a job" Ruby, Evaluation form

Duration

5 -10 years

Drop-off

50%

4. Who else helped?

Throughout the interview community mental health worker highlighted the value of joint working to address the complex needs of the service user.

"I think the joint working helped a lot. The main reason I suppose that she was vulnerable at the time was because she had quite a complex history so by the time I was working with her she wasn't actually that unwell because we were taking a sort of monitoring role because she had that history, and potentially was at risk on becoming unwell again so it is possible we could have done it without YPBB, and YPBB could have potentially done it without us but I think the joint working was certainly helpful." Community Mental Health Nurse

Attribution (Community Mental Health Team)

10-50%

5. What would have happened anyway?

From Ruby's evaluation form she was able to recognise the impact that YPBB had on her family and what it would have been like without that support.
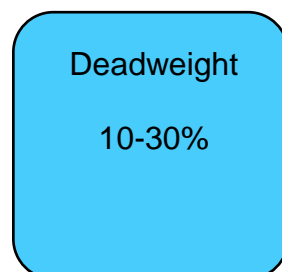
"I would have fallen back into my old habits of not going out, being isolated, wouldn't go out as much with the kids.....They would miss out on the opportunity to mix with other children. I don't think I would get the same kind of support from anywhere else." Ruby, Evaluation form

The Community Mental Health Nurse felt that not supporting Ruby would have lead to increased risk or her becoming unwell.

"I think she, potentially, thinking back to why she was referred on to us and what was happening at the time, I think there was self harming and there was potentially risk of harm so I think there was a high risk of her becoming more unwell and going into crisis and I guess that would have had all kind of knock on affects for her children which may have lead to children and family service being involved, which they weren't due to the support and monitoring that we were both offering." Community Mental Health Nurse

The worker also identified the impact of encouraging Ruby to leave the house, and the potential negative impacts had this support not been given.

"The other thing that was actually quite important was that there was a time when she wasn't actually leaving the house at all and actually the timing of having myself and Sylvia involved was really crucial. Not long after she'd had the baby she panicked about how she could possibly manage three children outside on her own and by Sylvia getting in quickly and taking her out, and me doing the same thing on a different bit that stopped things from get an awful lot worse, and her becoming more agoraphobic and the children not getting out to nursery and in the fresh air. Not only was she quite overwhelmed in the respect of going out but, had we not been there, the chances are she would have become more and more avoidance and perhaps wouldn't have started going out until.... or things might have got a lot worse and that would definitely have had a very negative impact on the children." Community Mental Health Nurse

> Deadweight
>
> 10-30%

Wider impacts on other stakeholders

As well as impacts on children already mentioned , the Community Mental Health Nurse felt that there were cost benefits of early intervention to services

There is a wealth of research around the increased risk children going into care if the mother has a mental health issue, particularly if they are hospitalised. Childcare social workers estimate that 50–90 per cent of parents on their caseload have mental health problems, alcohol or substance misuse issues[33]. In America, only one-third of children with a parent who has a serious mental illness are being raised by that parent[34]. However, a large body of clinical evidence and the experience of Family Action shows that parents with mental health difficulties can be great parents providing they get support to manage their condition, run their household and care for their children[35].

Theory of change

- Young people are able to set and work towards their own goals leading to increased confidence or self esteem and improved family life

- Young people and their children are supported to access and engage with universal services increasing their life outcomes

- Young people are able to recognise and manage their own mental health needs so that they are able to avoid risk of readmission into hospital and children going into care

Impact Map 1: Ruby

Stakeholder:Service user

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Increased confidence	Trying new things	£1,195	10	20%	10%	50%	£537 after 1 year. £2,400 after 10 years
Prevention of mental heath deterioration	No re-admission	£2,080	10	50%	10%	50%	£936 after 1 year. £1,870 after 10 years

Stakeholder: Children

[33] http://www.scie.org.uk/publications/guides/guide30/references.asp#1
[34] http://www.nmha.org/go/information/get-info/strengthening-families/when-a-parent-has-a-mental-illness-child-custody-issues.
[35] http://www.guardian.co.uk/society/joepublic/2011/feb/04/mental-health-strategy-family-focus

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Improved wellbeing for children	Parent able to meet emotional needs of children	£2,142	10	50%	10%	50%	£2892 after 1 year. £5,777 after 10 years
Increased investment in children's future	Parent engaging with school	£2,392	10	50%	10%	50%	£3,229 after 1 year. £6,452 after 10 years

Stakeholder: NHS

Outcomes	Indicator	Value	Duration (yrs)	Drop off	Deadweight	Attribution	Impact
Reduced demand on treatment for mental health issues	No re-admission	£6,750	10	50%	10%	50%	£,3037 after one year. £6,069 after 10 years

Stakeholder: Social services

Outcomes	Indicator	Value	Duration (yrs)	Drop off	Deadweight	Attribution	Impact
Reduced risk of taking children into care	No re-admission	£24,000 each	10	50%	30%	50%	£25,200 after one year. £50,350 after 10 years

The total value returned for working with Ruby was £68,039 (taking into account 3.5% discount rate). £50,350 was from savings in likely care costs for the three children. £6,069 was due to cost savings in treating mental health. £6,452 was created in the

investment in the future of her three children, and £5,777 was created in increasing the children's well-being through Ruby being able to meet their emotional needs.

The above value is the value created by YPBB, which takes into account the contribution of other services working towards shared goals. In this case half of the value of outcomes were attributed to the Community Mental Health Team.

The high drop off rate was due to Ruby's vulnerable situation and lack of support networks, assuming that half the value of outcomes would decrease each year. However, if support networks were established this drop-off may reduce and outcomes would be more realistically sustained over a longer period of time.

Case Study 2: Shaun

Background
Shaun is 24. He has Asperger's Syndrome (AS) and lives with his mother who suffers from ill health. He is Black Caribbean. He was referred to YPBB due to isolation, substance misuse, disability problems and housing.

1. What changed?

The YPBB provided a case study for Shaun which describes his background and the reason for referral.

"Shaun, 23, Asperger's Syndrome, dyslexia, black British, (Caribbean), history of disengagement from services, substance misuse, offending behaviour, NEET, socially isolated, feeling labelled and stigmatised, hints of social phobia/paranoid behaviour. GP had referred to adult mental health due to Shaun's behaviour at home – angry scenes with family – plus other issues as above. He didn't meet their threshold to receive services but they referred him to us" YPBB worker

His mother also spoke about how she originally came in contact with YPBB when she wanted help for her son.

"Well I became anxious because Shaun has Asperger's Syndrome and he used to just be sitting around, sitting around and wasn't doing anything. I used to be the main carer, I went out and looked about colleges and things for him. I had a stroke in 2006, and also I had heart bypass surgery twice and there was nothing really going for Shaun at the time, so I went to St Giles and I complained and said Shaun has just been sitting, sitting, sitting around and I wasn't very happy and at that time they were the ones who started to send Sylvia." Parent

The mother explained the change she saw in her son as he was supported by YPBB.

"Sylvia came and introduced herself and Sylvia would come once a week but I wasn't really invited in - Shaun is an adult in his own right, and Sylvia introduced herself to me but Shaun is a person that's got to be pushed, pushed, pushed.....When seeing her he was picking up, picking up, picking up, more alert, he knew when she was coming, he would have gotten up, prepared himself, waiting for her, pushed himself to meet her." Parent

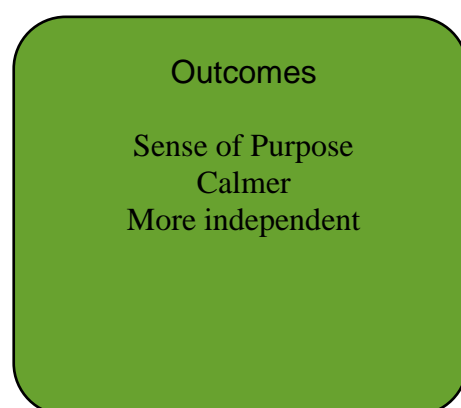She also describes how the support helped her son to become more independent and motivated.

"I believe he has that respect for Sylvia, he respected her so much that when she was due to come he would properly get up and dressed and ready. If she made an appointment that day to meet him somewhere she would ring him an hour and half ahead of time, and he would leave and meet her at that point. They would arrange to meet somewhere and he would go out and meet her. At least he was going out. He was going out and it was ok, knowing there was someone else involved in his life. She would give him goals. She even arranged counselling, he went through that and finished that....It did help....I think Shaun had done a presentation, I remember, Sylvia asking him to do a presentation for her and he did it. He was very proud of that." Parent

The YPBB staff described a similar change in Shaun and how he was also encouraged to access other services.

"Shaun engaged well at first, fully using his sessions, but it wasn't easy to maintain the relationship; he would go 'off the radar' at times and more negative offending behaviours would recur – patience and resilience was called for. But he got back in touch and was keen to give something back - he attended a Southwark Family Action service user function and spoke publicly about how the project had helped him. We explored his issues – his feelings about his Asperger's and how to be more active in his life. Shaun rarely leaves the house on his own but managed to attend initial appointments with Roots and Shoots and Faces in Focus with my support – a big achievement. He has continued to attend his counselling sessions independently, breaking his previous pattern of disengagement. His achievement has been in the extent to which he engaged and attended appointments, getting out of the home and finding his voice. In his words: "Working with you has made me more assertive. The counselling helps me stay calm in stressful situations." YPBB worker

Through one-to-one support with Shaun, encouraging him to get up and go to appointments and access other services, such as counselling he was able to be more independent, have a sense of purpose and mange his emotions better so that he was calmer. He also quit using illegal substances for some time when he worked with YPBB.

"It made me more assertive. I rate you for the research you did. You helped me look things up, showed me how to do things. You've been understanding, helpful, trust worthy and you stayed calm" Shaun, Evaluation form

Outcomes

Sense of Purpose
Calmer
More independent

2. How important was this change?

Although financial values weren't explored, the mother expressed huge value in knowing someone was looking out for her son. Shaun appeared to be learning what worked for him and his mother appeared to believe that he was able to take steps towards independence. The following table shows an example of the distance traveled in terms of the learning stages or behavior changes between being 'stuck' and 'independent'. These stages can be used to understand where services fit into people's journeys so that gaps can be identified[36]. They can also inform the value of the change for service users and suggest the cost implications for services. If a service user moves from 'stuck' to wanting to change and services are not available to support that change then they may end up feeling worse. If other services *are* available there may be resource implications of supporting service users through the rest of their journey. Not all services are equipped to deal with service users through each stage but understanding where a service fits in can highlight where relationships with other services need to be built,, or where there are unmet needs.

Stage	Service user	Mother
Stuck	Beginning of YPBB	
Accepting help		Beginning of YPBB
Believing things can be better		End of YPBB

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[36] http://www.outcomesstar.org.uk/outcomes-star-service-planning/

Stage	Service user	Mother
Learning how to make changes	End of YPBB	
Independence / self-reliance		

Values

Sense of Purpose = value of a life coach
Calmer = value of stress management
More independent= value of learning to drive and running own car

3. How long do they think it will last?

Shaun's mother describes the need for constant support for her son to stop him going downhill.

"When she was coming he seemed to be on top of himself but since she left there's been on a downward spiral again, he's been down. ...I think people like Shaun, with Asperger's Syndrome, always need someone around them even though he's 24 they still need someone around them, a mentor to supervise them, to have an eye, check about whatever they're doing. Now he don't have anyone coming, right now he's in bed sleeping. He's got nothing to look forward to in the day....Presently there is no one looking out for him except me. No other services on board for him, nobody calls him, nobody invites him anywhere, nothing." Parent

Drop-off is therefore considerably high due to this need for continuation of support and the lack of services to provide this.

Duration

1 year

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┌─────────────────────────┐
│        Drop-off         │
│                         │
│          100%           │
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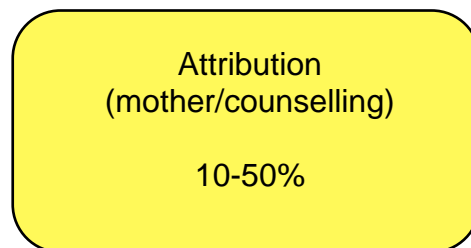
4. Who else helped?

The mother's concern was that there are no other services and that she was the only person looking out for Shaun. She was proactive in seeking help so some of the outcomes can be attributed to the mother. The counselling that YPBB encouraged Shaun to attend would also have contributed to feeling calmer and managing emotions.
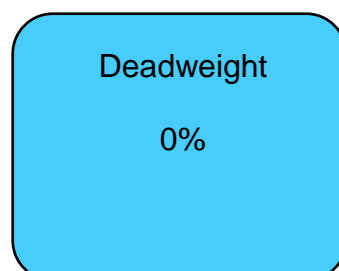
"The counselling has helped me to stay calm especially in stressful situation" Shaun, Evaluation form

```
┌─────────────────────────┐
│       Attribution       │
│   (mother/counselling)   │
│                         │
│         10-50%          │
└─────────────────────────┘
```

5. What would have happened anyway?

Although the outcomes for Shaun may be difficult to sustain his mother did feel that without YPBB things would have been much worse, implying that none of the outcomes would have been reached without YPBBs involvement.

"Without Sylvia it would have been worse, believe me, much worse. I would recommend it to anybody, anybody not only because Shaun has got special needs, any family." Parent

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┌─────────────────────────┐
│       Deadweight        │
│                         │
│           0%            │
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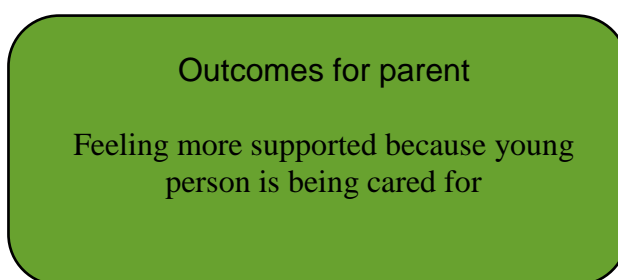
Wider impacts on other stakeholders

The mother described the impact of Shaun's situation on her and the difficulties of feeling unsupported. This supports the inclusion of her as a stakeholder who was affected by the YPBB due to the support she felt through having someone else helping her son.

