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# Evaluation of the Battersea Youth Clinic



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## Meaningful Measures Ltd

Meaningful Measures Ltd is a company that provides innovative person-centred evaluation, audit and research solutions. Our mission is to enable people's own voices to shape the understanding and improvement of health and wellbeing services around the world.

## Acknowledgements

We would like to thank all the participants who agreed to take part in the service evaluation, especially the young people. We would also like to thank Battersea Primary Care Network for commissioning this evaluation and in particular Dr Amy Vowler, Clinical Lead for Battersea Youth Clinic, Dr Mohan Sekeram, Nick Atkins at Enable LC for their input and teamwork, and Mildred Ampofo, Care Coordinator, for being our onsite interviewer.

## Disclaimer:

The views in this report reflect those of the authors and do not necessarily reflect those of Battersea Primary Care Network.

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## Executive summary

In recent years it has been reported that children and young people are suffering much worse mental health issues, and the need for help is outstripping the availability of mental health support currently. Battersea Youth Clinic is novel in that it aims to build up the relationship between the GP and young people in Wandsworth, by increasing the number of young people who are registered with the GP. Battersea Youth Clinic uses the GP as a community asset to look after young people's health and wellbeing needs. Children and young people have been recipients of social prescribing in this project since February 2021.

### **Overarching aim - to provide an independent mixed-methods person-centred evaluation of Battersea Youth Clinic.**

There were three specific aims of this work:

1. Find out who is using the Battersea Youth Clinic, and how it is benefitting or impacting on the wellbeing of adolescent patients and the PCN.
2. Find out how Battersea Youth clinic works and how it does or doesn't interact with relevant local stakeholders.
3. Discover the barriers and enablers to this model of working, to support the model being rolled out more widely.

## Results:

**Demographics and ONS 4 data** - Retrospective data from Feb 2021 – Nov 2022 (n=109) analysed demographics, reason for referral, number of social prescriptions, types of services prescribed, and the wellbeing outcome measure ONS4 before and after the service.

- Average age was 15.4 years (range 8-18 years). A much greater representation of minority ethnic groups was seen for services users of Battersea Youth Clinic, compared to 2021 census data - 55.8% vs 27.2% respectively. The total number of social prescriptions made to local services and providers was 575, an average of 5.22 per person. The top reason for referral was mental health issues (55%), followed by other- not specified in the data (29%), and then social needs (10%).

- **a small, significant improvement in ONS4 scores for levels of satisfaction ( $p<0.05$ ) (n=73) and how worthwhile life felt ( $p<0.02$ ) after attending the service.** ONS4 scores around happiness and anxiety moved in the right direction but were not statistically significant. Those referred for non-mental health issues had the most improvement in ONS4 scores at follow-up, across all domains. Data sets were small and 37 people (34%) attending the clinic did not provide data, so ONS4 analysis should be interpreted with caution.

**Stakeholder holder interviews and service user experience** - Between October and December 2022 six stakeholders involved with Battersea Youth Clinic were interviewed by the evaluation team. Responses were gained from service users via a simple survey in January 2023. From this cohort, several young people were then interviewed by the Battersea care coordinator.

- Most people had an excellent or good experience of the service (63%). Interviews with two people who answered the survey provided insight into ways the service could further meet young people's needs.

- Qualitative findings from the stakeholder interviews spanned the following areas:

**Exploring the understanding of how the clinic worked and how it interacted with relevant local stakeholders.** Themes included: the impact of Covid-19, service access issues, age range

adaptations, consultation format and relationships with professionals and differences between working with children and young people compared to adults.

**Exploring the challenges and barriers to service provision** – themes included challenges of increased mental health support need by young people in the community, managing inappropriate referrals to Battersea Youth Clinic, the pressures on link worker and caseload, link worker supervision and management.

**Implementation learning** - Learning points included: a triage approach to create appropriate professional boundaries for the Battersea Youth Clinic, development of digital and face-to-face appointments post pandemic, and the development of dual role link workers to enable more efficient use of link worker time.

**The current working model** - This patient flow model, referral criteria, and website referral page were collated to enable other services choosing to use this model to benefit from the experience and learning at Battersea Youth Clinic.

## Conclusion:

All the stakeholders have bought into Battersea Youth Clinic, and it has brought people and local organisations together. It has established invaluable links for individual professionals which has benefited young people. Working by phone during covid has been successful and brought efficiency as well as greater accessibility. The move to face-to face or virtual appointments is now valued by the service users. The PCN has had positive feedback about how helpful it has been for young people to have the Battersea Youth Clinic link worker and GPs to have the additional support. The early intervention was also valued by mental health services. Whilst barriers and challenges were identified, the innovative approach to designing and implementing of Battersea Youth Clinic has provided invaluable support for many local young people.

## Recommendations:

A series of recommendation emerged from the analysis of all the data sources. The first set of recommendations are specifically for Battersea Youth Clinic and the second set are recommendations for consideration at a PCN or ICB level. As social prescribing is a conscious approach to working across sectors, it is important that some recommendations are viewed at a 'system' level. These may be relevant to any children and young people's services being set up in within the ICB.

### Recommendations for the Battersea Youth Clinic:

**Recommendation 1 - Employ good practice for designing Children and Young People's social prescribing services (Appendix 4):** *It is recommended that the existing guiding principles on Children and Young People's social prescribing (Appendix D) are reviewed with key stakeholders involved in implementing Battersea Youth Clinic, to rate progress and identify priority areas for development.*

**Recommendation 2 – Urgently increase provision for mental health support:** *At Battersea Youth Clinic level, it is recommended that the addition of a mental health expert in the team would provide immediate support for a large proportion of clients.*

**Recommendation 3 - Publicising the Battersea Youth Clinic:** *It is recommended that a concerted publicity campaign is carried out to inform community organisations, educational establishments and other professionals supporting children, young people and families in the catchment area, about the role of and methods of accessing, Battersea Youth Clinic.*

**Recommendation 4 - Capture the voice of young people more systematically in electronic health records.** *It is recommended that the current reasons for referral boxes that can be ticked on*

the software platform are reviewed and updated so they are more appropriate for young people's unmet needs. Also consider using MYCaW® outcome measure to record what young people feel their main concerns and support needs are; this can sometimes be different to the referral reason.

**Recommendation 5 - ONS4 data collection:** *It is recommended that ONS4 outcome measure data collection is more consistent, especially in relation to follow-up time points. It is also recommended that ONS4 is reviewed to see if it is appropriate in all circumstances, especially when asking how worthwhile a person's life feels. This is known to act as triggers in some circumstances, particularly relating to mental health.*

## Recommendations for Battersea PCN / ICB

**Recommendation 6 - Supporting children and young people's link workers:** *It is recommended that the current supervision model for Battersea Youth Clinic link workers encompasses a Balint group to create a safe discussion space for link workers supporting the Battersea Youth Clinic and other CYP social prescribing schemes.*

**Recommendation 7- Clarity on the remit of the Battersea Youth Clinic link worker role:** *It is recommended all staff across Battersea PCN are reminded of the remit of the Battersea Youth Clinic link workers they are referring to, including ensuring the correct professional title is used.*

**Recommendation 8 - Reducing wider barriers to supporting young people's mental health:** *It is recommended that at PCN and ICB level, the routes to supporting young people's mental health are mapped out and the links to CAMHS are clearly defined. Furthermore, it is recommended that discussions with CAMHS on creating a more flexible approach to supporting young people's mental health are urgently undertaken.*

**Recommendation 9 - Development of Children and Young People's social prescribing in non-medical settings:** *It is recommended that the ICB develop more family social prescribing services where the link workers can carry out face-to-face meetings in safe spaces e.g. in an educational setting or trusted community settings, working alongside other professionals supporting children, young people and families. This will help to identify those in need of social prescribing support who do not present to GP practices.*

**Recommendation 10 - Involve young people in the continuing development of Battersea Youth Clinic:** *Identify appropriate methods for engaging with young people, then develop a young person's advisory group at ICB level who can support the development and promotion of children and young people's social prescribing services. The time provided by this advisory group should be valued appropriately.*

**Recommendation 11 - Implementing future good practice in Children and Young People's (CYP) social prescribing services:** *It is recommended that any future CYP social prescribing services, use the guiding principles on Children and Young People's social prescribing (Appendix D) before and during implementation to ensure all key areas relevant to CYP social prescribing are fully considered and progress can be monitored.*

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## 1.0 Introduction

Social prescribing is a person-centred approach to supporting what is important to a person and addressing any unmet need that is affecting a person's wellbeing. The majority of NHS based schemes include a link worker who receives patients who were initially referred to them. The link worker aims to spend time with a person to allow them to unpack the range of often complex and inter-related issues that are occurring in their lives. These issues may relate to health, social care, welfare, housing, or work, all of which ultimately affect a person's health and wellbeing.

In people who are in the lower social economic proportion of society, it is well understood that deprivation increases the allostatic load or 'burden' and stressors upon a person, and they are more likely to suffer from multiple chronic conditions<sup>(1)</sup>. Social prescribing was rolled out as a policy by the government<sup>(2)</sup> and detailed as part of the Personalised Care plan for the NHS in 2018<sup>(3)</sup>. It is now part of the GP contract and is being used widely throughout England and the UK. Whilst social prescribing is intended to be an all-age offer, social prescribing was predominantly rolled out for adults and therefore there is a lack of guidance on what good looks like for social prescribing services to support children, young people (CYP) and families. Despite this, there has been a growth in the number of organisations developing social prescribing offers for CYP. In 2018 Streetgames developed the Social Prescribing Youth Network (SPYN) to bring together people who were all developing CYP social prescribing. SPYN has approximately 1000 members and led the development of co-produced guidance on developing CYP social prescribing<sup>(4)</sup>. Building on this initial work, later in 2023 an NHS England & Improvement commissioned toolkit will be released.