"He was diagnosed with the condition when he was about 8, I have been the sole person - I used to go to full time work, I used to arrange holidays regularly for him. Now there's no money, no one's even seeing that he has clothes. I worked full-time up till I had a stoke then I had to have the heart bypass surgery due to the stroke, I still get pins and needles going down my face and the right side. I don't get any support, no support at all." Parent

Due to the mothers own lack of support she stated that she was found it beneficial that someone else was able to support her son without her.

"I liked the fact I wasn't involved, I quite relished the fact I wasn't involved. It took quite a bit of pressure off me because I knew she was coming I knew there was someone finding out, away from other members of the family, knowing what he is up to." Parent

It is possible that reliving the mother's stress could also contribute towards improved health for the mother over this period.

> **Outcomes for parent**
>
> Feeling more supported because young person is being cared for

Theory of change

- Young people are supported to access and engage with other services to increase independence and reduce pressure on parents

- Young people are able understand their own diagnosis of emotional and behavioural issues so they recognise triggers and manage their potentially negative behaviours like aggression

- Young people are encouraged to take ownership of their own goals and feel a sense of responsibility and purpose

- Young people are not used to the type of support so at times feel uncomfortable, scared or inconvenienced

Impact Map 2: Shaun

Stakeholder = Service user

Outcomes	Indicator	Value	Duration (yrs)	Drop off	Deadweight	Attribution	Impact
Sense of purpose	New reason to do things	£500	1	100%	0%	10%	£450
Calmer	Evaluation feedback form	£650	1	100%	0%	50%	£315
More independence	Going out and meeting appointments	£3,000	1	100%	0%	10%	£2,700
Uncomfortable about engagement	Not fully engaged at times	-£18	1	0	0	0	-£18

Stakeholder = Mother

Outcomes	Indicator	Value	Duration (yrs)	Drop off	Deadweight	Attribution	Impact
Reduced stress because child is being supported	Reduced worry	£1,462	1	100%	0%	0%	£1,462

The total value of work with Shaun was £4,743. The primary benefit was the increased independence. However, the value would be higher if outcomes could be sustained for longer than the intervention period. The value of reduced stress for the parent reflects

the difficulties in caring for someone with complex needs and feeling that support is not available.

Case Study 3: Talisha

Background
Talisha is 13-years-old and was supported by YPBB with her brother. She was referred through the mainstream Building Bridges Project due to her mum's health difficulties and her own emotional/behavioural problems. Talisha is Black Caribbean.

1. What changed?

The case study provided by YPBB identifies the reasons for Talisha's referral to YPBB

> "Talisha, a 13-year- old black British (Caribbean) girl, was referred to YPBB when on the verge of being excluded from school due to her behaviour, which the school described as consistently rude and defiant towards teachers. Her mum has bi-polar affective disorder and, at one point, had a psychotic episode outside her school, after which Talisha's behaviour deteriorated. Her dad is in prison." YPBB worker

The case study goes on to describe the work that YPBB carried out with Talisha to encourage her to engage with the project.

> "I worked on establishing a relationship with Talisha using play to help her explore her emotions and relationships. An unconfident child emerged, one that felt unloved and unsupported. She wrote extensively about her worries, which we then talked about. I did whole family work with Talisha, her older siblings and her mum to explain more about mum's mental health problems and give the children the chance to voice their concerns. I attended Talisha's school governors' meeting with the family and advocated on their behalf with the result that governors decided not to permanently exclude her." YPBB worker

During her interview, Talisha described how she was unsure of the project at first because she didn't know what it would be like. She did a few activities and games but didn't fully engage. She also didn't turn up when a mentor arranged to meet her. At first she found it difficult to cite benefits of the projects. However, she later said that she did think she was doing better at school now, and that the teachers seemed to be less harsh on her when they knew she was being supported by YPBB.

Outcomes

Doing better at school

2. How important was this change?

Talisha felt that this improvement in school was equivalent to the value of an iMac.

Values

Better at school = Approx £1,000 (stakeholder stated preference) or average increase in earnings from no quals to level 2 = £1,456

3. How long do they think it will last?

When asked about the future, Talisha thought that she would be doing well at her GCSEs and would then go on to travel and be successful. This suggests that she felt the benefits of 'doing better at school' would be long term.

Duration

10 years

Drop-off

10%

4. Who else helped?

When asked why she felt she was doing better at school Talisha felt that this was mainly due to changing schools and realising what she was missing out on. She also felt that her mum had helped, as well as other influences. Around 20% she felt was due to YPBB.

Attribution (mother, school, other)

80%

5. What would have happened anyway?

This is mostly taken account of in the high proportion of attribution. Talisha did describe her unwillingness to engage with support at first suggesting that without YPBB it would have been difficult for other services to engage with her.

Deadweight

10%

Theory of change

- Young people are supported to engage with school increasing their life outcomes

Impact Map 3: Talisha

Stakeholder = Service users

Outcomes	Indicator	Value	Duration (yrs)	Drop off	Deadweight	Attribution	Impact
Doing better at school	Feeling more supported in school	£1,456	10	10%	10%	80%	£262 after 1 year. £1,706 after 10 years

Outcomes	Indicator	Value	Duration (yrs)	Drop off	Deadweight	Attribution	Impact
Uncomfortable about initial engagement	Not fully engaged /comfortable at times	-£18	1	0	0	0	-£18

Stakeholder = Education

Outcomes	Indicator	Value	Duration (yrs)	Drop off	Deadweight	Attribution	Impact
Reduced risk of exclusion from school	No exclusion	£1,175	3	10%	10%	80%	£211 after 1 year. £573 after 5 years

The work with Talisha was valued £1,980. This is significantly lower thanaverage due to the limited engagement with YPBB.

Case Study 4: Mekiah

Background
Mekiah is 14 years old and was supported by YPBB with his sister, Talisha. He was referred through the mainstream Building Bridges Project due to his mum's health issues and his own speech and language problems. Mekiah is Black Caribbean.
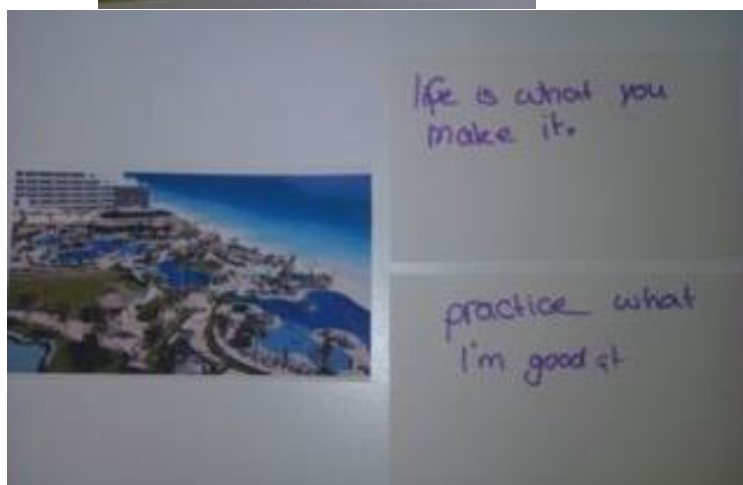
1. What changed?

Mekiah talked about the support he got from YPBB such as learning how to relax (for example counting to ten when he was angry), talking about his feelings and taking part in activities. He felt that the things that changed for him were around feeling calmer (particularly at school), learning not to get angry, having fun and feeling happier.

Outcomes

Calmer at school
Learning not to get angry
Having fun
Feeling happier
Learning to be positive

2. How important was this change?

Mekiah was able to value these changes and describe which ones were most important to him. Feeling happier was the most important change. He also stated that he learned a number of lessons from YPBB in being positive such as practicing what he was good at and 'life is what you make it'. Mekiah also valued these highly.

Values

Learning not to get angry = £100
Having fun = £300
Positive thinking = £1,500
Feeling happier = £250,000 (not included in calculation)
(Stakeholder stated preference)

3. How long do they think it will last?

When asked what he thought he would be doing next year and in five years' time Mekiah was very positive. He had lots of ideas for future careers such as basketball, graphic design, architect, music, media and business.

"Not everyone gets a chance like this and I'm really thankful. We should continue to build on what we've learnt" Mekiah
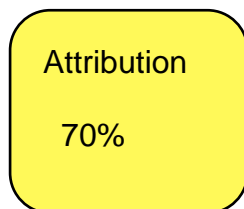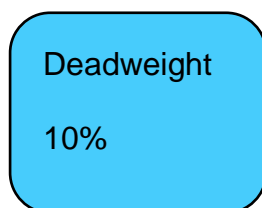
Duration

10 years

Drop-off

10%

4. Who else helped?

Mekiah felt that he has lots of positive influences around him who he had learnt from such as family members and role models in the media. He felt that these accounted for around 70% of the positive outcomes he described.

Attribution

70%

5. What would have happened anyway?

When asked what would have happened without YPBB, Mekiah talked about how he wasn't sure about YPBB at first because he thought it would be 'weird' suggesting that this type of support would not usually be accessed easily. The high level of attribution is likely to take into account the influence of positive family support and the role models he looks up to.

Deadweight

10%

Theory of change

- Young people are supported to make informed choices and to take part in fun activities

- Young people are able understand their own diagnosis or emotional behavoural issue so they can recognise triggers and manage their aggression

- Young people are able to recognise their own strengths and achievements leading to a more positive outlook

-

Impact Map 4: Mekiah

Stakeholder = Service user

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Learning not to get angry	Reduction in anger from SDQ	£100	10	10%	10	70%	£27 after 1 year. £176 after 5 years

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Having fun (through activities)	Doing more activities	£300	10	30%	10	70%	£81 after 1 year. £262 after 10 years
Feeling happier (overall outcome/double counting)		>£1,0000					(Considered to be an overall outcome of YPBB)
Learning to be positive	Reports positive thinking	£1,500	10	10%	10	70%	£405 after 1 year. £2,638 after 10 years.

Stakeholder=Social care

Outcomes	Indicator	Value	Duration (yrs)	Drop off	Deadweight	Attribution	Impact
Reduced risk of treating conduct disorders	No referral to CAHMS	£3,069	10	20%	50%	50%	£767after 1 year. £3,424 after 10 years

The total value of support for Mekiah was £5,662. This again takes into account the high level of attribution and positive influences that Mekiah felt also helped him reach the outcomes stated. A benefit of intervening early is that future negative outcomes can be avoided, however it is difficult to say what these future outcomes may be, and without a follow up study whether they have been successfully avoided. The value here therefore is likely to underestimate the actual value of early intervention and supporting a young person to mage their own feelings and develop coping strategies before they reach a crisis point.

Impact on other stakeholders

Talisha and Mekiah's mother said that she also really appreciated the support that YPBB gave her such as the relaxation techniques. She said she had tried these and they did help when she remembered to do them. She valued this as equivalent to a trip to the hairdressers.

Outcomes for parent

Feeling more relaxed

Stakeholder = Mother

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
More relaxed	feeling more relaxed	£40	1	100%	10%	10%	£32

Case Study 5: Stacey

Background
Stacey is a 25-year-old single mum of a two-year-old. She referred herself to YPBB on the advice of others due to her depression. She described her ethnic group as 'mixed other'.

1. What changed?

During the interview Stacey described her situation before being involved in YPBB in terms of the lack of support for her own needs.

"I got really depressed and I went into hospital because I couldn't cope. It was when I was in college, I got referred through social services. At first I didn't know whether it
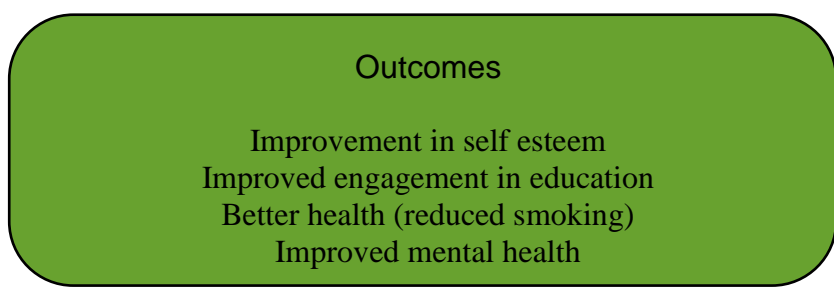
would be helpful or not. I didn't find social services helpful at all. Basically all they did was an assessment, obviously to see how my son was. They came out and saw that my son is perfectly fine but they didn't give me anything, they weren't helpful with anything. After they did the assessment they didn't bother with anything afterwards." Stacey

Stacey initially wanted help with information but was also supported to have her own needs assessed and get the support she needed.

"With Sylvia I did action plans, I was having problems with my son's dad and she gave me information and talked to me, gave me advice. The main helpful thing was, when I started to get more depressed again she actually got me to get an assessment with the adult mental health team. I was gonna go back on anti-depressants which I did for a while but then decided not to for a while." Stacey

Other outcomes included stopping smoking and having someone to talk to which she felt had a positive impact on her mental health.

"She got me onto a stop smoking thing so that helped me not smoking for three months. I think I was a lot better towards the end because at the beginning I was feeling really depressed, I was feeling a lot better. I still got bad days but I was definitely a lot better.... Maybe just having someone to give you advice and be able to talk to and help you through things" Stacey

> **Outcomes**
>
> Improvement in self esteem
> Improved engagement in education
> Better health (reduced smoking)
> Improved mental health

4. How important was this change?

Although specific values were not agreed it was felt that the emotional support of having someone to talk to was the most important aspect of YPBB, in contrast to previous counselling that she had not found useful.

3. How long do they think it will last?

When asked how Stacey saw her future, she had clear ambitions to work in a field where she felt she had something positive to offer. This suggested that she was hopeful about her future and ability to continue to build on the positive outcomes.

"Finish uni then do counselling or child psychology or work in mental health myself. I wanted to study psychology, which I'm doing now, but mental health, I think it's good for me to do that because I've been through depression so I find it would be a lot better for me to be able to help someone else to go through something similar." Stacey

When asked whether anything would stop her achieving her long-term goals she felt that it would be hard but that it was up to her to do the work, rather than rely on support.

"I'm not getting any support at the moment. It's quite hard when you've got a child and you're at uni, like this week when we were both ill, but I don't think anyone can really help with that. I just need to do the work" Stacey

Duration

10 years

Drop-off

10-40%

4. Who else helped?

When asked about other support Stacey had received she described how she didn't find it that useful to her, whereas the support from YPBB she thought did address her needs, particularly around caring for a child and having someone who understood providing practical support.

"I'd had counseling and I though it was unrealistic. I had cognitive behavioral therapy and it didn't really work for me but that was probably more because my son was in the creche and he used to scream because he didn't want to be without me. So it didn't really help and I found it a bit naive. With Sylvia it's more information, more realistic. When you speak to counsellors its more, they just tell you anything. Sylvia had a more realistic approach. When I had a counsellor all he would say is 'there is hope', and it's like I'm going through so much stuff and you're not actually going through all the stuff with me that I'm going through or how I can resolve this stuff. Maybe it was just that counsellor, but with Sylvia she's worked with a lot of people in my situation. It was a lot better [that she came to the house] because sometimes I'd be getting my son ready or he'd be going to bed and that would be a big help. There was no one else." Stacey

Attribution

5%

5. What would have happened anyway?

Stacey felt that her mental health improved while working with YPBB although it was difficult to say whether this would have happened anyway. She did however feel that the support from YPBB to stay focused on uni helped her to stay committed to her goals.

"I'm not too sure - I think I would still be depressed. I don't know if I would have got better or not but I do feel that Sylvia helped me at that time. I wanted to go to uni anyway, but towards the end of college I was getting more depressed - I didn't think I really wanted to go to uni even though I wanted to, Sylvia encouraged me to keep going." Stacey
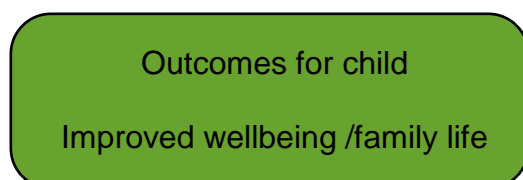
Deadweight

25-60%

Wider impacts on other stakeholders

Stacey also felt that improving her own mental health had on impact on her son.

"If I was depressed then I wasn't happy, it does rub off on him." Stacey

Outcomes for child

Improved wellbeing /family life

Theory of change

- Young people are able to recognize and manage their own mental health needs so that they are able to avoid going into hospital

- Young people are able to recognise and manage their own health needs and improve wider health through reducing smoking

- Young people are able to set and work towards or achieve their own goals leading to increased confidence or self esteem and improved family life

- Young people are able to recognize their own strengths and achievements leading to a more positive outlook and continued engagement in education

Impact Map 5: Stacey

Stakeholder = Service user

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Better mental health	No relapse	£2,080	10	20%	60%	10%	£1,310 after 1 years. £3,341 after 10 years
Better health	Stopped smoking for 3 months	£219	1	N/A	25%	10%	£147

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Increase engagement in FE	In EET	£3,448	10	20%	60%	10%	£1,241 after 1 year. £5,539 after 10 years.
Improved self esteem (confidence)	Improvement in Rosenberg self esteem scale	£1,195	10	20%	25%	10%	£806 after 1 year. £3,600 after 10 years

Stakeholder = child

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Improved wellbeing	Parent able to meet child's emotional needs	£2,142	10	20%	60%	10%	£771after 1 year. £3,441 after 10 years

Stakeholder = Mental Health services

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Reduced need for mental health support	No readmission	£6,750	10	10%	60%	10%	£2,430 after 1 year. £10,845 after 10 years.

Stakeholder = DWP

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Reduction in disengagement / NEET	Not NEET	£5,500	10	10%	60%	10%	£1,980 after 1 year. £8,837after 10 years.

The value of the work with Stacey was £31,506. This represents the sustainable positive outcomes. The value also takes into account Stacey's own determination to follow her future goals. Therefore it was assumed there was a 60% likelihood of Stacey going to university, and not relapsing regardless of YPBB. If the likelihood of Stacey going onto university or not having future mental health issues was decreased from 60% to 30% then overall value would be over £40,000.

Case Study 6: Jasmine

Background
Jasmine is 14-years-old. She lives with her older brother and single mother and suffers from Anxiety Disorder. She is mixed white and black Caribbean. She was referred to YPBB from the educational welfare officer due to lack of confidence, isolation, educational issues and parenting issues.

1. What changed?

Jasmine's mother described why Jasmine was first referred to YPBB and the work she did with the project.

> "It was the education welfare officer who was involved in her case who said it might be a good way to boost her confidence and stuff...The majority of the time it was with both of us because Jasmine finds it hard to trust people - we did lots of stuff about how Jasmine was feeling and coping with her feelings. She had a self harm thing at the time and Sylvia was trying to giver her alternative ways of dealing with that. Basically Jasmine wouldn't engage in activities and stuff. She's too scared. A lot of stuff was one to one and coming to the home. She came to the house and she did a project with Jasmine dealing with feelings about her great grandmother, she's very old she'll be 100 - She had some anxieties about her cos she's quite unwell and quite frail." Parent

Her mother then talked about the outcomes for Jasmine such as understanding her feelings more and building her confidence
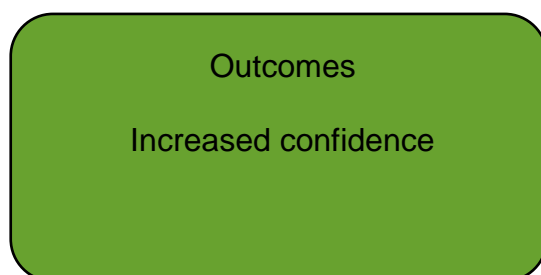
> "It made her look at her feelings and I think she understood why she was feeling certain ways. There were a lot of things going on and she doesn't really understand some of them. It's more about feelings, she did a memory box for her Gran and stuff.......We'd go and meet Sylvia, mainly at a cafe or something, and talk and try and build Jasmine's confidence about being around and outside and stuff. She went out more during that time." Parent

Jasmine's mother felt that a key aspect of why the support worked was around the skills and character of the main worker.
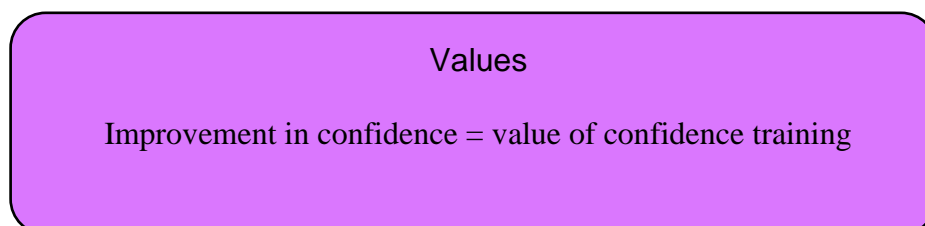
"Sylvia was brilliant, really laid back, makes you feel comfortable. She is quite funny too. We still keep in touch now. We still text her now and then, and say this is how things are getting on or she'll ask me how Jasmine's getting on. She was genuinely interested in helping Jasmine, whereas someone else might just think 'it's my job', she's really good, persistent as well in trying to get her to do certain things, even though she didn't, she still tried. She was a bit of a counsellor and a bit of a teacher and mentor all rolled into one, if you know what I mean, she's really lovely. She seemed to have a lot of knowledge of different services as well - if she can't help she knows a man who can." Parent

By the end of the involvement with YPBB her mother could see an improvement in her daughter's confidence.

"At the end Jasmine was a lot more confident. At the end of the session she ended up doing some Caribbean cooking with Sylvia and she taught her to make curry and Sylvia stayed for dinner and that was really nice. Jasmine's really into the practical side of stuff. She done cooking and crafts." Parent

> **Outcomes**
>
> Increased confidence

2.How important was this change?

> **Values**
>
> Improvement in confidence = value of confidence training

3. How long do they think it will last?

Jasmine mother describes how Jasmine was able to build on the skills she developed with YPBB to some extent but that things had since worsened, suggesting that it was difficult to maintain the outcomes achieved during the project due to external circumstances.

"She has built on that a bit. Other things have happened since then though so she's not in a good place at the moment. I'm really not sure about the future at the moment, she's still working on a lot of issues." Parent

> **Duration**
>
> **1 year**

4. Who else helped?

As well as the direct support from YPBB the mother also cited the support that was given to her daughter in terms of engaging with and trusting other services.

"When she was seeing Sylvia she had a tutor, Jasmine was more engaging with the tutor when she worked with Sylvia. Sylvia worked really well with other agencies involved. There was the people who would get on Jasmine's nerves and Sylvia would say 'why do you think she gets on your nerves?' Sylvia would be able to understand why she behaved in a certain way. She always spoke up a lot for her at some of our meetings, about how she was feeling, that helped. It gave Jasmine a lot more confidence in Sylvia herself and the service she was given, and that she could talk to her and Sylvia would speak up and give her a voice in meetings and stuff which was helpful cos the more Jasmine was trusting people the more she got out of them." Parent

> **Attribution**
>
> **5-10%**

5. What would have happened anyway?

Jasmine's mother was able to describe the difference between YPBB support and other support they had received, suggesting that deadweight could be quite low for the outcomes identified.

"She worked with lots of other services but YPBB was a lot different. Sylvia would pick up on certain things and work on specific areas, which she's not had help with apart from with her counsellor, mainly how she was emotionally, and

how to deal with stuff. I think she was really really helpful. I think Sylvia was the right sort of person, very patient, and very understanding." Parent

Deadweight

5%

Wider impacts on other stakeholders

Jasmine's mother also cited benefits to the family as a whole, rather than seeing Jasmine as just an individual.

"She was supportive to me as well. I think she helped generally with everyone. Josh was there and she would say 'hi, how are you are'. She would encourage Jasmine to talk to other members of the family, it was very helpful. She always asked how her brother was and that's what I liked about her. Most other professionals just ignore the fact he's there. They say 'right he's over 18 he's out of out age range', but she always used to go out of her way to say 'is he here?' and 'hello'." Parent

This approach helped her mother to feel more supported too.

"She helped me too, just talking with her and Jasmine, it didn't feel like we were on our own. " Parent

Outcomes for Parent

Feel more supported in caring for child

Theory of change

- Young people are able to set and work towards or achieve their own goals leading to increased confidence or self esteem, reducing parent's worry

Impact Map 6: Jasmine

Stakeholder = Service user

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Increased confidence /self esteem	Trying new things	£1,195	1	100%	5%	10%	£1,021
Uncomfortable about engagement	Not fully engaged at times	-£18	1	0	0	0	-£18

Stakeholder = Parent

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Less stress because child is being cared for	Reporting feeling supported	£1,462	1	100%	5%	5%	£1,319

Working with Jasmine created £2,244 of value. This again reflects the high drop off after the period of support. Through family work however both the mother and child felt supported during the project.

Case Study 7: Akeem

Background
Akeem is 13 years old and lives with his six siblings and parents. He was referred to YPBB by the education welfare officer due to emotional/behavioural difficulties to work on his lack of confidence, isolation and educational issues, as well as address parenting issues. Akeem had not been in school for two years.

1. What changed?

Both Akeem and his mother were interviewed individually. Akeem's mother described the journey from being referred to YPBB in terms of her reluctance to accept support due to worries about Akeem, to working with YPBB and growing in confidence.

"There was big time lapse between referral from social services and Sylvia getting in contact, not BB's fault, so by the time the referral came through I wasn't interested. Sylvia was very persistent and eventually I thought ok I'll give her a go. She has been a blessing in disguise." Parent

Akeem's mother describes the importance of the one-to-one work with Akeem

"For her to come and speak to Akeem on a one-to one basis was important. He was bullied and had been out of school for two years.......Sylvia was able to bring him out of himself, she persisted, it was wonderful. She came out to us, even when Akeem kept her waiting. It was just wonderful to have that spring board because they don't listen to Mum and Dad." Parent

His mother also describes the difficulties they had been through before YPBB were involved

"It was very difficult before, a lot of bereavements in that time. Akeem lost his cousins and uncles so it was good when he had Sylvia to bounce off. The younger ones were too young to be affected but she did some good exercises with Akeem, got him in tune with his emotions. She's really been nice." Parent

Akeem's mother also talked about her own difficulties in supporting Akeem at that time and how YPBB helped build her confidence in terms of supporting her son going to a new school.

"After what happened, you lose strength, I was traveling all over because of the bereavements and I have seven kids so meals, homework, laundry, it's a lot to keep on top of. Sylvia gave me that lift, that push, I didn't want to step out that comfort zone. Before I was very unsure, Akeem didn't want to go out, he had no friends, just one friend from primary school and that was my main concern, what if he got bullied again, but with Sylvia's help I was confident to let him go through that door to a new school. She gave him a lot of help and support." Parent

Akeem also described the changes for him while involved in YPBB. He said that before the support he was out of school, feeling a bit depressed, he only had a couple of friends and didn't do many activities. He said that at first he found it awkward talking about his feelings but then he started to like it. Through talking to the YPBB worker and working with her to find a new school he felt that his education had improved, he had more friends, he was more confident and he was doing more activities outside of school.

Outcomes

Improved education
Improved social life / friends
Improved confidence
More activities

2. How important was this change?

Both Akeem and his mother felt that they had come a long way through working with YPBB, they both felt that due to circumstances they were stuck at the time when they were first referred and it was difficult to see a way forward. However, through support both now felt confident about their future and Akeem's ability to succeed.

Stage	Service user	Mother
Stuck	Beginning	Beginning
Wanting to change		
Believing things can be better		
Learning how to make changes		
Independence	End	End

Akeem valued the outcome of doing more activities as equivalent to a weekend in Paris. However, the other outcomes he said he valued more than all the options given (including a mansion and a trip to the moon), highlighting the importance of the change to him. Standard financial proxies are used here to avoid skewing the overall value of the project although it is important to note the increased value of the stated preference here.

Values

Improved education=value of increase in earnings from no quals to level 2
Improved social life / friends= value of money spent on social activities a year
Improved confidence= cost of confidence training
More activities=stakeholder value

3. How long do they think it will last?

Both Akeem and his mother were positive about the future and that the outcomes would last for a long time. Akeem saw no reason why he would not achieve his long term goals to go to college and university.