### 1.1 State of play for young people

Wellbeing in children and young people is known to be affected by a range of factors including lifestyle, socioeconomic status, the environment they live in, schooling, having additional education needs or disabilities, discrimination, and deprivation<sup>(5)</sup>, as well as exposure to inappropriate or excessive social media<sup>(6)</sup>. Children and young people are also faced with a more uncertain future due to the climate crisis, the economic crisis, the pandemic, and the lack of stability of the job market<sup>(7,8)</sup>.

During the pandemic and the enforced lockdowns, there were notable impacts on the wellbeing and specifically on the mental health of children and young people. This negative impact also extended from CYP to their family as well<sup>(9)</sup>, however, much of the impact is only just being understood and identified.

Data collected at regular intervals across England in 2020 and 2021 demonstrated a rapid reduction in levels of CYP wellbeing (primary and secondary school age groups) as external events such as lock downs and home-schooling were introduced. For the majority of CYP there then followed an improvement in wellbeing as the restrictions were lifted<sup>(9)</sup>. Whilst the overall 'average picture' sounds reassuring, there were significant variations in the severity of impact of the pandemic of CYP which will be highlighted below.

Systematic review evidence from several countries found that children and young people were greatly affected by the lock down regimes. Research proposed that the children and young people experienced increased emotional stress, feelings of helplessness and fear which may have evolved into mental health issues such as anxiety, depression, and posttraumatic

stress<sup>(10)</sup>. In fact, during the pandemic, it is thought that depression and anxiety prevalence doubled<sup>(11)</sup> and a much greater expression of irritability, anger, boredom and inattention in CYP was documented<sup>(12)</sup>.

Several reviews and reports have now identified that girls experienced and are still experiencing, a higher level of anxiety and depression compared to boys<sup>(9,12)</sup> and girls suffered higher levels of worry, concern and fear of Covid-19, as well as a greater number of mental health issues<sup>(5,9)</sup>. Similarly, children with existing neurodiversity e.g., with autism or ADHD had a higher probability of their symptoms worsening<sup>(9,10)</sup> and furthermore on return to school some SEND children had a notable deterioration in their behaviour, as well as their social and independent skills.

Much is already known about the impact of living in deprivation or experiencing disadvantage<sup>(2)</sup>. For already disadvantaged children and young people, the pandemic led to poorer mental health and wellbeing outcomes in comparison to more advantaged peers. This group of CYP were also more likely to live in a household which was behind on bills, rent or mortgage payments, therefore increasing their environmental stressor burden. Parents in low-income households also reported more behavioural, emotional and attentional issues in their children compared to parents in households with a higher income, and these issues continued even when lockdown restrictions were lifted<sup>(9)</sup>.

A final group of adolescents have been identified within the secondary school age group, who had existing mental health conditions pre-pandemic and who found a return to school after lockdown a trigger for self-harm and/or suicidal thoughts<sup>(9)</sup>.

There are now a range of children and young people who are suffering much worse mental health issues and the need is outstripping the availability of mental health support currently. Interestingly, a 2-year evaluation of social prescribing for children and young people noted that it provided intermediary support for young people while they were waiting—sometimes for up to a year—to be seen by statutory mental health services<sup>(13)</sup>.

## 1.2 Development of the Trailblazer Pilots

In 2017 proposals developed between the Department of Education and the Department of Health and Social Care were consulted upon. Transforming Children and Young People's Mental Health Provision had three aims<sup>(14)</sup>:

1. To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
2. To fund new Mental Health Support Teams, which will be supervised by NHS children and young people's mental health staff.
3. To pilot a four-week waiting time for access to specialist NHS children and young people's mental health services.

As previously stated, the pandemic has worsened and revealed how poor the mental health provision is for CYP and their current level of mental health needs. In the last 4 years, however, 87 Trailblazer sites have been set up in London, to support staff in educational settings to identify and manage mental health issues in their children and improve mental health provision.

### 1.3 Battersea Youth Clinic

In Wandsworth London, the PCN set about to develop a holistic clinic within Battersea to help engage the adolescent patient population to access appropriate healthcare and signpost to other local support services. Battersea Youth Clinic is novel in that it aims to build up the relationship between the GP and young people in Wandsworth, by increasing the number of young people who are registered with the GP. Furthermore, it uses the GP as a community asset to look after young people’s health and use the social prescribing service to support other needs they have. This pilot service was additional to an existing adult social prescribing service.

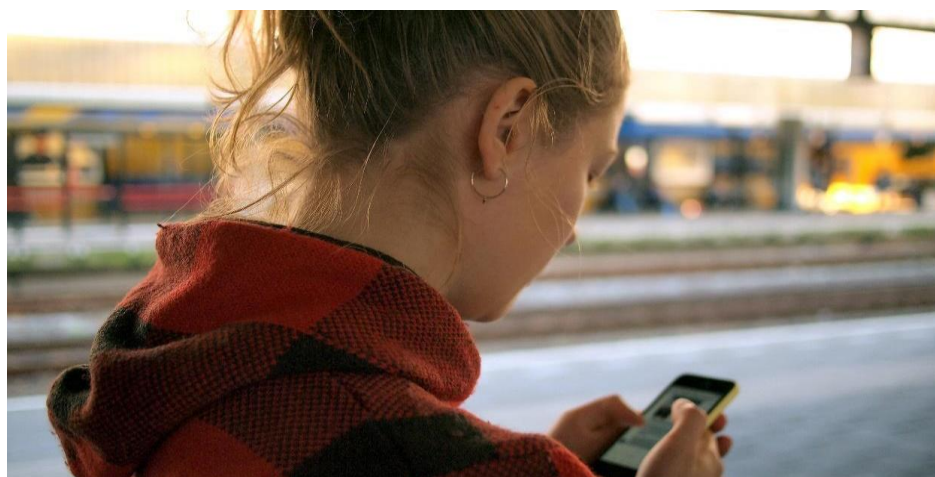
Initial engagement with young people and other key stakeholders was carried out prior to the service starting, to determine the best set-up for the service to meet the needs of young people. An adolescent social prescriber was then recruited within the PCN enabling the youth clinic to be developed as a pilot clinic, developing best practice approaches to supporting young people. It was discovered, however, that having a mix of referrals from the adolescent population and adults has worked quite well for the link worker. Currently all 3 new social prescribers are doing a mix of adolescent and adult referrals.

The aim of this evaluation project is to provide an independent mixed-methods person-centred evaluation of Battersea Youth Clinic. Analysis of retrospective ONS4 data and process data collected on the Elemental Software platform as well as interviews with a range of key stakeholders, including young people will be carried out.

### 1.4 The evaluation objectives

To understand:

- Who is using the Youth Clinic, and how the Youth Clinic is benefitting or impacting on the wellbeing of adolescent patients and the PCN.
- How the Youth clinic works and how it does or doesn’t interact with relevant local stakeholders.
- The barriers and enablers to this model of working, to support the model being rolled out more widely.
- 



## 2.0 Methods

In this section we set out what type of data was collected, how it was collected and how it was analysed.

### 2.1 Data Collection

There were several types of data collected to provide a mixed-method and multi-stakeholder approach to this evaluation.

#### 2.1.1 Demographic data, service use and ONS4

Children and young people have been recipients of social prescribing in this project since February 2021. Their data from between February 2021 and September 2022 was granted to be part of this evaluation via a data share agreement between Battersea PCN, Enable and Meaningful Measures Ltd.

Data on the demographics, reason for referral, number of social prescriptions, types of services prescribed, and organisations prescribed were recorded on the Elemental software platform by the Battersea Youth Clinic (BYC) link worker. The ONS4<sup>(15)</sup> outcome measure was initially chosen to capture the wellbeing status of young people before and after their social prescribing support. The ONS4 is a validated questionnaire which captures three types of well-being (evaluative, eudemonic and affective experience) using four domains. A person scores each domain on a scale of 0 - 10 (ONS4 questions are listed in Appendix A). Typically, data for each service user was collected at baseline (first appointment with the BYC Link worker), and then follow-up was around one month later. Data was then harvested from this platform in October 2022 and securely sent to Meaningful Measures Ltd in an excel file, password protected, and to a secure NHS England email address.

#### 2.1.2 Interviews with stakeholders

Six stakeholders were identified by the Clinical Lead for Battersea Youth Clinic to take part in an interview. The stakeholders were professionals who represented primary care, the primary care network, local secondary school, Child and Adolescent Mental Health Service (CAMHS), a BYC link worker and the VCSE organisation who employs the link workers. Each person was contacted and provided with an information sheet and consent form prior to the interview. Once the consent form has been signed, the interview was carried out online using Google meet. The interviews lasted between 40 mins and 1 hour 10 mins. Each interview was recorded and downloaded to a secure google drive folder.

#### 2.1.3 Survey of young people who had used the service

To hear from young people, a simple survey of 14 questions was co-designed by the evaluation team, Battersea Youth Clinic Lead and the Care Coordinator, using Alchemer software (See Appendix C for the survey). The questionnaire was designed to only take 3-4 minutes to complete and to understand how the young people rated the service. The survey was sent out to young people who had used the Youth Clinic as a link via text message from the GP practice on the 2nd and 31st Jan 2023. The survey could be filled in anonymously, however if a young person was willing to take part in a short interview with the care coordinator, then they provided their contact details and were eligible for a £10 voucher,

### 2.1.4 Interviews with young people

For those who expressed an interest in taking part in an interview, their contact details from the survey were given to the care coordinator by the evaluation team. The Care coordinator then contacted the young person to explain what was involved. Each young person was read an information sheet to explain the purpose of the interview and how their data would be collected and stored. They were then given a chance to ask questions. The Care Coordinator then read a series of consent statements. Once the consent process was completed the young people were asked 3 questions by the Care Coordinator to find out more about their experience of the Youth Clinic and their ideas for future developments. All interviews were carried out on the telephone at Battersea GP Surgery. All phone calls were recorded, and the digital recordings given to the research team for analysis.

## 2.2 Data analysis

Where quantitative data such as ONS4 scores were collected from the Elemental platform, or the survey, the frequency of responses were analysed or coded according to the scales used. Where applicable, the average score difference before and after the social prescribing support was calculated and any subgroups investigated. The digital recordings of all interviews were transcribed, the transcripts anonymised and the digital recordings then deleted. Interviews were thematically analysed using Quirkos 2.5.3 software to establish key themes from the perspectives of different stakeholders.

## 2.3 Ethical Considerations

All data collected by Meaningful Measures Ltd was stored in password protected, encrypted files in an agreed, secure, GDPR compliant cloud-based storage location. No data files were stored on individuals' laptops, instead, all data is stored on cloud-based storage. Meaningful Measures Ltd staff are also trained in GDPR compliant data processing procedures. Informed consent was gained for everyone who took part in an interview.

### 3.0 Results

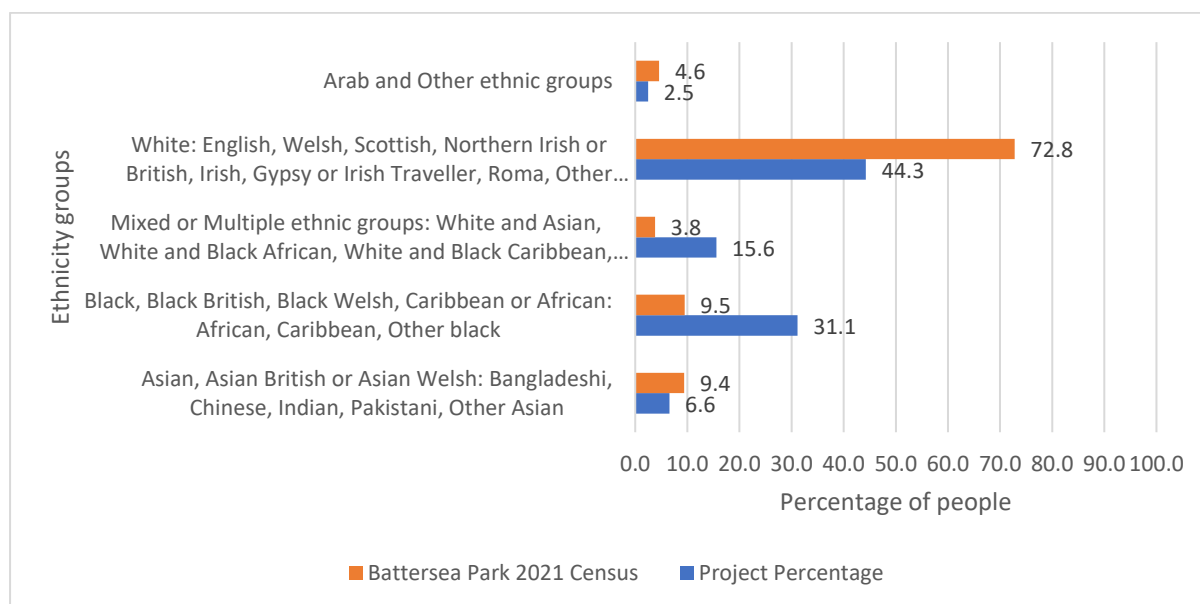
In the first part of the results section, we present the demographic analysis of service users of the Battersea Youth Clinic. We then go on to present the analysis of ONS4 scores. This is to address evaluation aim 1 - *Who is using the clinic, and how the clinic is benefitting or impacting on the wellbeing of adolescent patients and the PCN.*

#### 3.1 Participant characteristics

Appointments and contact with the BYC link worker were given either by telephone, face-to-face or email (note it was not useful to generate the frequencies of contact due to multiple repetition of entries per person for type of contact).

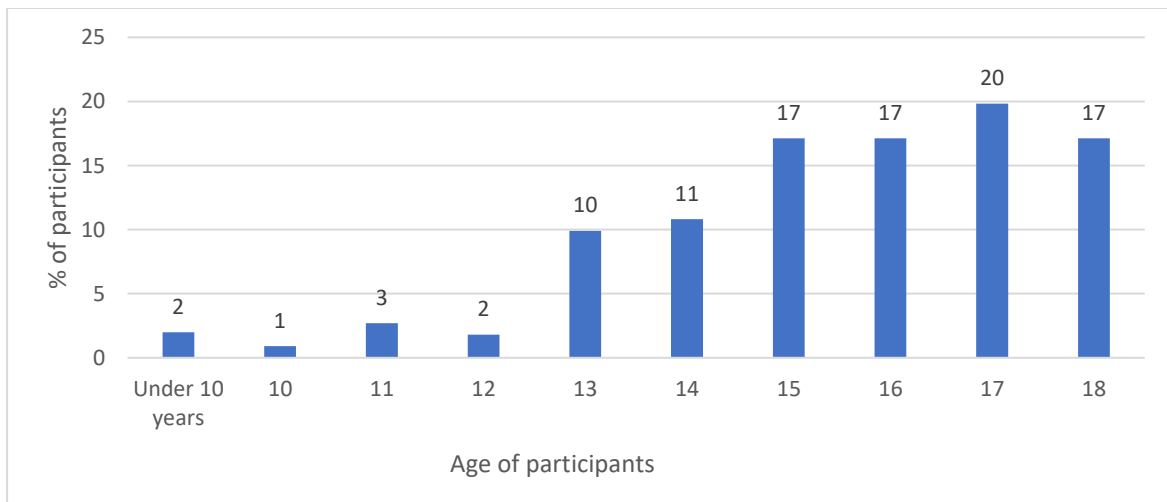
**Gender** - 44 people were male (40%), 65 female (60%).

**Ethnicity** - the cohort's available ethnicity data was compared to 2021 UK Census data to contrast the membership of the wider population (note the census data was for the whole population and could not be filtered by age for ethnicity). Noticeably, the white population in the Census data was 72.8% compare with 44.3% in the BYC sample. The BYC sample therefore represents a widely diverse sample in terms of ethnicity compared to the wider population the service is seated in.



**Figure 1. Distribution of ethnicity status for Battersea Youth Clinic service users compared with 2021 ONS census data for Battersea Park.**

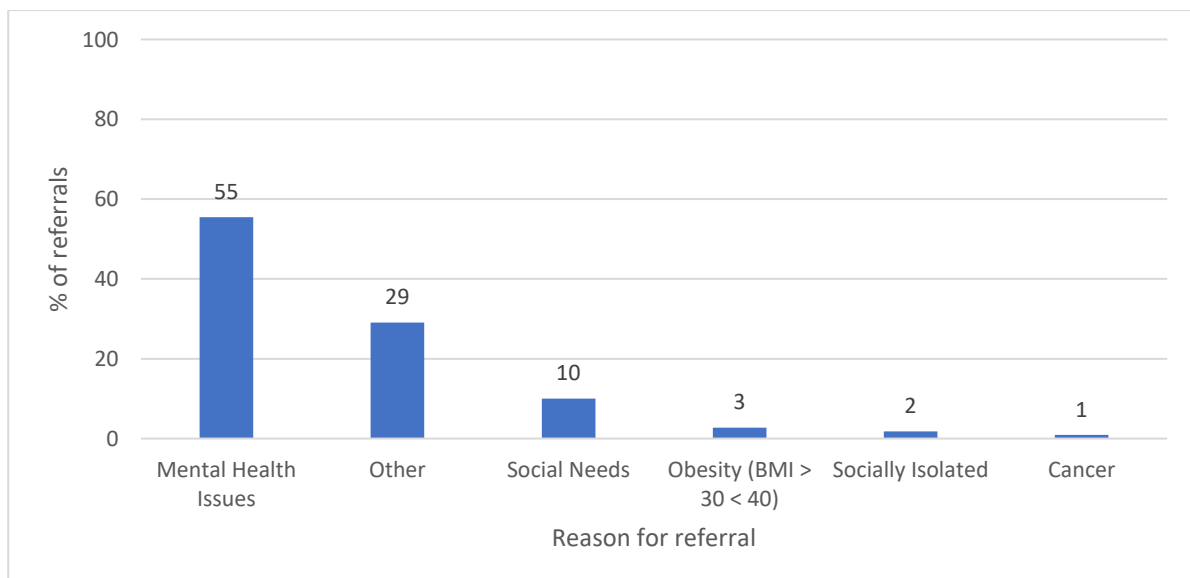
**Age** - The average age was 15.4 years, although the age range was 8-18 years old. See Figure 1 below for percentage of respondents by age.