"Akeem said to me, if he can be off school and then go back and get 3B in his Science just imagine what he can do. People used to say he had no chance. My mum used to say to be me 'you keep him in his room all day, the boy's got no chance', but now with Sylvia's help I feel hope. I know he will do well." Parent
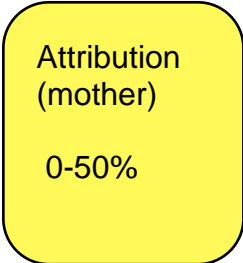
Duration

10 years

4. Who else helped?

Akeem's mother talked about the difference between the support from YPBB and other support. She said that YPBB empowered her to take more control and get back on top of things which is what she felt made the difference.

> "Sylvia spoke to the social worker and the lines of communication were really great. She made it clear about what she would do and what she expected me to do, she empowered us. A lot of other projects you feel like they are disempowering you but this was good. Other projects often don't realise that by saying they will take on all that needs doing they are actually disempowering families. She got me on my toes. The whole of last year I wasn't on my toes because there were so many bereavements in the family and we did lapse." Parent

Akeem also acknowledged that half of the outcomes around school and activities were due to his mother working alongside Sylvia.
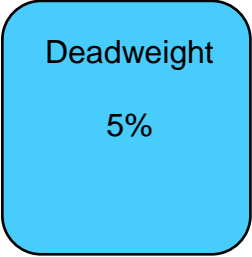
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Attribution
(mother)

0-50%
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5. What would have happened anyway?

Both Akeem and his mother felt that without the project Akeem would still be out of school, because it had been so long and things were not getting better before the project. The project therefore made a significant difference to their lives.

> "It's a such a shame it has to go - If I won the lottery I'd open them all over the place. They are unique because they come to you. That is usually a barrier and that barrier often means you lose out on benefiting from services. She was able to come out and talk to Akeem. He wouldn't talk to us because we were public enemy number one. The work she did with Akeem, I as a parent saw the difference in him - Before I wouldn't see him all day - he would be in his room all day now I can see that through working with Sylvia it made such a difference. She told him off about his eating
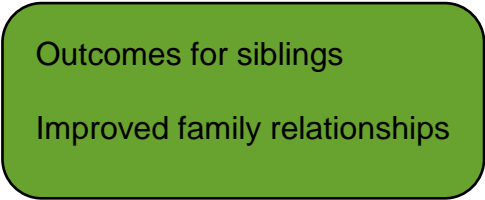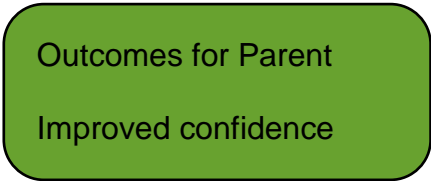
patterns, so now he comes down for breakfast in the morning, he's starting to communicate with the family. I am hopeful now with Akeem that he can aspire to something." Parent

Deadweight

5%

Wider impacts on other stakeholder

Akeem's mother talked about her own journey of increasing confidence and being empowered. She also saw the benefits to other members of the family such as Akeem's younger siblings.

"Before he wouldn't engage with his young brothers and sisters. They would say ' what does Akeem look like?!' because he was always in his room, but now he engages with them. Before when he did he was very rough and I thought that was maybe because of the bullying but now he is much softer." Parent

Outcomes for Parent

Improved confidence

Outcomes for siblings

Improved family relationships

Theory of change

- Young people are supported to access and engage with universal services independently increasing their friendships

- Young people are supported to access and engage with school increasing their educational life outcomes

- Young people are supported to make informed choices and to take part in enjoyable activities

- Young people are able to set and work towards or achieve their own goals leading to increased confidence or self esteem and better relationship with siblings

- Parents are empowered to support their child leading to increased confidence

Impact Map 7: Akeem

Stakeholder = Service user

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Improved education	In school and achieving	£1,456	10	5%	5%	50%	£691 after 1 year. £5,550 after 10 years.
Better friendships	Get on better with people own age and less likely on own from SDQ	£520	10	5%	5%	5%	£469 after 1 year. £3,766 after 10 years.
Improved confidence	Feeling able to join new groups	£1,195	10	5%	5%	5%	£1,098 after 1 year. £8,655 after 10 years
More involved in activities	Taking part in activities	£600	10	5%	5%	50%	£285 after 1 year. £2,287after r 10 years
Uncomfortable about initial engagement	Not fully engaged /comfortable at times	-£18	1	0	0	0	-£18

Stakeholder = Parent

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Improved confidence	Feeling that they can deal with things	£1,195	10	5%	5%	5%	£1,078 after 1 year. £8,655 after 10 years

Stakeholder = Siblings/family

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Improved sibling relationships	More quality time together	£520	10	5%	5%	5%	£469 after 1 year. £3,766 after 5 years.

Stakeholder = Education welfare/social services

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Reduction in disengagement	Now in school	£1,015	3	5%	5%	50%	£482 after a year. £1,375 after 3 years.

The value of work with Akeem was £28,841. This reflected the confidence that outcomes would last due to the skills they had been given. The value of avoiding depression is not included, due to limited evidence regarding deadweight, but this an obvious potential benefit of the early preventative approach. From the interview with Akeem, outcomes were also valued significantly higher that those used in this impact map, suggesting that some proxies used are under-estimating the actual value to the service user.

Case Study 8: Lee

Background
Lee is 20-years-old. He lived with his mother who has mental health issues. He self referred to YPBB, having previously been involved in the mainstream building bridges due to his mothers health issues, for information and advice and due to housing issues.

1. What changed?

Lee talked about how he came to be involved with YPBB at a time when he was looking at moving out of his mums.

> "I'm from a troubled family. I was referred to the project because of my mum's mental health. Sylvia helped me with my relationship with my mum, to make it more stronger and better, she supported me as much as she could to try and get on to benefits when I first left my mum's and when I went into my first hostel." Lee

Lee describes how YPBB helped him to become more independent.

> "I was just getting ready to leave home. She helped with paperwork, came into the job centre, helped me get an assessment. She helped me with the paperwork and debriefed me about what I could do. It was definitely helpful cos at that time I was having reading and writing trouble. I didn't really understand what was going on or what the situation would be. I was getting some support from my mum's medical doctor but to be honest it was mainly Sylvia who was helping me out. That's why I got in touch with her and why we were put together." Lee

Lee talked about his journey, his desire to stand on his own two feet and his thoughts about accessing support such as counselling, acknowledging that he did still need support sometimes.

> "Sylvia helped emotionally as well, we had numerous sessions, numerous talking sessions, I used to talk about getting back into counseling and that, just talking about my feelings more, cos when I first had counseling I was a bit, I didn't really wanna open up and tell a stranger my problems. She, I wouldn't say pushed me into it, but y'know influenced me so I went through with it, the first year-and-a-half I wasn't really going that regular. I saw a counsellor from 13, cos of all the stuff I'd seen, cos I'd had counseling for such a long time, I decided that the best option for me was to try and help myself and stand on my own two feet and not rely on it anymore, I believe I got all my skeletons out of the closet, and my problems, learned how to deal with my emotions. Sylvia supported me with that journey. She actually encouraged me to resume counselling again after that cos there were times when my moods would be y'know up and down and I would not be too sure about my self confidence and my attitude towards life in general, resuming education and that." Lee

Lee also talked about his initial resistance to engage with YPBB and how he was able to slowly benefit from their help.

"At first I wasn't really happy with regular appointments with Sylvia, sometimes I wasn't showing up due to stress and that and I'm thinking maybe its just a waste of time. Then when I got to know Sylvia more I actually did get up and went to see her and I realised, you know what this woman could help me out a lot and the fact that I've got that help I'm entitled to, its great really because y'know I never thought I'd be able to have that help cos of my mum's mental health doctor's, he's definitely has gone beyond his role and I think I should be highly grateful for that really." Lee

Lee then described how he tries to build on the skills he learnt, and carefully manage his transition to independence.

"She helped me out with lots, she's a great woman. It's a shame we had to part ways but I think I'm at that age now really where its sufficient and good for me to try and learn to deal with my problems more and my own situation. I try and control my emotions and feelings and with predicaments I get in now by the government and the job centre, and general. It's all easy and well to do that but I have to balance them things right really, try to get everything to connect and join which is happening and its not happening. For the period of time that Sylvia was working with me, she helped me out substantially really. Its not me just saying that, honestly. She's a great woman. She put a lot of concentration on me, it helped me a lot. When Sylvia first helped me out, obviously getting on benefits, that was a big worry for me, that part of growing up. I didn't understand really because when I was home, you could say I had it easy but I was caring me my mum, I was doing stuff but part of my life, I was growing up, I needed to work or go on benefits, cos I wouldn't be supported by my mother or family. Sylvia helped me out on a high level, but she helped me understand it a bit more." Lee

Lee also talked extensively about his background and the difficulty in accepting help.

"Obviously Social Services left at a very young age, cos they believed my older brother could step in and take a father role and help me, and really y'know he did a fair bit but I wouldn't say he done what he could, it got tiresome for him after a while, with the situation and he was just growing up and trying to find his way. After he'd kinda done what he could, which wasn't much, people stated realising that if I couldn't get the help and support I'd probably go down a different path, so that's why my mums mental health doctor stepped in at a certain time and said would you like to see a councilor, not saying you need to see one but would you like to, after what you've gone through and what you've seen. Its not nice, a lot of emotional torture, and yeah slowly but surely I eased myself into the situation. It did help for a period of time. I thought to myself why do I need to see someone, I'm dealing with it, there's other people out there who see that kind of stuff on a regular basis and in my eyes I kinda thought it was normal. I thought the way that I grew up was just normal. That shows really how much damage it causes. Cos for a

young person to think that kind of stuff that I witnessed is normal, it's not nice. The world is not a perfect place but we're not supposed to be brought up with violence y'know and drug abuse. After a while speaking to someone it helped, the relationship I had with my counselor was good. The same situation that happened with Sylvia was I was kind of nervous about going to speak to her, it was a new person, I was thinking is there something the matter with me, am I not normal, but gradually and surely I let everything go really. After what I saw and what I went through I shouldn't beat myself up or blame myself for it. If anything I should just turn a negative into a positive really." Lee

When asked what Lee felt he gained from working with YPBB, he was able to list a number of outcomes relating to taking control of his own life and making positive, informed decisions.
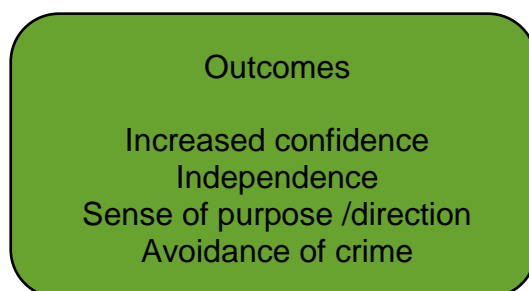
"Confidence, maturity, direction, self belief and independence, that kind of motivation to get up in the morning and go and do things because if I don't it will put me in a worse situation. It is hard to have to grow up at such a young age, but that's why I can stand on my own two feet now. I had to look after my mum for a period of time, I wouldn't say I dedicated my whole life to my mum but I definitely had to learn to appreciate the situation - it was what it was. I would say that made me grow up. I think Sylvia wanted me to talk about them things. To compare Sylvia to seeing my counsellor and support from my mum's mental health doctor I would say that Sylvia was different in the sense that she operated with me in a different way. She kind of knew about me and understood where I was coming from, and sympathised with my situation. At the same time she didn't necessarily mollycoddle me or want to do everything for me. It made me realise it's about me standing on my own two feet and you get a helping hand in life but as people we can only help ourselves, there's only so far other people can go. In that aspect really I'd say that's how she's different." Lee

Lee's mother's psychiatric nurse who had been involved with the family and known Lee since he was a child, describes the difficulties of engaging with Lee.

"Sylvia and I had worked previously with a young carer [Lee] of a patient of mine.he must have been about 19 at the time, he was ideal for this project because he was in the right age group plus there were lots of issues that I wont go in to. Sylvia, already having known him, it was easier to start engaging with him again. Typically for a young person he was quite erratic at making appointments, not planning things carefully, but when he has engaged he's benefited a lot from the work that has been done. It has been very helpful given his erratic engagement." Community Psychiatric Nurse

The psychiatric nurse also describes how YPBB was able to support Lee.

"The project helped him to work towards goals, helped him to manage his time constructively, and focus his energies in the right direction, especially like dealing with life's stresses; his mum's illness, various other things in his background, physical health issues, things like that. He need reminding, that's the way he operates, he's looking for guidance and support that he wasn't getting from the adults in his life really very much." Community Psychiatric Nurse

> **Outcomes**
>
> Increased confidence
> Independence
> Sense of purpose /direction
> Avoidance of crime

2. How important was this change?

Lee appeared to struggle sometimes to make the changes he wanted although his motivation to have a better life for himself appeared to be very strong. Through YPBB he was able to learn the skills to be independent, although he recognised that occasionally he still needed support.

Stage	Service user
Stuck	
Wanting to change	Beginning
Believing things can be better	
Learning how to make changes	End
Independence	

3. How long do they think it will last?

Lee had realistic aspiration for his future and was motivated to do well, despite a lack of support.

"Hopefully with my own property and studying and I do want to get a job in fitness. When I was younger things like boxing and working out, it used to be very helpful in releasing that stress really. I'm in a situation where I can't really choose what wanna do, I'm getting put into a corner so I gotta deal with it." Lee
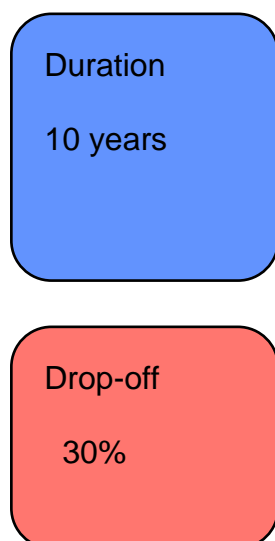
[what might stop you?]

"Just everyone else really, being trapped in a box and not allowed to excel as a person and human being, cos it don't meet the government's requirements or criteria, that's what it is really. There's many young people like myself that have to deal with it. I've got friends in the same situation trying to pursue what they wanna do but keep fighting and fighting and eventually they've got there. I consider myself to be one of them people. " Lee

Lee also talked about himself in terms of being a positive role model in the future, turning his life around and not repeating the mistakes of others.