**Figure 2. Percentage of participants in ages up to 18 years**

### 3.2 Reasons for referral to the Battersea Youth Clinic link worker

Referral information was available for all 110 people and on average there were 1.3 referral reasons stated per person. Figure 3 shows the frequency of the main reasons for referral (first reason).



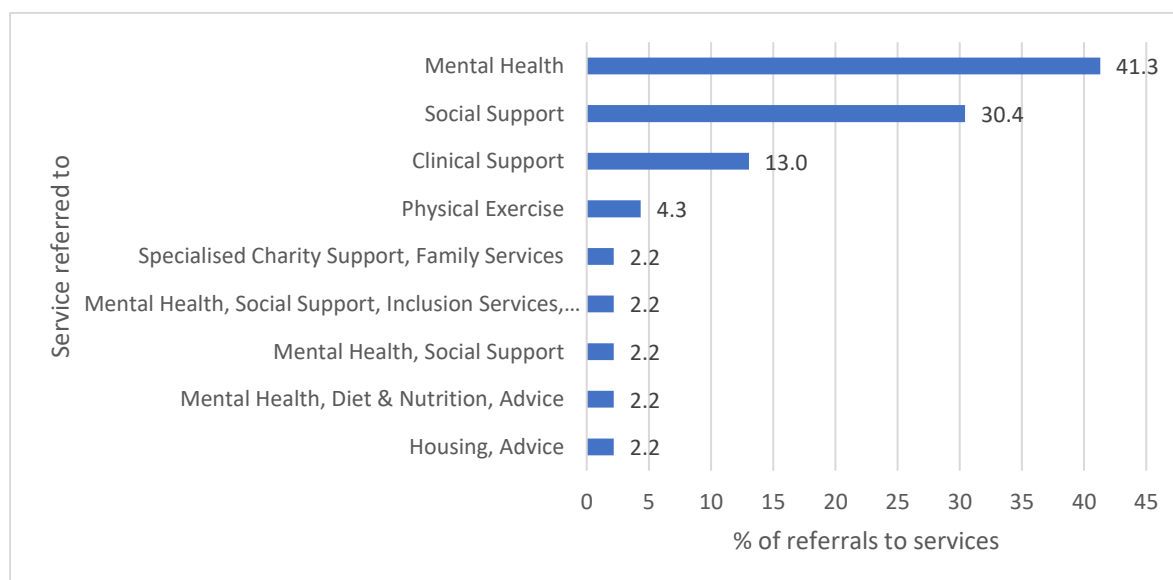
**Figure 3. Reasons for referral to Battersea Youth Clinic.**

Figure 3 shows that the top reason for referral was mental health issues (55%), followed by other- not specified in the data (29%), and then social needs (10%). These referral reasons appear to be based on predetermined categories on the Elemental software system. It is highly likely that these do not fully reflect the reasons for young people being referred into the

Youth Clinic. This is further highlighted by there being nearly one third of the data set that has referral reasons as ‘other’ because they don’t fit the current adult categories.

### 3.3 Services referred to by the BYC Link Worker

The total number of social prescriptions made to local services and providers was 575, i.e., an average of 5.22 per person. The type of prescription made was classified and can be presented as follows in Figure 4.



**Figure 4. Type of service children and young people were referred on to by Battersea Youth Clinic link worker.**

Figure 4 shows that the top service referred to was mental health (41.3%), and this was followed by social support services (30.4%), and then clinical support (13%). Other services are detailed below this in terms of how they were listed on the system. A list of the names of the services referred to is available in Appendix B.

### 3.4 ONS4 wellbeing levels

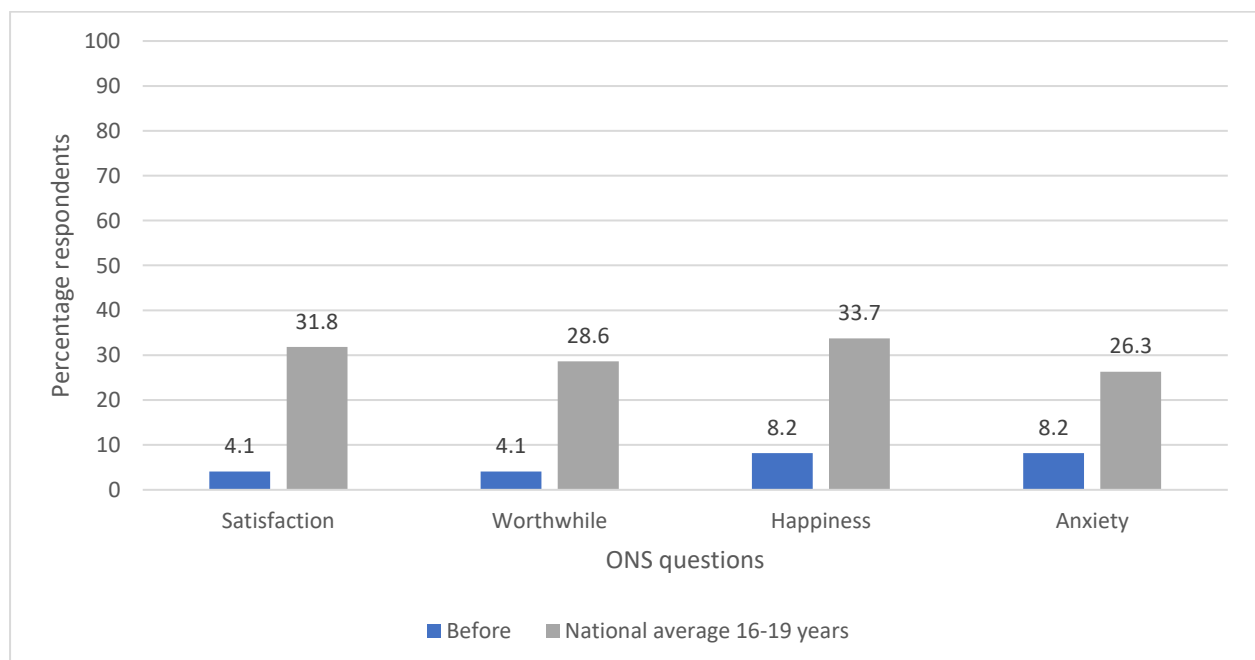
ONS4 questions form part of the national statistical dataset on wellbeing for the government and is a common measure used in social prescribing. The scores are 0 to 10 on a scale (see Appendix A for questions). 73 participants scored the ONS4 questions at baseline and follow-up, this means that there was no data collected for 37 people using the Battersea Youth Clinic.

Of the 37 people their demographic profile is not different to the 73 who provided their data, and their reasons for referral are not one group, instead they are spread across all the represented areas noted above. It appears that the 37 people who did not provide their ONS4 data were omitted due to practical reasons, or may have refused the measure out of preference. It may also be that some of the questions are triggering and therefore a person was uncomfortable to complete the ONS4.

The average follow-up time was only 13.4 days (range of 1 to 69 days) and therefore it is not clear how much of the social prescribing pathway had been completed before follow-up scores were collected. Where follow-up ONS4 data appears to have been collected only days after the first questionnaire being administered, then it is unlikely that there will be a noticeable effect. The time taken to see a change in wellbeing may in some cases be relative to the severity of the situation and the time it takes to get support in place.

### 3.4.1 What does baseline ONS4 data reveal about people being supported by the youth clinic?

There is national average data available on the percentage of 16–19-year-olds who score in the ‘Very High’ band for ONS4 questions Q1 to Q3 and score in the ‘Very Low’ band for Q4. Using this national average data from the Office of National Statistics the baseline ONS4 scores from the youth clinic were compared to the national average (See Figure 5 below).



**Figure 5. Percentage of respondents scoring very high for ONS4 Q1-3, or very low for Q4, in the youth clinic (baseline data) compared to the national average.**

The comparison to ONS4 national average data shows a stark difference between the wellbeing of the people coming into the youth clinic and their peers around the country. Whereas on average 30% of 16-19 years old think that their life is very worthwhile, they are very happy and very satisfied with their situation, only between 4-8% of the youth clinic cohort were in a similar position. The anxiety is scored in the opposite direction, so the national average shows that 26% of young people scored anxiety as low as it could be, compared to only 8% in the youth clinic cohort.

On the one hand this data shows that the people coming into the youth clinic are fitting a target population in need of support and indeed that there is an overwhelming need for tailored and personalised support for this age group. On the other hand, this data signals that it is

imperative to be clear on what concerns young people have and how those are going to be catered for in the local community or via statutory services. Already referral data shows a very high need for mental health support, which is backed up by the ONS4 data showing that there are much higher than average levels of anxiety and much lower than average levels of overall wellbeing in the youth clinic sample.

ONS4 scores can also be presented in terms of the percentage of the group stating how they feel regarding life satisfaction, feel life is worthwhile, happiness, and anxiety. The whole sample's data can be presented in terms of these four ONS4 bands based on scores as follows

**Q1 to 3 (satisfaction, worthwhile, happiness)**

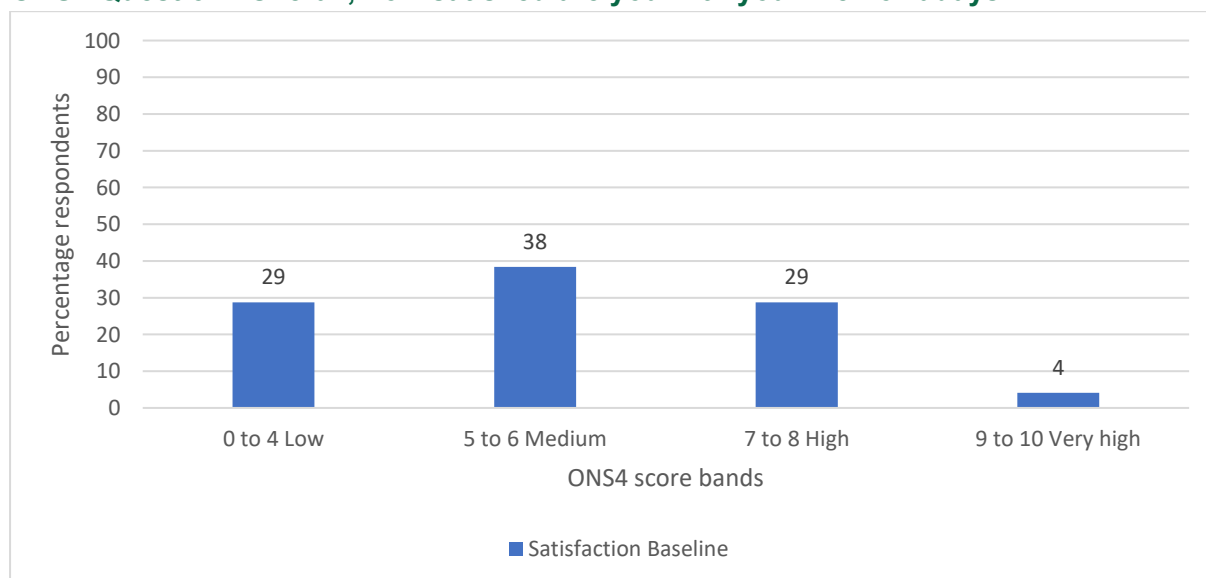
- 'Low' is defined as those reporting 0 to 4.
- 'Medium' Life Satisfaction is defined as those reporting 5 to 6.
- 'High' Life Satisfaction is defined as those reporting 7 to 8.
- 'Very High' Life Satisfaction is defined as those reporting 9 to 10 out of 10.

**Q4 (Anxiety)**

- 'Very Low' Anxiety is defined as those reporting 0 to 1.
- 'Low' Anxiety is defined as those reporting 2 to 3.
- 'Medium' Anxiety is defined as those reporting 4 to 5
- 'High' Anxiety is defined as those reporting 6 to 10 out of 10.

The following figures compare the ONS4 data bands for each question for the whole sample for this report. This gives a more detailed understanding of the 'starting point' that Battersea Youth Clinic link worker was likely to be dealing with.

**ONS4 Question “Overall, how satisfied are you with your life nowadays?”**

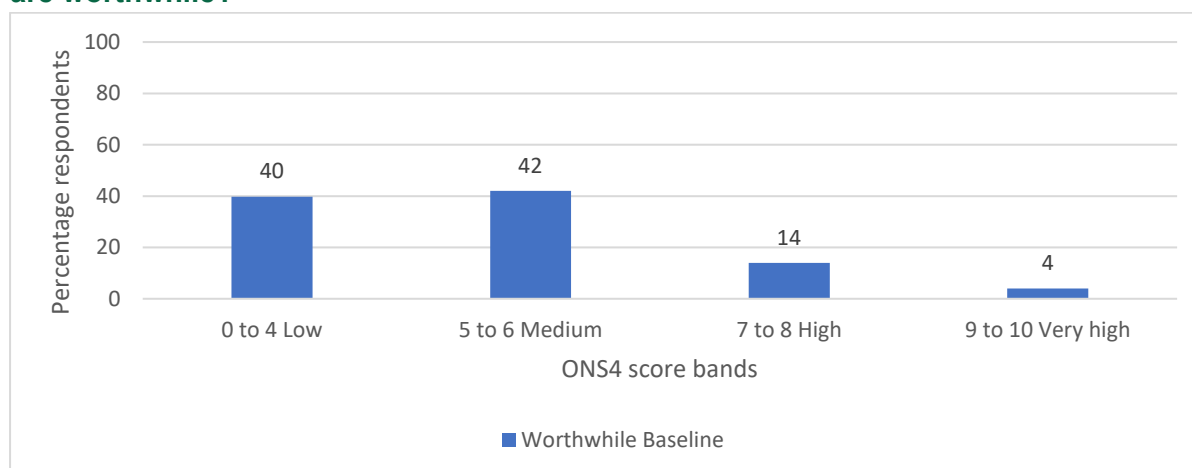


**Figure 6. Percentage of Battersea Youth Clinic respondents in each ONS4 score band for satisfaction at baseline.**

The spread of data on ONS4 satisfaction shows a similar split for the three lowest bands. Nearly 30% of the sample had low levels of satisfaction with their life, the majority (38%) had

medium satisfaction levels. The national average in Figure 6 showed that around 30% of peers in England scored very high levels of satisfaction across the same time period – as opposed to 4% in the Battersea Youth Clinic dataset.

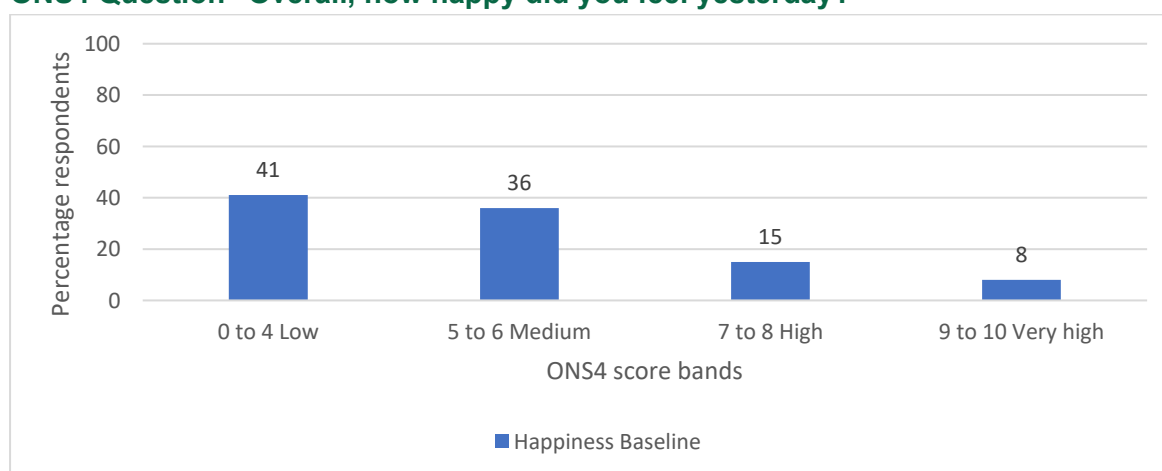
### ONS4 Question “Overall, to what extent do you feel that the things you do in your life are worthwhile?”



**Figure 7. Percentage of Battersea Youth Clinic respondents in each ONS4 score band for worthwhile (baseline).**

This data in Figure 7 paints a very distressing picture that 40% of the sample had the lowest levels of feeling that their life was worthwhile. Overall, only 18% of the sample had a high or very high feeling that life was worthwhile, which is much lower than the national average (28.6%).

### ONS4 Question “Overall, how happy did you feel yesterday?”

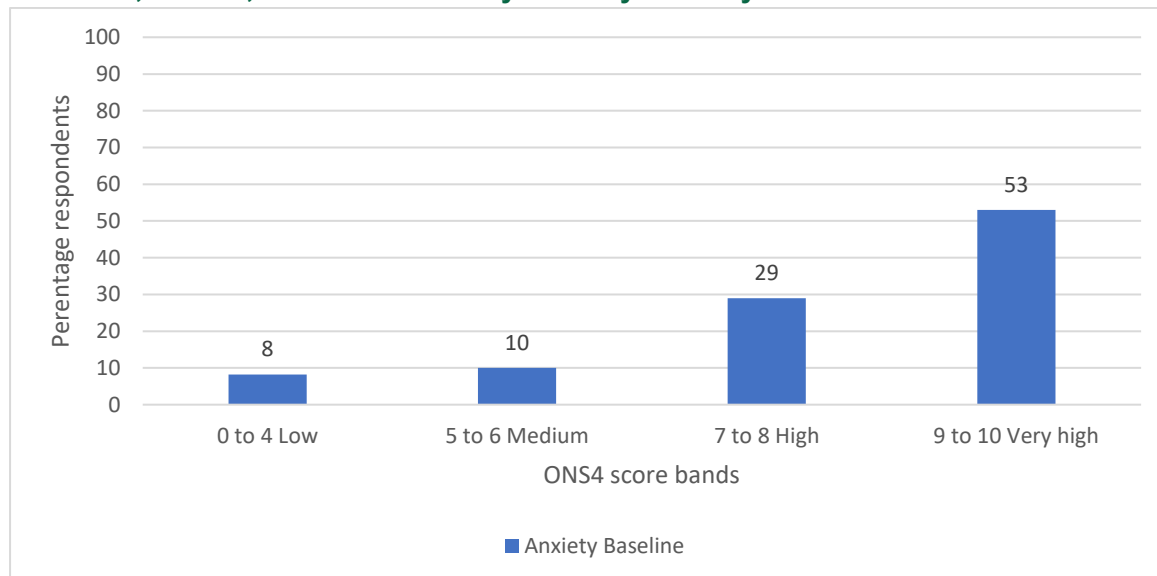


**Figure 8. Percentage of Battersea Youth Clinic respondents in each ONS4 score band for happiness (baseline).**

As with the previous two graphs, a similar pattern has emerged with levels of happiness at baseline. 41% of the sample in the Battersea Youth Clinic scored in the lowest band are therefore very unhappy. A similar proportion scored a medium level of happiness. Very few

people felt happy and even less felt very happy. In comparison the national average of peers feeling very happy was 33.4% - a huge contrast.