"I think when I have kids when I'm older I'll be saying to them school's important, education is important. You can do what you want to do but you need to get the basics. I'll always try and be honest with my children and things like that and discipline to a level and consciously not let them witness any violence, which I don't think they will. Cos I didn't have a fun time witnessing it myself. At the end of the day though I don't regret my life because I don't believe you should be wrapped up in cotton wool, you need to see the world for what it really is, as well as good there's also some bad out there, but you can eventually get out the trouble and see the light. It just takes time and patience. They say patience is a virtue, I will always remember what's happened and what gone on but hopefully it wont punish me as much as what it did when I was younger. I think I've learned to take on the future with a positive attitude, I'm a very open-minded person, I believe in God, I look after myself. It helps." Lee

The psychiatric nurse also cites the difficulties in maintaining positive outcomes.

> "I think obviously they'll be some useful lessons learnt for the young man. He is quite vulnerable though and needs ongoing support really. Ongoing support would have been preferable" Community Psychiatric Nurse

Duration

10 years

Drop-off

30%

4. Who else helped?

Lee felt that YPBB were crucial to helping him mange the transition in leaving home, although he also acknowledged the support from his mum's mental health doctor who put him in touch with YPBB, and the counselling that YPBB encouraged him to access.

> "I got given an opportunity, I reflected on what I done, everything I've witnessed and I've sat myself down and been, right I can go down this road or I can go down that road. Luckily I had control of my own mind, I know what I wanna do and what I wanna be. I've been able to do that with the support of other people. I'm grateful that I have got control of my own mind. At some stages of my life you could say I hadn't had that......Cos obviously Social Services left at a very young age, cos they believed my older brother could step in and take a father role and help me, and really y'know he did a fair bit but I wouldn't say he done what he could, it got tiresome for him after a while, with the situation and he was just growing up and trying to find his way, after he'd kinda done what he could, which wasn't much, people stated realising that if I couldn't get the help and support I'd probably go down a different path, so that's why my mums mental health doctor stepped in at a certain time and said would you like to see a counsellor" Lee

The worker however felt that YPBB was invaluable because it was able to spend the time and energy on cases that they weren't able to.

> "The most important aspect is that they can afford to spend time and energy with young clients or carers. Whereas we don't have that anymore. My caseload is a third

higher with a third less staff. I'm spreading myself more thinly so carers are getting less from me" Community Psychiatric Nurse

Attribution
(CPN)

5. What would have happened anyway?

Lee felt that things would have been much worse for him if he had not been offered any support from YPBB.

"I think I'd be in a worse situation or scenario if Sylvia hasn't come to help me out. That's why I think mum's mental health was the thing that got the wheels in motion. It would be hard to answer what would have happened, maybe my mum's mental health doctor would have supported me a bit more but that's not really his job description to come down to the job centre with me and help me out so I'm kinda glad that he did get me in touch with Sylvia and introduced me to her. I'd be in a worse situation, probably homeless and that really, with no benefits at all unless someone helped me. Obviously, I have trouble reading and writing, it knocks my confidence on a higher level - I don't really blame myself for that - I tried my best to put my efforts in terms of education but its not gone as smoothly as what I wanted it to. There's people in my situation that are a lot worse off than me so I can only thank Sylvia for what she has done so far to this period of time. I have insecurities about myself, low confidence and self esteem but it would have been at a worser level if she wouldn't have came into the situation and helped me out." Lee

Lee talked about the strong likelihood of getting involved in crime if he had taken a different path.

"My mum got all the help she could want but for me it was a different circumstance. I think that's why people chose to step in at a young age, cos people could see if I didn't get that help and support I could have gone down the other way really. I could have necessarily been involved in crime and gone to prison which I thank god I haven't. At the end of the day that lifestyle can only last so long before it causes pain." Lee
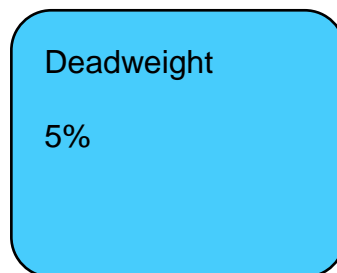
[Would you say that would have been a possibility?]

"That was definitely, definitely, definitely a possibility, because unfortunately when it comes to that, I don't like to say but it kind of runs in the family, you could say that. I would have been destined to go down that road before I know it, I gradually

but slowly could have slipped into that role, yeah, and who knows where I would have been now, maybe dead or in prison, so yeah, I'm very grateful that people stepped in and done what they could." Lee

The Community Psychiatric Nurse felt that without YPBB they may have tried to support Lee, but not been able to help with some of the practical issues, or been able to dedicate the amount of time to supporting him.

"I think, given the pressures on my caseload, I would have tried to muddle through myself probably but he's not my client, he's my client's carer so I can give a bit of input to the carer but my priority is the client I've got, but I did feel that he needed someone else to just help him on his way a little. YPBB were very helpful indeed, just stuff like helping to sort his benefits, just organising him. Again I only have so much time to spare. I've seen this lad much less than I used to." Community Psychiatric Nurse

Deadweight

5%

There is a wealth of research on the links between mental health issues and involvement in crime. The majority of those in prison have at least one mental health issue. Lee also presented most of the risk factors for being in prison (a young carer, family history, low literacy skills etc) suggesting that the avoided costs of supporting him to take a different path are significant [37].

Wider impact on other stakeholders

Lee and the psychiatric nurse also talked about how improving his relationship with his mother also benefitted her

"I'd probably say it's helped mum a little bit, it did make our relationship a bit more better. Me and mum, ordinarily we were very aggressive, arguing all the time, cursing and blinding, sons and mothers, that's what you do. That calmed down a sufficient bit. It also helped me and it helped her to see me get the help I needed really." Lee

_____

37

http://www.yjb.gov.uk/publications/Resources/Downloads/Risk%20Factors%20Summary%20fv.pdf

"I think, subject to his engagement, it took the pressure off his mum because he's not moaning and groaning to her because he's had that chance to deal with things constructively with a professional so, yeah, when he's engaging it has a knock on effect and she doesn't have to worry about him. YPBB also gave me support, it took the pressure off me." Community Psychiatric Nurse

Outcomes for parent

Improved family relationship

Theory of change

- Young people are supported to access and engage with other services to increase independence

- Young people are encouraged to set their own goals and take ownership of them leading to more responsibility and avoidance of a criminal lifestyle

- Young people are encouraged to take ownership of their own goals and feel a sense of responsibility and purpose, also leading to improved relationships

Impact Map 8: Lee

Stakeholder = Service User

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Avoidance of crime	Not offending	£5,902	10	30%	5%	30%	£3,927 after 1 year. £12,715 after 10 years
Increased independence	Doing new things in own e.g. living independently	£3,000	10	30%	5%	30%	£1,995 after 1 year. £6,462 after 10 years

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Increased direction/sense or purpose	Improvement in Q 8,9, 10 for Rosenberg scale	£500	10	30%	5%	30%	£322 after 1 year. £1077 after 10 years
Uncomfortable about engagement	Not fully engaged /comfortable at times	-£18	1	0	0	0	-£18

Stakeholder = Parent

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Improved relationships	Reporting getting on better	£576	5	20%	5%	30%	£383 after 1 year. £1,709 after 10 years

Stakeholder = Criminal justice

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Reduction in risk of prison sentencing	No sentence	£43,000	10	30%	30%	70%	£9,030 after one year. £29,249 after 10 years.

The value of working with Lee was £46,193. This represents the complexity of issues and strong likelihood that Lee would have followed a different path of it were for the support services stepping in at this time. The primary values for Lee are the increased independence for being supported to live independently, and for services it is the reduced cost of potential criminal justice costs.

Peer Mentors

During the 18 months of the project four peer mentors were trained for a day a week over 5/6 weeks. Contact was made with appropriate partners to recruit the peer mentors e.g. Slam BME volunteer group, Southwark Volunteer Centre, other local charities and

local colleges. Eight young people expressed an interest and four mentors were recruited after undergoing the interview process. They then commenced a 16-hour 4-week training programme devised specifically for this purpose by the project worker and manager.

The peer mentor training covered the following areas:

- Communication skills
- Confidentiality
- Equal opportunities and cultural diversity
- Mental health – medicine and diagnosis
- Developmental milestones of young people
- Personal safety
- Operations of Family Action

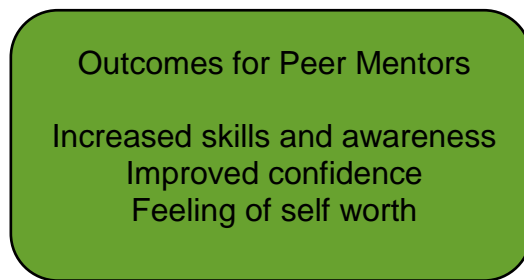Two mentors were interviewed over the phone about what changed for them.

1. What changed?

Of all four mentors, two secured employment after the training, one had a relapse of mental health issues so felt unable to continue and the other was not able to matched to a young person within the time scales of the project. However, the interviews identified that a range of outcomes were apparent from taking part in the training and being part of the project.

> "It was a good experience. I felt proud that I done something. I learnt about communication skills, stuff like that, yeah, it gave me some confidence. Feeling that I can actually make a change, I like helping, helping helps me." Peer Mentor

> "I am able to come into their situation, we were taught many skills, how to talk to them, confidentiality, there were some things that I'd done before in my NVQ and volunteer training so this built on that, some of it was new too. I notice a lot of things are happening in society that I would not normally notice. It was very positive, like learning not to be judgmental and when to refer on to professionals. It gave me a lot of confidence, how to talk to people with mental health issues and that we should be giving to our community" Peer Mentor

> "I am very proud to be part if it." Peer Mentor

> **Outcomes for Peer Mentors**
>
> Increased skills and awareness
> Improved confidence
> Feeling of self worth

2. How important was this change?

> **Values**
>
> Skills/awareness =value of short coaching course
> Increased confidence=value of confidence training
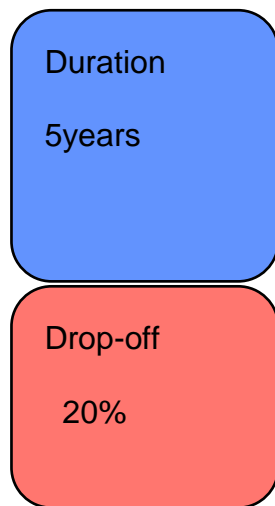> Feeling of self worth=value of life coach

3. How long do they think it will last?

Even though the Peer Mentors were unable to put into practice the training, they felt that the skills and experience would stay with them, and they would perhaps use these at a later date.

"I went on training for about 5 or 6 weeks. It was ok. I wanted to work people that have these issues but I didn't really feel comfortable [at the time] and I didn't want to let anyone down. I might do it again in the near future but just not right now. I might meet up with the Family Action group soon so they might be more then." Peer Mentor

One mentor describes how she was keen to be a mentor but gaining employment meant she was unable to continue with the project.

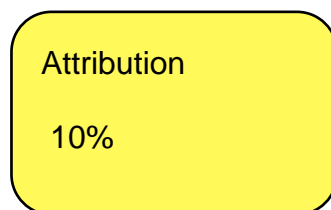"During training we learned about communication, how to deal with a mentee, how to resolve issues - that was 4 weeks. Then we waited for some mentees we met with young people at headquarters and then I was going to meet a mentee, a girl at secondary school, and I waited but she didn't some home on time, and then the next week I got called about a job. It's a pity." Peer Mentor

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┌─────────────────┐
│  Duration       │
│                 │
│  5years         │
│                 │
└─────────────────┘
┌─────────────────┐
│  Drop-off       │
│                 │
│    20%          │
│                 │
└─────────────────┘
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4. Who else helped?

The mentors were asked if anyone else helped them to achieve the outcomes while being involved in YPBB

"No one else, I would not know it before. I wouldn't know how to tackle it." Peer Mentor

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┌─────────────────┐
│  Attribution    │
│                 │
│   10%           │
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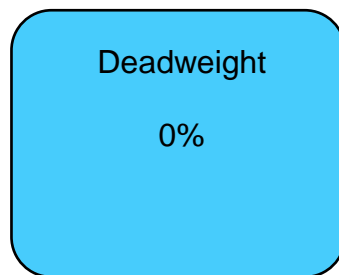
5. What would have happened anyway?

The mentors felt that this was the only opportunity to train in this area.

"It would be very different, without the training I wouldn't know how to tackle issues. I wouldn't even look in that direction. It gave me that awareness." Peer Mentor

"I would have liked to do something like else like this but there weren't any other opportunities" Peer Mentor

Deadweight

0%

Wider impacts on other stakeholders

In terms of other people affected, the peer mentors felt that the community would benefit from their involvement, as well as their own friends and family due to their increased awareness of issues and how to support people.

"I think the project is a good thing for the community" Peer Mentor

Theory of change

- Peer mentors take part in training and learn new skills / have increased awareness

- Peer mentors are given trust and responsibility leading to increased confidence

- Peer mentors understand the difference they can make and feel a sense of pride and self worth

Impact Map: Peer Mentors

Stakeholder= Peer Mentors

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Increased skills/awareness	Attended training	£200	5	20%	0%	10%	£180 after 1 year.£605 after 5 years
Improved confidence	Stating more confident, attending events	£1,195	5	20%	0%	10%	£1075 after 1 year. £3,615 after 5 years.

Outcomes	Indicator	Value	Duration	Drop off	Deadweight	Attribution	Impact
Feeling of self worth	Feel important	£500	5	20%	0%	10%	£180 after one year. £605 after 5 years

The total value per Peer Mentor was £6,705.

Services

Engagement was also sought with all services that were affected by YPBB, whether if was through referring their clients, receiving referrals or joint working. The aim was to understand the impact of YPBB to their service. However, services also talked extensively about the difference they saw the project making to young people as well as the implications on their own service. Sometimes this identified other ways the project fitted into wider strategies or policy developments. It is also important here to understand the added value of YPBB and how it is part of young people's care pathways.

1. What changed?

Different services were able to describe the changes that they saw as a result of YPBB. This included re-engaging in educational, young people learning to mange their mental health needs and giving young people a sense of purpose.