**ONS4 Question “On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?”**



**Figure 9. Percentage of Battersea Youth Clinic respondents in each ONS4 score band for anxiety (baseline).**

ONS4 anxiety levels are scored in the opposite direction to the previous three questions, hence it is preferable to have a large proportion of the sample with low scores.

Over half of the sample scored in the highest band for anxiety indicating very high levels of anxiety in the sample. In fact, 82% of the Battersea Youth Clinic sample scored high or very high levels of anxiety. This indicates that anxiety is a large issue to address in this group of people and that a large proportion of the support needed is to address existing anxiety, as well as identifying and supporting the underlying causes of the anxiety.

**3.4.2 Is there any change in the ONS scores at follow-up?**

We have carried out some statistical tests on the ONS scores, however, given that approximately 30% of people using the youth clinic don't have attached ONS4 data, these results cannot be said to be generalisable to the whole service.

Similarly, the follow-up time for collecting the second set of ONS4 score appears to be inconsistent and likely too short in many cases to capture change that may happen as a result of using the social prescription support. It is probable, therefore, that the quantitative data will underestimate the actual impact that service is having, and much caution should be exercised when looking at the following section.

Table 1 displays the mean scores before and after the social prescribing intervention. All four domains (satisfaction, worthwhile and happiness and anxiety) improved over time to varying degrees at follow-up. Note, anxiety scores decrease to show an improvement.

Repeated measures t-tests were carried out on each ONS question in the dataset. The results (Table 1) showed that there was a small improvement in ONS4 scores for levels of satisfaction and how worthwhile life felt. The score change was on +0.2, so whilst statistically significant it is not clear if it is a clinically relevant change. Scores around happiness and anxiety moved in the right direction but were not statistically significant.

ONS4 Question	Baseline mean score (SD)	Follow up mean score (SD)	Mean score change over time	Statistical test result
Q1 satisfaction	5.4 (2.1)	5.6 (2.1)	+0.2	t(72)= -2.01, p = 0.048 significant improvement
Q2 worthwhile	5.1 (1.9)	5.3 (1.9)	+0.2	t(73)= -2.50, p = 0.015 significant improvement
Q3 happiness	5.1 (2.3)	5.2 (2.3)	+0.1	t(73)= -1.08, p = 0.14 not a significant change
Q4 – Anxiety	5.7 (2.1)	5.5 (1.9)	-0.2	t(71)= 1.26, p = 0.11 not a significant change

**Table 1. T-test results for comparison of before and after ONS4 for data n=73 young people using Battersea Youth Clinic**

Preliminary stratification of the data to see if there were differences between the following groups was carried out:

- people with mental health referrals vs other referrals,
- male vs female
- under 15 years versus 15 years and over.

These groups are interesting to explore in terms of their descriptive statistics. See Table 2 for description of the three different subset groups. Most referrals were for mental health regardless of demographic, although there are a proportion of referrals that we cannot identify the reason for the referral.

Subset	N of demographic data collected	Mean age (years)	Age range (years)	% Female	Main reason for referral (%) and list of other reasons
Not Mental Health	48	15.1	8 to 18	57%	Other (not specified 63.3%), social needs, social isolation, weight, cancer
Mental Health	61	15.5	8 to 18	62%	Mental health (100%)
Female	66	15.7	8 to 18	100%	Mental health (57.6%) other (not specified), social needs, obesity
Male	43	14.8	8 to 18	0%	Mental health (50%) other (not specified) social needs, obesity
Under 15 years	31	12.4	8 to 15	53%	Mental health (56.25%) other (not specified) social needs, cancer, weight
Over 15 years	78	16.5	15 to 18	63%	Mental health (55.1%), other (not specified) social needs, obesity

**Table 2. Descriptive statistics for the three subset groups of mental health referrals, and groupings around gender and age**

The three subset groups can be further explored in terms of their ONS4 scores. Table 3 shows the mean scores, standard deviation and change in score for each of the four questions on the ONS4 and shows this for each of the subsets. As the n value is low in some groups, if the dataset was larger, some changes may disappear, others may increase in size. We have not carried out statistical analysis as we feel the n values are too low given the level of variation in the data. This data could be used however, to identify potential trends that could be further explored if more data was available.

Breakdown of participant type	ONS4 Questions	Baseline (SD)	Follow-up (SD)	Score change
Not Mental Health referral n=28	Q1 Satisfaction	5.6 (2.3)	6.3 (2.2)	0.6
	Q2 Worthwhile	5.4 (2.2)	5.7 (2.3)	0.3
	Q3 Happiness	5.2 (2.4)	5.7 (2.4)	0.5
	Q4 Anxiety	5.3 (2.2)	4.9 (2.2)	-0.5
Mental Health referral n=45	Q1 Satisfaction	5.2 (2.0)	5.2 (1.8)	0.0
	Q2 Worthwhile	4.9 (1.6)	5.0 (1.6)	0.1
	Q3 Happiness	5.0 (2.3)	4.9 (2.2)	-0.1
	Q4 Anxiety	5.9 (2.9)	5.8 (2.9)	-0.1
Female n=66	Q1 Satisfaction	5.1(2.2)	5.5 (2.1)	0.4
	Q2 Worthwhile	4.9 (1.8)	5.1 (1.8)	0.2
	Q3 Happiness	4.7(2.2)	4.8 (2.2)	0.2
	Q4 Anxiety	5.9 (2.2)	5.6 (2.4)	-0.2
Male n=44	Q1 Satisfaction	5.9 (1.8)	5.9 (1.8)	0.0
	Q2 Worthwhile	5.6 (2.1)	5.7 (2.0)	0.1
	Q3 Happiness	5.9 (2.2)	6.0 (2.3)	0.1
	Q4 Anxiety	5.3 (3.3)	5.1 (3.3)	-0.2
Over 15 n=54	Q1 Satisfaction	5.2 (2.1)	5.4 (2.1)	0.2
	Q2 Worthwhile	5.0 (1.7)	5.2 (1.7)	0.2
	Q3 Happiness	4.9 (2.1)	4.8 (2.1)	0.0
	Q4 Anxiety	5.8 (2.6)	5.6 (2.7)	-0.2
Under 15 n=19	Q1 Satisfaction	5.7 (2.2)	6.2 (1.8)	0.4
	Q2 Worthwhile	5.4 (2.4)	5.4 (2.4)	0.0
	Q3 Happiness	5.7 (2.6)	6.4 (2.4)	0.7

**Table 3. Mean scores, standard deviation (SD) and change in score for each of the four questions on the ONS4 for the three subset groups of mental health referrals, and groupings around gender and age.**

Green fill indicates an improvement on the ONS4 which is over 0.2.

	Q4 Anxiety	5.3 (2.7)	4.9 (2.7)	-0.4
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#### 3.4.2.1 Mental health referrals versus other referrals

Those referred for non-mental health issues had the most improvement in scores at follow-up, across all domains. Interestingly this was a small sample size of 28 people but showed an effect size or score change that was one of the highest. In contrast, those with mental health referrals did not show much positive improvement and in fact showed a marginal deterioration for happiness. It is likely that the mental health referrals require a range of services and a longer period for change to occur than has been captured in the current data collection protocol. It may also be that there isn't enough mental health support available for the type of issues being experienced or that young people were on waiting lists to get support. When people talk about their issues for the first time, this can also make people more anxious. Finally qualitative data has revealed that there have been referrals to the Battersea Youth Clinic link worker which are far more severe than the service is designed to support. All of these scenarios will affect whether those with mental health issues are showing improvement or not on the ONS4 scores.

#### 3.4.2.2 Male versus female

Females also showed a small improvement across all questions, whereas males did not show much change. A more detailed understanding of referral reasons for these groups as well as understanding what type of concerns people have coming into the service (which are often different to the referral reason) would provide more insight into whether there are different unmet needs between male and female participants, or whether different types of support are needed to address the concerns they have.

#### 3.4.2.3 Under 15 years versus 15 years and over

Both age categories both showed an improvement for most of the scores, with stronger results for those under 15 years in terms of severity of anxiety, and levels of satisfaction or feeling that life is worthwhile. There was no change in both groups for levels of happiness.

### 3.5 Battersea Youth Clinic feedback survey and interview analysis

A survey was sent out to users of the Battersea Youth Clinic. Eight responses were collected between 2.1.23 and 4.2.23, there were 6 complete, 2 partial answers. Two of these service users also took part in a short interview. The data analysis is combined and presented below. This is a very small sample, so results should only be taken as a small indicator of what young people thought of the service and how they would like to engage with it in the future.

#### 3.5.1 Demographics of the feedback survey sample

- 12.5% (1/8) identified as male and 87.5% (7/8) female.
- 62.5% (5/8) were aged 15 to 18 years, and 37.5% (3/8) were aged 19 to 25 years.
- 4/8 (50%) were attending secondary school, 2/8 (25%) were attending a further education college, and the remaining 2/8 people (25%) were other – “Just graduated” and “just finished college”.