"The service, in particular Sylvia, was a very dedicated worker who was aiming to reintegrate the pupils back into mainstream education. Both families were praising her hard work and professionalism. On one occasion the pupil returned into mainstream education after being without the school place for more then two years. I believe that through Sylvia's hard work the pupil grew in confidence which helped him to reintegrate back into mainstream education" Education Welfare Officer

"There are two cases in particular of young people who were housebound and needed more intensive mentoring, one in particular who was extremely isolated with no family support, with YPBB support he was able to access education and move to more appropriate housing situation" CAHMS worker

"Certainly the young people I met who use the project, the fact they have been able to become involved as mentors, one young man came up to an achievement party that Family Action had arranged, the fact they are having a more positive experience about how to manger their mental health, their social and emotional needs" AMH Safeguarding Children's Manager

"I thought Building Bridges was incredibly helpful with offering practical support and I think there is a real place for that because I think what the youngsters need more than anything is purposeful activity in their lives and purposeful structure." CAHMS worker

The services described the methods that YPBB was able to use to engage with young people to achieve such outcomes, this included working with the family and wider networks, building on strengths and being persistent.

"The whole concept is built around the Think Family approach, so although they're working with the young people, they're very aware of the family the young person's living in, what their parenting has been, and work on a strengths model." AMH Safeguarding Children's Manager

"YPBB also goes in on multiple levels working with the family and wider network, this also helped the situation. It increased engagement with our service so our time was better used." CAHMS worker

"YPBB were extremely persistent and continued to attempt to engage with him when other services would have discontinued." Psychologist

The services were aware that the complex needs of the young people could often result in them not receiving services due to both the lack of appropriate services on offer and the difficulty in engaging for this client group.

"There are few mentoring services in Southwark and more importantly most of the services that exist do not have offer young people the right level of intervention for our client group who have complex mental health needs and will not engage with services, because of a long history of poor engagement, unless mentors and practitioners are experienced. The staff at YPBB are well trained." CAHMS worker

YPBB was felt to be the right transition between child and adult services to avoid so the young people could continue to receive an appropriate level of support rather than withdraw from services until a crisis occurred.

"What tends to happen with young people, is if they are struggling its difficult at that age to access services. They don't quite need CAHMS or if they do they're on their way out of CAHMS. They don't quite need adult mental health until they reach crisis, so YPBB is a good transition as it enables a more positive input into the family rather that someone becoming an adult patient, if you like, for want of a better way of saying it" AMH Safeguarding Children's Manager

It was felt that YPBB worked with both young people recovering from metal health issues as well as preventing issues that would require mental health service involvement.

"I think common sense would dictate it's the idea of the service to offer people support and get in early, either supporting someone through their recovery or getting in before they might need to come into contact with mental health services." Community Mental Health Nurse

Such preventative work was felt to be extremely beneficial in terms of preventing longer term costs.

"[YPBB] has to be a positive thing for adults, because what tends to happen is people get some services when they're quite young sometimes, they then get less but they then hit crisis and by that stage they are 23, 24 and then its chaos. And it takes adult mental health years to get them out of that chaos. I don't mean to be really negative but it may be quite entrenched in their coping strategies, so alcohol etc. It's a long way to go to try and undo some of that work. So YPBB coming in so early, not having a particular age restriction or illness model, there is a chance to identify very early on their positive coping strategies. The outcomes should be, someone identifies very early what their coping strategies are, potentially getting into work, and leisure activities, more positive relationships with partners, and when they go on to have children, actually they are a responsible adult and role model." AMH Safeguarding Children's Manager

This was reiterated by adult services who would direct young people who they are unable to support to YPBB.

"I've certainly directed a number of people who we've received referrals directly from the GP who we haven't taken on but have then directed them to YPBB for them to self refer so I think that aspect of it is potentially quite preventative" Community Mental Health Nurse

Measuring the difference that projects such as YPBB make was seen as a common problem, particularly around softer outcomes that they knew were important. Services suggested that success should be measured though service users self reporting the difference that the project made to them and that more weight should be places on this measurement.

"It's difficult to measure in our role, quite a lot of improvements are quite intangible. At the same time an improvement in their mood maybe, an improvement in their coping strategies, a sense of achievement in themselves, they can report that they feel like they are managing better on their own and they can feel that they're equipped and able to manage and to carry out daily tasks in a more positive way" AMH Parent Support Practitioner

"I suppose from the individuals themselves, we don't look enough. There is lot of grand talk about outcomes, but soft outcomes are very difficult to measure. If you look at intensive parenting projects, kids not going into care, staying out of criminal justice system, they are hard outcomes, but what young people feel they gain out of it themselves is absolutely invaluable, and we don't do enough of that kind of softer outcomes." AMH Safeguarding Children's Manager

Some outcomes directly benefiting services identified here and in previous consultations included:

Mental health
- Reduced demand (hospital stays)

DWP
- Reduced disengagement (benefit payments)

Social services
- Reduced demand on service (child protection/foster care)

Criminal Justice System
- Reduced offending (prison costs)

Education
- Reduced resources (managing exclusions or services for children out of school)

2. How important was this change?

Early intervention to take a different path was seem as one of the most important aspects of YPBB, particularly as services raise their thresholds for support.

"I think the early help is most important. With people who are in need, they don't quite meet the threshold for a number of services now, because our service threshold is going up. Everyone is talking about the concept of early help, early help isn't just about working with 2 year olds, it's about working with young people to prevent someone becoming an adult patient or taking on that sick role, or they go down that criminal justice route" AMH Safeguarding Children's Manager

Building confidence and self esteem in young people was also considered to make a significant difference to future outcomes.

"Having that dedicated worker, to look at what's going on and to be a positive role model, and have an understanding, knowledge and understanding and being sensitive to them. The experience of having mental health issues in their life, and drug and alcohol problems, it's being able to give them the self esteem and build up their

confidence and think that they have a future. It's really important." AMH Parent Support Practitioner

3. How long do they think it will last?

Although difficult to judge services tended to feel that outcomes would for longer than the intervention, even if they took stapes backwards, it would always be something positive that they could refer to.

> "Everyone's different-but I think they (the impacts) can last a lifetime. Even if they go steps backwards in life it's always going to have been a positive impact, it's something they can refer back to, something that did work, it's important to have that, to keep building your confidence, feeling like they've been given a chance and listened to and been valued. That's all really important when you're feeling quite low about yourself and that will carry quite a lot of weight I think." AMH Parent Support Practitioner

4. Who else helped?

Many services felt that there was strong interagency working between themselves and YPBB.

> "YPBB were good at communicating and informing me of progress or concerns which was helpful." CAHMS worker

> 'I was impressed by the commitment shown to the family by the service there, and excellent interagency working practices too' Consultant Clinical Psychologist

How they worked with other services varied. Some of this joint working was also discussed in the case studies and is evidenced by the level of attribution. Some services saw YPBB as a transitional phase to follow on form heir service to support the young person as they move towards independence.

> "I felt we were ready to discharge her but there were some things transitionally that she could put into practice, CBT techniques she had learnt in therapy, that she was using, to kind of like hold her for a little bit longer, to help her feel more supported." AMH Parent Support Practitioner

> "What sometimes happens is statutory services say 'right, we will keep them on the books but actually we'll just come back when we need to'. Sometimes statutory services will just back off a bit and allow BB to kind of get on with it." AMH Safeguarding Children's Manager

"I felt that she needed some extra ongoing support, so it was nice to be to refer her to something that I felt would suit her needs, something like a mentoring service that could cover that transitional period, managing without us. It's good to learn about other organizations that work with young women with mental health issues that can continue to support her" AMH Parent Support Practitioner

5.What would have happened anyway?

Although it is difficult to say what would happen without YPBB, the services felt that there was real risk of young people falling though the gap at this stage in their lives when they may be resistant to engaging with services, but also potentially not meet the thresholds for support until there are serious issues.

'I think you're losing an important third sector organisation that engages young people in a way statutory services struggle to. If you look at the way statutory services are organised, you've got to reach certain thresholds, children's social services, for example, you've got to be at risk of significant harm or be a child in need, being a child in need at 17 you're unlikely to get through the door. Other voluntary services can't usually do the extent of outreach so it's up to the individual young person to go to the centre. Whatever it be, CAHMS or adult mental health, the government expect us to be leading on a diagnostic tool. You have to have a mental health need, tick the box, so unless you've got a defined mental health problem it's much harder to meet the threshold or you get nothing unless you're in desperate need. It's hard to recognise you might have a problem and actually then seek help' AMH Safeguarding Children's Manager

Without this support to access services it was felt that young people could become marginalized by the current structures.

"Clients would remain house bound and unable to access services. They will remain a hidden population who have become marginalised by the way services are structured, most services are not set up to meet the needs complex young people" CAHMS worker

Motivation was seen as a key issue in accessing services as well as the complexity of their needs.

"The most important aspect is that it tailors the intervention to the young person, most other Southwark services are not accessible to our client group because they require high levels of motivation which the young person does not have at that point." CAMHs worker

"There are no services in Southwark that work specifically with young people with mental health needs or the family. Our population of young people are hard to reach and engage and often their needs are too high for most services. We will not have access to a service of this kind" CAHMS worker

While the stakeholders were aware of universal services the could refer on to, most felt that they would not be able to meet the needs of young people with metal health issues.

"I felt that YPBB was more specialised than other services. Without YPBB I would have referred her to universal services but I think it wouldn't have had as much impact for her. She was looking at colleges so I may have referred her to careers guidance, and I gave her information for a volunteer service, but this would not have been able to also support with her mental health" AMH Parent Support Practitioner

YPBB was felt to be successful because it was able to give time and commitment to young people

"It's very difficult to find services that are for young people that understand their mental health needs and help them manage them, to be able to give the time and dedication, its very difficult. They sometimes need that extra bit of guidance as well, it's really beneficial for them because it's got that time and the way its set up. It seemed to me it was a really good project that's not been offered anywhere else" AMH Parent Support Practitioner

Without this support it was felt that lack of motivation would often prevent young people from being able to deal affectively with their issues, or cope with difficult situations.

"Sometimes when you're left to motivate yourself, when you're struggling with low moods it can be harder, so it depends on your ability to push yourself, and if you come up against a crisis in your life it's much harder, whereas if you've got support, it's more likely they will help you get through that. [The young mother I referred] her family weren't always that supportive or didn't understand depression, weren't really accepting of it, so for her she needed someone who would be there for her, to understand what she was going through and someone to turn to for support. She was quite isolated." AMH Parent Support Practitioner

The isolation and vulnerability of service users was frequently discussed, suggesting that many lacked positive support networks.

"I think its being there for young people, especially for people who are vulnerable who don't have necessarily supportive friends or family who are there for them. So I think the angle of giving young people a chance, and being quite open in terms of what YPBB might do for them so its very much lead from the client. I think it allows

the support which they probably wouldn't be getting otherwise I think." Community Mental Health Nurse

6.Who else benefits?

When asked who else benefited from YPBB services also mentioned children and siblings within the families of the young people, their parents and also the wider community from young people taking more responsibility and a more active role in society.

"The community, in terms of worse case scenario, a young person does not engage in services, they're drifting, not feeling responsible, not feeling that they are part of a community, I know it sounds grand but if you can change two people, that's two people who have taken positive steps, to be part of community living. Some of these are engaging in higher education that they might not have done, I know its only a small number of people, but if it makes a difference to one person if that's one less person joining a gang" AMH Safeguarding Children's Manager

"Quite importantly, we work with parents so their children will benefit. If they're being supported and feeling more motivated they feel more confident, they're going out and trying things rather that hiding inside and feeling quite depressed, that's going to have an impact on their child so that's my primary massive impact, but also the fact that feel like they're contributing, they are feeling that they have a role to play in society as well" AMH Parent Support Practitioner

'I think the family itself, they've been struggling with that young person, and the younger siblings, they copy what their older brothers or sisters do. So working with a child within the family, it's looking at how that rubs off on the whole family' AMH Safeguarding Children's Manager

Theory of change

The theory of change for Young People's Building Bridges was understood through the following steps:

1. Reviewing the interviews with service users and services.
2. Engaging with the project manager to understand:

- The needs that initiated the development of the service
- The overall aims of the services
- The long terms aims and the enables and preventers
- Medium term aims and the enables and preventer
- Short term aims and the enables and preventers

-

The needs were described by the project manager as being prompted by the number of referrals for the mainstream Building Bridges service around young people who weren't involved in statutory services. Building Bridges were not able to offer the service that young people needed because they did not have a CAHMS worker or the parent did not have a CPN (Community Psychiatric Nurse). The overall aims of YPBB therefore were to provide a person-centred service to young people that aimed to de-stigmatise mental health, promote well-being and improve life chances, with a long term aim to support people to have happy productive lives. The project also wanted to help young people and their families understand their diagnosis, the relapse cues and how it affects behavior so that they would be less 'frightened' of it. Social isolation and stigma often lead to self-medication and the use of illegal substances so understanding medication and its importance, and the impact of substance misuse, was considered a key aspect of the support. Providing information so that young people have choices was an important part of this. Through linking the shorter and longer term outcomes, the following theories of change were identified:

Supporting YP to recognise triggers and identify their own positive support networks can help YP to **get help earlier**

Understanding and awareness of diagnosis can help YP to recognise **relapse cues and triggers**

Learning how to mange their own mental health can **avoid inpatient stays**

YP are provided with information so they can **make informed choices**

Support to make informed choices and emotional support to increase YPs confidence can encouarge them to be **less risk adverse**

Increased confidence and practical support can encourage YP to enage with universal services independently and have more opportuities to **improve life chances**

| Encouraging YP to recognise their own needs and issues can help them **develop their own support plan** based on their individual goals | → | Supporting YP to set and work towards their own goals encourages a **sense of empowerment, control and responsibility over their own life.** | → | Seeing what they can do and what they are good at leads to a **sense of achievement, confidence and a more positive outlook on their life** |

Enablers and Preventers

Managing mental health

The service users were either diagnosed with a mental health illness or had emotional/behavioral issue. However, even those with a diagnosis were often unaware of what this actually meant. By working with YPBB they were able to keep diaries to identify triggers and cues, explore positive and negative influences in their support networks ('ecomaps'), and identify patterns of circumstances or behaviours within their families ('genogram.). This may also include understanding how drugs or alcohol affect them. By being more aware and recognizing and reviewing their own emotional wellbeing and mental health, over time young people were able to take more control over managing it to avoid escalation which can lead to impatient stays. A key enabler here however is that the young person cares enough to want to manage their mental health and is willing to make these choices. Many young people are used to 'things happening to them' so needed support to change this way of thinking.