- 1/8 (25%) have additional educational needs (e.g., autism, ADHD, dyslexia), 1/8 (25%) were waiting for an assessment, 3/8 (37.5%) were unsure of their needs and 3/8 (37.5%) had no additional educational needs.

### 3.5.2 Survey results of service users:

#### The experience of the Battersea Youth Clinic

Most people (5/8) had an excellent or good experience of the service (63%% overall). This was often attributed to the warm and friendly approach of the BYC link worker and being listened to and finding out what was available in the community.

*“She was very interested in my needs and very caring and would check up on me frequently through calls.”* Service user

*“I thought that it was a very helpful thing for the youth and the community. She helped give info that maybe it is not really known to myself as such, and not known to others.”* Service user

One person who didn't rate the service very highly didn't think they had used the service, when in fact it was documented that they had. This perhaps shows that the name of Battersea Youth Clinic isn't that well known yet. One survey respondent who also rated the service poorly wanted to have face-to-face appointments and a final respondent didn't feel the support they were referred onto was good enough.

#### Experience of organisations referred on to by the Battersea Youth Clinic link worker:

50% (4/8) of people said that the organisations they were referred to by the BYC link worker were helpful, 25% stated they were “OK but still needed some support” and 25% stated they were not helpful.

#### Preferred location of appointments:

Most respondents would now like to talk to the Battersea Youth Clinic link worker face-to-face (71%). Talking via phone (57%) and video call (43%) were still viable options for some people and were necessary during the Covid pandemic. People were asked where they would feel safest and most comfortable having face-to-face appointments with a BYC link worker and could tick as many options provided as they wanted to:

- ❖ 100% Nearest GP practice
- ❖ 43% Local community or youth centre

- ❖ 29% School or college during school hours
- ❖ 14% School or college before or after school hours
- ❖ 14% Over the phone

The interviewees added the following:

*“To be honest I don’t mind, I’d like if I was a student for example, it would be helpful that I was in school, so I am comfortable with. But as I’m not in school I’m quite comfortable to do it anywhere as it makes it easier if you’re comfortable where you are.”* Service user

*“A GP or a meeting room might be nice.”* Service user

### What would encourage or put you off getting support from Battersea Youth Clinic

Table 1 below shows the response to these questions and identifies some important considerations from a young person's perspective for example, on the issue of parental consent, and length of time they would need to have to talk for.

<b>What would encourage you to get support from the Battersea Youth Clinic?</b>	<b>What would put you off getting support from Battersea Youth Clinic?</b>
<i>“Getting all the necessary help provided”</i>	<i>“If I had to get parental consent or if my parents were aware of what was said”</i>
<i>“If it was more known that it was available- I didn’t know about it before I saw my GP”</i>	<i>“The fact it wasn’t helpful and I seeked (sic) further help and did not receive it”</i>
<i>“If they actually responded”</i>	<i>“Having to talk for long periods”</i>
<i>“Signposting for appropriate services would be helpful. And checking in”</i>	

Whilst the data provided by service users is from a small sample, it identifies areas of the Battersea Youth Clinic model that may need further development. It also demonstrates the value of having the voices of the services users involved as Battersea Youth Clinic develops.



## 3.6 Understanding how Battersea Youth Clinic works and how it does or doesn't interact with relevant local stakeholders

In this section, data from interviews with adult stakeholders were analysed and relevant emerging themes were identified. In the section below, we explore how the service evolved via three subsections -

3.6.1 Original intentions for the Youth Clinic and learning from setting it up

3.6.2 The impact of COVID on the Youth Clinic

3.6.3 Key relationships between professionals.

### 3.6.1 Original intentions of the Youth Clinic

The Battersea Youth Clinic was set up in 2019 to help connect young people in Battersea and Wandsworth with primary care services. It was felt this age group only rarely saw a GP despite this being the time when 'risky' behaviours start. Despite pressures in primary care it was felt more should be done to bring in young people who were not using services currently. The initial aim, therefore, was to offer holistic support and build trusting relationships in the hope that young people would feel more able to seek support through primary care.

It was also felt that bringing young people into the NHS at a young age could help build trust with healthcare services for later life to support preventive approaches to health. Young people who were not engaging with services or had previously had poor experiences with other services e.g., police or social services, were identified as a target group, due to their lack of trust in existing services.

*"We basically felt that we just weren't seeing enough young people...we were just rarely seeing them to be honest, so it was to look into why...bridge the gap between child and adult health, that weird adolescent, 16, 18 where you're not a child, you're not an adult. You kind of fall in between services" GP*

*"We feel quite passionately that we should be able to meet the needs of this group and help them to access healthcare in a way that's acceptable and accessible but also for us to signpost them to other local services they might not be aware of." PCN Lead*

An initial survey was sent to young people across the PCN about their experiences. This helped to shape the service which launched in November 2019. Several other local organisations i.e., youth clubs, Safer Neighbourhoods and the Met Police were also consulted. There was wide support and a willingness to work together and try to make the Youth Clinic work. The PCN used funding for social prescribing to employ a social prescribing link worker

with a strong background in youth work. This individual brought a strong knowledge of existing services and support available across mental health, mentoring and youth services and was key in how Battersea Youth Clinic took shape:

*“We needed someone like [the link worker] who was really experienced, who could guide us through some of those bits. And challenge us on things, and help us understand what we should and shouldn’t be doing. She was very important, very instrumental at the start” Link Worker provider organisation.*

Another key feature of the set-up was the PCN application for a GP fellowship to provide allocated clinical time to the Battersea Youth Clinic. This resulted in the appointment of a GP fellow who also brought a strong background which combined experience in youth service

*“What [GP fellow] and our youth social prescriber were able to do was to start working quite closely with existing community organisations and building relationships looking at ways in which we can encourage people to access healthcare and to link our healthcare services better with community services for support.” PCN Lead*

work, and project management on top of being a GP. The combination of having dedicated time from the GP fellow, their clinical, service development and management skills as well as a social prescribing link worker with experience in youth work, were perceived to have particularly benefited the setup of the Battersea Youth Clinic. Together the GP fellow and the BYC social prescribing link worker built on their existing experience to get Battersea Youth Clinic started:

### 3.6.2 The impact of Covid-19 on the Youth Clinic

The original vision for the service was inevitably impacted by the Covid-19 pandemic. When Battersea Youth Clinic was initially conceived it was before the pandemic. As the service launched in November 2019, it became clear that adjustments to the format and scope of the work would need to be made. This is reported in the sections below.

#### 3.6.2.1 Access issues

Initially it was intended that the Battersea Youth Clinic link worker would do community outreach as part of their role - to develop relationships with organisations and identify young people that could benefit from Battersea Youth Clinic. The pandemic prevented a lot of the outreach work from happening, however, there were enough young people being referred to Battersea Youth Clinic by GPs in the 5 GP practices within the PCN.

As well as being referred by a GP, a website providing an easy, ‘one stop shop’ approach to accessing the service was subsequently developed<sup>1</sup>. This made it easier for young people to register with a GP with only some basic contact details (name, DOB, contact details) to further facilitate quick and simple access to the youth clinic. The need for fewer details about the

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<sup>1</sup> [Book an Appointment with our Youth Link Worker | Battersea Fields Practice](#)

young person and the website portal, therefore enabled a young person themselves or a trusted adult supporting a young person to quickly connect with the Youth Clinic with minimum barriers in place.

*“You don’t really need anything to register anymore, so we changed our entire setup. So, for young people specifically, they could register on our website within 5, 10 minutes.. and book an appointment with [link worker], all on one webpage.” GP*

#### 3.6.2.2 Age range adapted

Initially the age range for referrals into Battersea Youth Clinic was set at 13-18 years old. This was found to be too young and created complex safeguarding situations for young people at the lower end of the age range. The age was then moved to 15 years to 21 yrs.

#### 3.6.2.3 Consultation format

The mode of seeing the BYC link worker was similarly impacted by COVID. Face-to-face appointments were originally planned, however, the consultations were exclusively by phone throughout the pandemic. This is perceived to have helped some young people to engage:

*“There’s something about the fact that I can’t see them and they can’t see me that’s enabled...they just talk.” BYC Link Worker*

For many young people, physically crossing ‘gang lines’ to get to a service or GP practice could have put them in danger. The phone consultations may, therefore, have enabled some young people to seek support without crossing gang lines. In general, the greater use of remote healthcare and digital services resulting from the Covid-19 pandemic is perceived to have benefited Battersea Youth Clinic. It was felt to be a good way for young people to access the services and support of Battersea Youth Clinic, and primary care generally. However, there is also value in having a mixed digital and face-to-face offer where some people do not have access to digital hardware or lack privacy at home - this is explored further in the next section on challenges and barriers.

#### 3.6.3 Key relationships between professionals

Leadership and investment by the PCN was key to the success of the scheme. More widely, greater linked-up working is now happening. For example, the lead GP has attended strategic stakeholder meetings with local professionals as part of the Trailblazer initiative to support staff and student mental health in schools. Although there are intentions for more engagement with local stakeholders, there are already some significant relationships between community organisations, the council, health and social care, the police, and schools. Building relationships was perceived by all stakeholders who were interviewed as a very valuable aspect of developing the Battersea Youth Clinic.