Supporting independence

Young people often fear making new choices so stay within their 'comfort zones'. Through support ,YPBB encourages them to understand the choices and wider implications of decisions so that they can take informed risks. Many young people do not currently access universal services and may need support to do this. Universal services may include activities, youth groups, parent and baby groups or even school.. The worker or mentor would accompany them for the first few visits, then take steps towards increased independence till they feel comfortable on their own. Peer mentors can help young people access services by accompanying them as a friend, rather than being 'seen' as a worker. Being able to access universal services, and build their own

informal social networks, can then improve their life chances rather than limiting their opportunities for success.

Recognising strengths

Awareness of a young person's diagnosis can also prompt awareness into other areas of their lives. YPBB offers holistic support around both emotional and practical needs. Young people are encouraged to reflect on their own needs and decide on their own goals that they want to achieve. For many young people they are not used to this way of working with services so it can be quite a challenge. However, through setting their own goals they are able to take more control and responsibility over their lives. It is key that goals are SMART so that unrealistic expectations are not set for the young people. Through working towards goals it encourages young people to recognise their own strengths, even if goals have only been partially been met they are encouraged to recognise the positive steps. This sense of achievement boasts confidence and promotes a more positive attitude about themselves and their future. Such an outlook can help build resilience against future difficulties.

The theories of change above were embedded within the YPBB programme. The activities YPBB provided were aimed at learning new skill and techniques that promote independence and empower young people through building social networks, managing their own mental health, and improving confidence and self esteem. However, this journey can take time and often young people are sporadic in their engagement due to other issues and priorities at this time of a young person's life, as well as difficulties they may be having with their own mental health. Combined with the short timescale for the project this has meant that for some service users their journey was not completed or new skills were not fully embedded before cases were closed or they disengaged. The short term and longer term outcomes are therefore important to identify and measure.

The mainstream Building Bridges project found that it took around 18 months before the project was properly embedded within the community. In the first three or four months of YPBB, they were also experienced a 'drought' in referrals because services and job roles were being reviewed at that time. They also found that it took longer than expected to engage with young people. Often it can take around three months for young people to get used to the idea of setting their own goals because it is not something they are used to. When first referred, many were described by support workers as being 'stuck', as they had not yet reflected on their own issues. These young people often need at least a year of support to get to the stage where they might be independent and ready to engage with universal services.

The original proposal for YPBB was for the pilot to run for two years (rather then 18 months) with a manager working two and half days a week (rather than 1.25 days), and the equivalent of two full time workers (e.g. one full time and two part time) rather than one worker. This would have allowed for two waves of mentor training, recruiting 8

rather than four mentors, and having more time and capacity to match them with service users and work through transitions from workers to mentors. The YPBB manager felt that, with this model, it would be realistic that 24 young people could have been engaged with successfully over the two years. Given the increased costs and the average value created per service user who engaged, the social return on investment for the original proposed model can also be forecasted. This model may also address some of the issues with social isolation and accessing services that were difficult to progress without peer mentors, as well as encouraging more sustained outcomes for those who require longer term support.

SROI ratio

The cost of running the Young People's Building Bridges project was approximately £90,000 a year.

The total value of YPBB was calculated as £209,824 in social and financial value. This is equivalent to a return of £2.33 for every £1 invested, meaning that the investment is more than doubled.

In the first year £77,277 is created in social and financial value (fig 1.). However, by the second value exceeds the delivery as the total increases to £120,923.

Fig 1. Value over time

The values for outcomes that are over £5,000 are listed below with the stakeholder group that benefited:

Theory of change	Stakeholder	Impact from YPBB
Young people are able to recognise and manage their own mental health needs so that they are able to avoid risk of readmission into hospital and children going into care	Social Care	£50,350
Young people are encouraged to set their own goals and take ownership of them leading to more responsibility and avoidance of a criminal lifestyle	Criminal Justice System	£29,249
Young people are able to recognise and manage their own mental health needs so that they are able to avoid escalation and hospital	Mental health services	£16,914
Young people are able to set and work towards or achieve their own goals leading to increased confidence or self esteem	Service users	£15,677
Peer mentors are given trust and responsibility leading to increased confidence	Peer mentors	£14,462
Young people are encouraged to set their own goals and take ownership of them leading to more responsibility and avoidance of a criminal lifestyle	Service users	£12,713
Young people are able to set and work towards or achieve their own goals leading to increased confidence /self esteem and improved family life	Young families	£9,219
Young people are supported to access and engage proactively with universal services to increase independence	Service users	£9,162
Young people are able to recognise their own strengths and achievements leading to a more positive outlook and continued engagement in further education	DWP	£8,837
Parents are empowered to support their child leading to increased confidence	Parents	£8,655
Young people are supported to access and engage with school increasing their educational life outcomes	Service users	£7,257

Young people and their children are supported to access and engage with universal services increasing their life outcomes	Service users	£6,452
Peer mentors understand the difference they can make and feel a sense of pride and self worth	Peer mentors	£6,051
Young people are able to recognise their own strengths and achievements leading to a more positive outlook and continued engagement in education	Service users	£5,540
Young people are able to recognise and manage their own mental health needs so that they are able to avoid escalation and hospital stays.	Service users	£5,212

It is worth noting that, due to the relatively small numbers of service users, the value sof benefits to different stakeholders are dependent on the types of issues that are faced by the young people referred, for example, whether they have children, or a history of crime. However, outcomes such as 'increased confidence' were common across a number of service users, indicating that the value of this outcome would remain high regardless. Figure 2 shows the value created in the first year to each case study evidencing that the 'highest risk' service users tended to benefit the most. This was primarily due to prevented costs to the criminal justice system from encouraging Lee, a young carer, to follow a different path to those around him, and prevented costs to social care for the reduced risk of three children of Ruby, a young mother with a history of depression and self-harm, being placed in care. It is also worth noting that for these cases between 50% and 70% of the high cost outcomes were attributed to the input of other mental health services, evidencing the importance of joined up work.

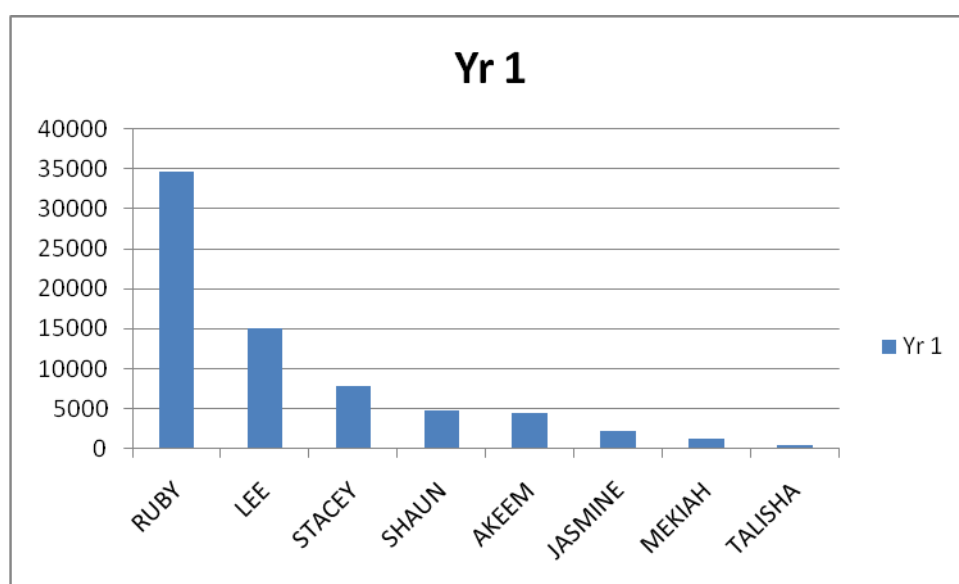Fig 2. Value in the first year for each case study

Figure 3 shows the cumulative value for each case study that would be expected to be sustained over time. Value is expected to drop off significantly for Lee and Shaun who are quite socially isolated and so potentially more vulnerable. However, the value of outcomes to Akeem are expected to be sustained over time due to the empowerment of his mother to continue to provide support if needed.
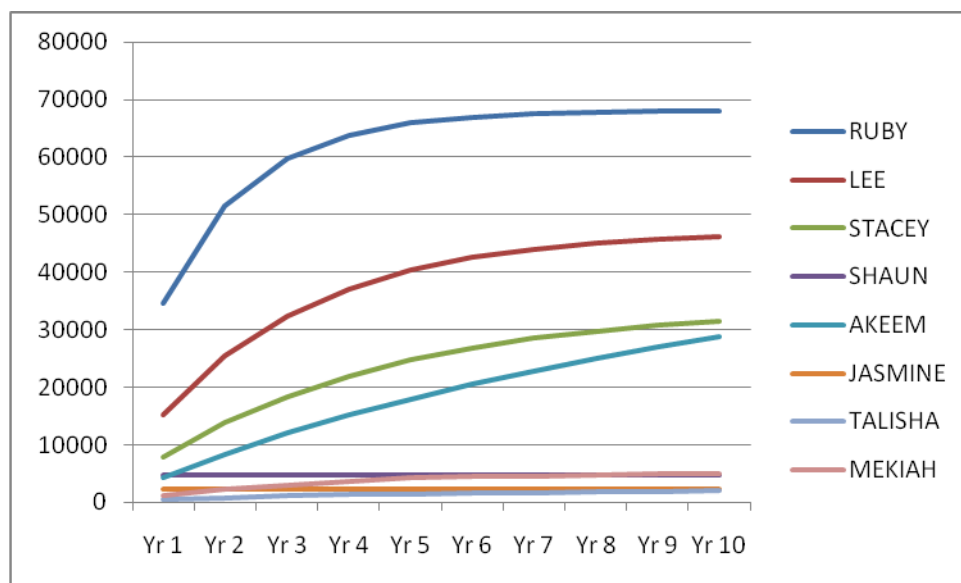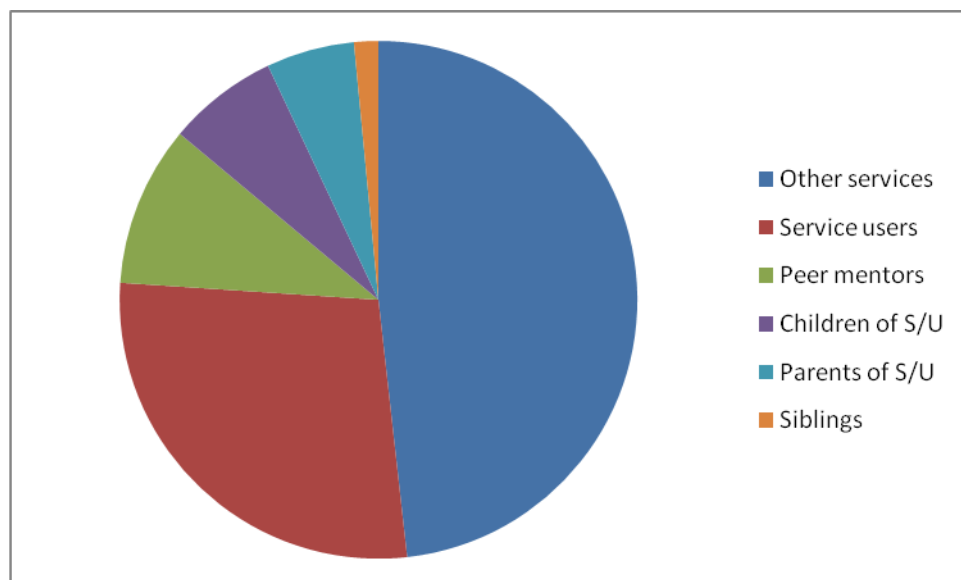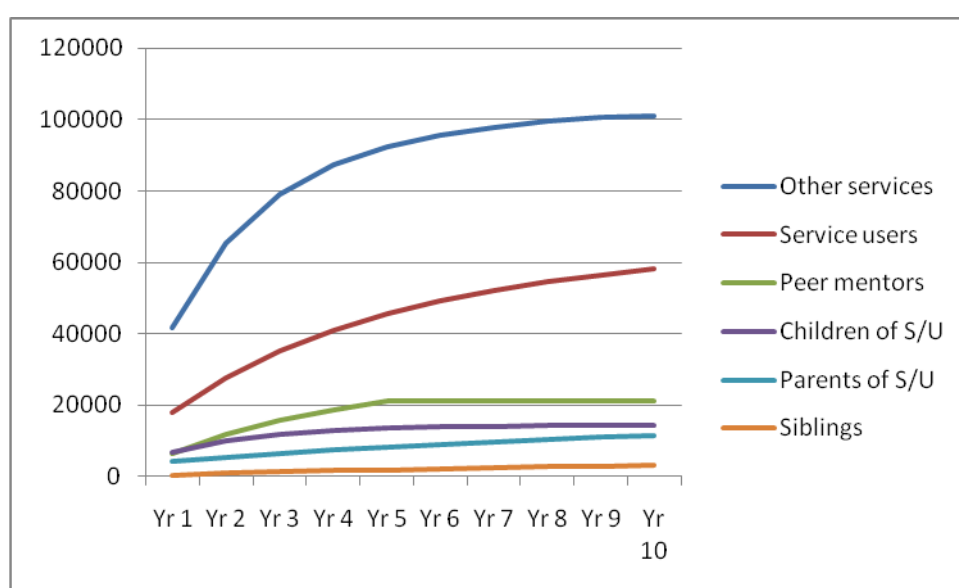
Fig 3. Cumulative value for each case study

Figure 4 show that 46% of value created from YPBB benefited other services, with 28% benefiting services users and 10% benefiting peer mentors. The remaining benefits are to family members including children, parents and siblings.

Fig 4. Proportion of value to each stakeholder

The cost savings to services exceeds the cost of delivering the project, with total costs (over £90,000) 'paid back' within 5 years, and then continuing to save costs year on year. Figure 5 shows the cumulative value to different stakeholders indicating that services are the main beneficiaries of YPBB, with costs savings reasonably sustained over the first five years. However, while the value of outcomes to service users is lower, the graph does suggest that these may be more sustainable over time with outcome such as confidence/self esteem, friendships and school attainment continuing to be of benefit to services user in the long term.

Fig 5. Cumulative value for each stakeholder group

Sensitivity Analysis

We can test how the SROI ratio is affected when different assumptions are applied to outcomes to establish how confident we can be that £2.33 is close to the true value of return. If the likelihood of Ruby's children avoiding care without any support increased from 30% to 60% then the SROI would still be £2.17 for every £1. If it increased to 75% it would reduce to £2.00.

If the likelihood of Lee avoiding prison without any support increased from 30% to 60% then the SROI would still be £2.23 for every £1. If it increased to 75% it would reduce to £2.14. These outcomes cause the largest variation in the ratio suggesting that we can be reasonably confident that at least £2 for every £1 is returned in value.

The value for peer mentors came out as relatively high, representing their increased confidence, sense of self worth and skills from the training and being part of the project, and the fact that there were no other opportunities like YPBB they would have taken part in otherwise. However, as only two peer mentors were interviewed we can also calculate the impact on the SROI if those outcomes only applied to two or three or the mentors. If only three had experienced outcomes the SROI would have been £2.27 for every £1. If only the two interviewed experienced the outcomes then the SROI would have been £2.21. If peer mentors had been matched and started working with service users then their time would also need to be included in the inputs of delivering the project. However, it would also need to be monitored what else was changing for them as a result of their involvement.

The peer mentors said that they had learnt new skills/awareness, felt more confident and that they felt proud of being involved in something that was helping others. This was as a result of the training and their wider involvement in YPBB. However, it could be argued that confidence and sense of purpose would not be 'fully' realised unstill they had engaged successfully with mentee's, therefore the value of just attending a training course (e.g. cost of a short course) without the added value of confidence and sense of purpose can be applied to the SROI calculation. This still results in a return of £2.12 for every £1 invested.

Some values were *understated* in the impact map. For example, one service user stated the value of increased friendship was equivalent to 'a trip to the moon' yet the proxy used was the annual spend on social activities from the family spending survey (£520 a year). An alternative proxy would be the family spend on all recreation and culture (£2,985 as used in a nef SROI report[38]). This would give an increased SROI of £2.50 for every £1. Other outcomes were not included due to lack of detail from stakeholders such as reduced drug use which can save approximately £16,500 for service users a year[39] according to same nef report (cost of problematic drug use). Further cost saving to services may also be realized through this outcome. In addition, other avoided mental health service costs for those without a significant history of depression were not included due to the risk of over claiming avoided costs. However, the research indicates that early intervention and prevention is effective, particularly during adolescence when young people are at risk of falling through the gaps in services and disengaging.

Forecast model

Bearing in mind the short time scale for YPBB including 'start up' and 'wind down' time, it is useful to be able to forecast predicted value based on different models of delivery. The average value per service user worked with (to all stakeholders) is approximately £23,600. On interviewing the project manager it was stated that with

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[38] The economic and social return of action for children's family intervention team/5+ project Caerphilly, 2009, nef

increased staffing and time it would be realistic to expected 24 service users to engaged successfully with the project. If 24 service users were engaged, this would create approximately £565,600 of value in total over two years. The added staffing time of an extra 6 months, an additional full time equivalent post and increased management time would increase input costs to approximately £175,715. If 8 peer mentors were also recruited in the proposed model, this would result in a total value of £607,700 and a SROI ratio of approximately £3.47 per £1 invested. Other services would also expect to benefit from over £300,000 of value (in saved costs and resources). This assumes that outcomes for stakeholders remain, on average, the same as the outcomes delivered in the current model. It does not take into account increased/better outcomes from longer cases and the additional support and outcomes from peer mentors. If the outcomes that dropped off completely after a year were instead sustained over ten years with just a 10% drop off each year then the average value per service user would increase to £27,656 . The forecast for the proposed model would therefore give a total value of (£663,744+£42,100) £705,644 and a SROI of £4.03 for every £1 invested. If *all* drop off rates were reduced to 10% then the overall forecasted value would be (£1,209,915 + £42,100) £1,252,015 for the proposed model giving a SROI of £7.15 for every £1 invested.

7. Conclusion and Recommendations

For service users the most value was created through working towards their own goals leading to increased confidence and self esteem. For services, the Criminal Justice System, Social Care and Mental Health were the main services to benefit from YPBB. The two highest value cases were already quite complex when they were referred to YPBB, with a number of risk factors, hence the avoidance of service costs is significant. For other cases it is more difficult to make assumptions about avoided costs as the support was able to prevent issues escalating before they became too complex, However, as can be seen in the previous graphs ,cumulative value is anticipated to rise each year as the family build on the skills learnt.
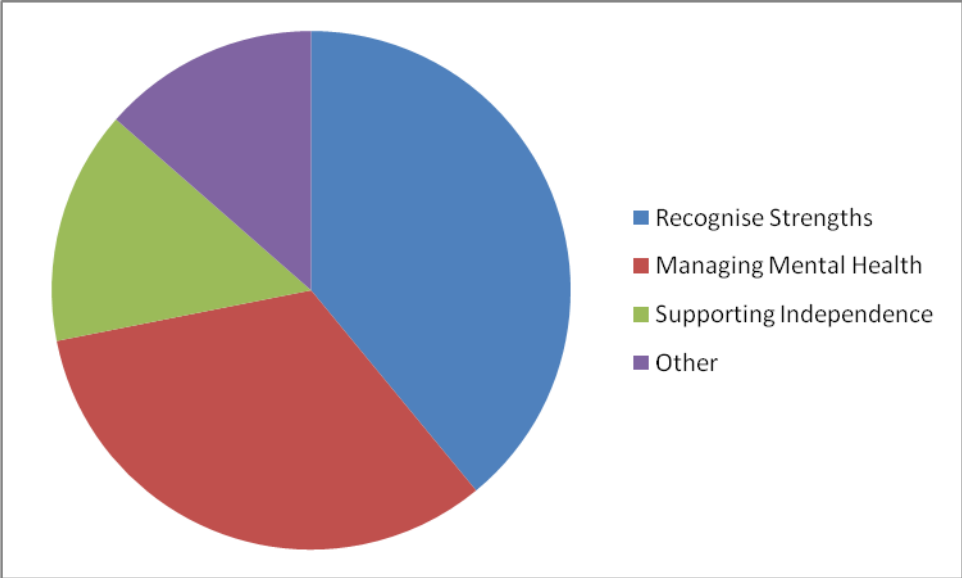
To embed the findings into potential future evaluations or forecasting of value it is important to understand the theory of change and how outcomes can evidence the journey for young people. This can be informed by the stages of behaviour change required to move from 'stuck' to 'independent', along with the chain of events that describe for journey through YPBB.

From this evaluation three explicit theories of change were developed through consultation with all the stakeholders. The value of outcomes that sit within these theories of change can also to explored to understand where YPBB creates the most value and where there is potential to increase value.

Each outcome can be linked back to the relevant theory of change to show the value within each journey

Fig 6. Proportion of value attributed to each Theory of Change

Value	ToC
£90,876	Recognise strengths
£76,540	Manage mental health
£33,917	Supporting independence

Figure 6 shows that 39% of the value created was within the theory of change around recognizing strengths. Outcomes within this theory of change included increased confidence, responsibility, sense of purpose and a more positive outlook. This can lead to continued motivation to stay on education, improved relationships, and reduced crime. This theory of change, which is based on young people being supported to set their own goals and work towards them, can be viewed as the primary value of YPBB.

33% of value was created through supporting young people to mange their mental health. Outcomes within this theory of change include reducing risk of readmission/hospital stay, reduced aggression and other health benefits. This can lead to the prevention of children being placed in care.

15% of the value was created through supporting independence. Outcomes within this theory of change include reengaging with mainstream education, taking part in new activities and building new friendships. The value within this theory of change has potential to increase if service users were supported to access for universal services and build new social networks in their communities. This gap could be filled through the support of peer mentors.

The remaining 14% of value was created through supporting the parents and peer mentors specifically. This evidences the benefits of direct work with others apart from the service user.

The negative impact of feeling uncomfortable for those not wanting to engage at times was equivalent to -0.03% of the total value created by YPBB, therefore this outcome is not material and not necessary to include in this analysis. However, the negative impact for those who did not then re-engage should also be considered. Systems to monitor this would be recommended to ensure that young people in need are not falling through gaps is services.

To conclude, the recommendations for creating further value and capturing further potential within the YPBB model would be to:

- Recognise that the qualities, skills and commitment of the key worker are paramount to building successful and trusting relationship with service users. This needs to be considered in recruiting staff and mentors to the project.

- Continue to build on successful joint working, particularly with mental health services and understand how the different roles can compliment support for the young person's "journey".

- Recognise where young people are on their 'journey' at any given time can help to measure change, identify the barriers and seek out the enablers to supporting people towards independence.

- Work with service users for longer than six months if needed to ensure that skills/techniques learnt are embedded and young people continue to feel supported if difficulties arise, or they disengage for a period of time.

- Ensure that a sufficient number of peer mentors are recruited and supported to work with services users to access wider services and help sustain the outcomes achieved through the intensive support with YPBB staff.

- As well as supporting peer mentors, empowering other members of the family to support each other can ensure that outcomes are sustained and can create additional value through increased confidence.

- Build on the increased confidence and self esteem by referring young people on to other opportunities, or develop new opportunities for them such as training to become peer mentors themselves.

- Following up or monitoring outcomes for young people after the project has finished working with them is important in verifying the value of the impact.

- Communicate the value of YPBB including its potential to 'pay back' costs to other services such as criminal justice system, social care and mental health services within five years.

The specific recommendation to funders would be, given the positive social return on investment, to continue funding this area of work, particularly in light of changes to mental health services where thresholds are increasing and services have less time to spend with those who need support to make positive transitions into adulthood.

Verifying results

This report has been reviewed by the manager of Young People's Building Bridges among policy and development staff within Family Action.

Appendix

Financial proxies

Outcomes for service users	Value	Source
Increased confidence	£1,195	Cost of confidence and assertiveness training, see IDA Academy http://www.emagister.co.uk/self_confidence_and_assertiveness_courses-ec170022955.htm As used in Improving Services for Young People. An economic perspective, nef and Catch 22
Prevention of mental heath deterioration	£2080	Internet search for councelling at £40 an hour
Sense of purpose/direction	£500	Website search for life coaching costs
Calmer/less aggression	£650	A stress management therapy usually takes 6-12 sessions, and a session cost between £40-£100, UK Council for Psychotherapy, Value is average of 9 sessions at £70
More independence	£3,000	Estimated cost of driving lessons and running own car for a year
Uncomfortable about engagement	-£18	Minimum wage for 3 hours to show value of time
Improved education	£1456	Wage difference for those with a level 2 qualification compared to no qualifications, Department for Children, Schools and Families
Having fun (through activities)	£300/£600	Service user stated preferences
Learning to be positive	£1,500	Service user stated preference
Better health	£219	1 less cigarette adds 11 mins to life http://www.dailymail.co.uk/health/article-163742/10-ways-live-longer-life.html If 20 a week, 3 months = 240 240 * 11 mins=2640 mins=44 hours (2 days) 2/365=0.00548 0.00548*£40,000 (QALY)= £219
Increase engagement in FE	£3448	Wage scare of being NEET

		http://www.wikivois.org/index.php?title=The_avoidance_of_a_wage_scar_in_later_life_because_a_young_person_is_employed_rather_than_NEET_aged_16-19
Better friendships/relationships with siblings	£520	Family Spending 2009 - A report on the 2008 Living Costs and Food Survey 2008 used in a forecast of SROI for the Scottish Investent Fund. http://thesroidatabase.org.webserver2.ukdnp.com/proxy-information.aspx?id=2326&from=1608
Avoidance of crime	£5902	The economic and social return of action for children's family intervention team/5+ project Caerphilly, 2009, nef

Outcomes for service users' children	Value	Source
Improved well-being for children	£2142	Annual cost of meeting child's emotional needs Liverpool Victoria Study
Increased investment in children's future	£2392	Annual cost of child's education Victoria Liverpool Study

Outcomes for service users' parents	Value	Source
Reduced stress because child is being supported	£1462	Money spent on basic needs of child (food and clothing) Liverpool Victoria Study
More relaxed	£40	Service user stated preference
Improved relationships	£576	Average amount spent on holidays a year for child Liverpool Victoria Study http://www.lv.com/media_centre/press_releases/lv=%20cost%20of%20a%20child

Outcomes for services	Value	Source
Reduced demand on treatment for mental health issues	£6750	New Philanthropy Capital article evaluating the Scottish Association of Mental Health Services (SAMHS)' Everwood project.
Reduced risk of taking children into care	£24,000	Cost for local authority when putting child into care (2004/5 prices). Taken from BAAF (2010) The Cost of

		Foster Care. London: BAAF
Reduced risk of exclusion from school	£1175	NPC, Misspent youth: The costs of truancy and exclusion http://www.philanthropycapital.org/publications/education/truancy_and_exclusion/truancy_and_exclusion_cost.aspx
Reduced risk of treating conduct disorders	£3,069	Conduct disorder in children and young people costs society a total of £1.5bn every year. The cost of one child with conduct disorder comes to £52,169 by the time they are 25 (2007 prices) between age 8 and 25 Fergusson, D.M. and Horwood, J.L. (1998) Early Conduct Problems and Later Life Opportunities. Journal of Child Psychology and Psychiatry, 39 (8); Prospect (2003) Graduate and non-graduate earnings from the Labour Force Survey (Spring 2003);
Reduction in disengagement at FE/ NEET	£5,500	Godfrey et al, 2002, 'Estimating the cost of being NEET at age 16-18 Research Report RR346, DfES, University of York
Reduction in disengagement at school / out of school	£1015	NPC, Misspent youth: The costs of truancy and exclusion <a href="http://www.philanthropycapital.org/publications/education/truancy_and_exclusion/truancy_and_exclusion_cost.aspx
Reduction in risk of prison sentencing	£43,000	Cheapest assumption, see Knuutila A.(2010) Punishing Costs: How locking up children is making Britain less safe. London: nef.

Outcomes for Peer Mentors*	Value	Source
Increased skills/awareness	£200	Website search for cost of short coaching course

*Other values are same as valued outcomes for service users