Having personal contacts across the different organisations who are also working with young people supported these professionals and ultimately helped to connect young people with the right support:

*“It has just been an invaluable link...[Mental Health Lead] has come to me with like, ‘I’ve got this young person at your practice, would you mind seeing them?’ So it enables her to link into us. If schools have got someone they...know me, they’ve put a face to the name, they can email me about people and we can link them up if they’re struggling. Equally there are a few cases that both myself and [BYC Link Worker] were quite stuck with if I’m honest. It was amazing to be able to go to [Mental Health Lead] as a CAMHS link and go ‘I’ve got this case, what would you do?’. Having that personal contact was invaluable if I’m honest, those links have been a soft but important positive of the programme...” GP*



“Male, age 16, he talked for over an hour about his depression and sleep problems, I was able to offer quite a bit of support just in that hour by listening, answering questions and giving advice on sleep hygiene and mindfulness. I’m looking forward to the next call when we’ll look in more detail at what support I can find for him. One of those calls when you feel really pleased with the intervention and grateful for the referral.”

## 3.7 Understanding the challenges and barriers to this model of working

In this section, we report on the challenges and barriers identified from the multiple data sources. As expected, when setting up any new service a number of challenges and barriers will be faced. This was especially so during the Covid-19 pandemic. The challenges and barriers are explored in more details below in three distinct sections:

3.6.1 Overarching differences between working with children and young people compared to adults.

3.6.2 Challenges and barriers to service provision

3.6.3 Challenges of increased mental health issues being experienced and lack of capacity to support these.

### 3.7.1 Overarching differences between working with children and young people compared to adults

Some key differences between working with young people and their needs compared with adults, cut across all the challenges and provide context to points raised later in this section. They also imply that there are certain skills needed for working with young people compared to adults.

One challenge raised by the Battersea Youth Clinic link worker and their employer was the expected response time by young people, who live in a world of instant communication. For a young person two, three or four weeks is perceived as a long time in their life and situations can change quickly. Similarly young people communicate in a more fluid manner, not expecting to adhere to 'opening times'. The challenge, therefore, was to create an agile service with fast response times, so that when a young person decides to seek support, the moment of opportunity is not missed. As an example, when a young person was asked how they would like to see Battersea Youth Clinic develop, their response was:

*“More regular contact, and the ability to like message outside of when they call you every few months or whatever. The ability to message them to say like “Hi this is what I’m struggling with” and then like get [help] something like a few days or whatever after.”*

Young Person, service user

From the Battersea Youth Clinic link worker’s perspective, contacting a young person had its own challenges. The challenge was to adapt an adult based approach and include more flexibility with the number of attempted contacts and timing of attempted phone calls.

A second set of challenges emerged which related to the relationship between the parent/carer of a young person who was seeking support at Battersea Youth Clinic and whether the parent/carer perceived the young person needed support. Parents sometimes blocked calls

from the BYC link worker to the young person or used time talking to the Battersea Youth Clinic link worker themselves, reducing the support the young person got. The link worker reported that some children or young people struggled to find a place to have a confidential conversation with them:

*“So we ended up having these clandestine meetings where he’d be hiding in the bathroom talking to me, after we’d arranged it by text, to arrange a time when he would be free to talk. I’d arranged my schedule around him because, normally, I just did certain GP surgeries on certain days, but because this was so unusual, I thought, ‘If you only get half an hour of privacy a week, I’ll just do that, whatever’.”* BYC Link Worker

A third overarching challenge, identified by several stakeholders (including the PCN, the BYC link worker, link worker employer and GP), related to how challenging it can be to build trust between a GP or BYC link worker and young person. There is then a need to maintain that trust so that the relationship helps the young person be honest about their needs, no matter how sensitive these are, and to then access other services and support. Central to this is the need for responsive referral systems to onward community organisations or other health services, to uphold the trust established with a young person:

*“I have sat there on referral panels saying no to kids, because they’re not sick enough. But they’re going to be back. Like I’m doing nobody any favours here, by saying, “No, we can’t see you, you don’t meet the threshold,” but the thresholds are so high...it’s a bit of a revolving door.”* Mental Health Lead

### 3.7.2 Challenges and barriers to service provision

A group of challenges were identified that related to different aspects of service provision which also present opportunities for learning. These are explained below.

#### 3.7.2.1 Battersea Youth Clinic link worker role

A lack of consistency and clarity was identified regarding how other professionals described the Battersea Youth Clinic link worker and their job remit. They have been described by PCN colleagues as an ‘adolescent counsellor’ and ‘youth worker’ both of which are different roles and set up false expectations of the type of support a young person can expect when they have a consultation at Battersea Youth Clinic.

#### 3.7.2.2 Pressure on link worker and caseload

Inappropriate referrals to the Battersea Youth Clinic link worker and caseload intensity were identified as an ongoing challenge. This had resulted in the Battersea Youth Clinic link worker

managing complex cases and young people with serious mental health problems, particularly during the Covid-19 pandemic. These cases were beyond their remit and at times drew the link worker into a caseworker type role, giving more personal support over a longer period. Despite being aware of this, on occasion the link worker did not feel like there was a choice when faced with a young person, for example, with suicide ideation, alone and with no immediate mental health support. In general it was identified as a challenge to support the Battersea Youth Clinic link worker with how to manage their caseload safely without burdening themselves or Battersea Youth Clinic. The lack of training for the link worker in dealing with some *'really heavy, horrendous'* cases and the safeguarding issues here, were acknowledged by the team. In this context it is important to highlight that the link worker was regularly reminded by the lead GP, of the need to reject inappropriate referrals as every surgery has a duty doctor available but ultimately it may be hard for a link worker to say 'no' to a referring GP. This issue contributed to the decision to establish a triage system (see section 3.9.1). The pressure on the Battersea Youth Clinic link working role was further exacerbated by the volume of the caseload, which was approximately 30 people a week, 400 or more over a year and operating with a waiting list.

### 3.7.2.3 Link worker supervision/management

Linking to the previous section, was the important issue of supervision for the Battersea Youth Clinic link workers. As well as the heavy caseload, the hour-long appointments by link workers are more intense than a 5- or 6-minute consultation about a health issue and if they do 5 or 6 appointments a day it can build up.

The employing organisation for link workers provides one day a week for senior link workers for line management responsibilities and CPD where they can come together and GPs are requested to provide the supervision for link workers. The Battersea Youth Clinic link worker had fortnightly supervision with the GPs and in addition, she met with the lead GP weekly to review cases in addition to supervision. Despite there being a team of link workers in the service dealing with adult referrals, there weren't any other link workers supporting young people, therefore the internal peer support was lacking. The Battersea Youth Clinic link worker set up an informal group with external link worker colleagues for peer support instead. Since the evaluation, the Clinical Lead has also instigated a Balint type group to provide a learning point external to the PCN and provider organisation.

### 3.7.3 Challenges of increased mental health issues and lack of capacity to support these

The original idea of the Battersea Youth Clinic was to facilitate young people's use of health services and connect them with a physiotherapist, a nurse, or a GP within a few days. The Covid-19 pandemic created a lot of anxiety and stress in itself and mental health support after Covid-19 remains a huge area of need which has placed considerable burden on the service and the BYC link worker. Many professional stakeholders identified the need for more mental health support for this age group:

*“95-100% of people were mental health.. the physical problems weren’t really what people wanted to talk about, they didn’t want to speak to a nurse, a physio, they didn’t want to go to a youth club. Even though we had all those things they didn’t want to do any of those things. All they wanted was mental health support.” GP*

From an educational perspective the headteacher of a local secondary school has observed many changes in his school community since the pandemic. More children were presenting with mental health difficulties and the knock-on effects of the disruption to normal social routines. Teachers have noticed higher levels of inattention in pupils, lots of issues dealing with routines and emotionally-based school avoidance.

*“I think the breakdown of the norms, the whole lockdown, the whole package if you like broke some of those social norms down. I mean you don’t have to attend school, you can learn from home. The world isn’t going to fall apart if you don’t come to school.”*

Secondary school Headteacher

Parent/carer mental health was also identified by the school and the mental health lead as more challenging and impacts on how a young person is being shown how to behave. If the parent or carer is unable to provide an example of reasonable and appropriate behaviour, it makes it harder for a young person to behave appropriately in school.

On the flip side, if a young person is concerned about their parent/carer, this too places a burden on their own wellbeing and highlights the overarching challenge of providing a children and young people based social prescribing service, as in many cases this is highlighting the need for a *family*, children and young people’s service.

*“One of the biggest stresses for staff and one of my biggest challenges often is dealing with parents that are abusive, aggressive, difficult. And it’s the parents’ own mental health issues that you can then see are impacting on the children, whether that’s the parent’s anxieties or whether that’s the parent’s trauma themselves.”* Secondary School

Headteacher

*“We got an interesting referral from one of our schools the other day. I signposted it to social prescribing, actually. Older teen, low mood, unmotivated, disengaged. Mum has had some health issues, huge financial stress, all kinds of other stuff. But actually, what they need is to make sure his mum is getting the right support, so they can be okay... We assessed and actually agreed with the kid that they don’t need a clinical psychiatric intervention, we need to make sure his mum is getting what she needs. And the right advocacy, the right financial support, the right medical support. All of that. Because we listened to what he said. They are not depressed, they are low and stressed and overwhelmed. But because they’re worried about his mum.”* (Mental health lead)

With the rising need for mental health support, made worse by the Covid-19 pandemic, a distinct challenge for the Battersea Youth Clinic has been the lack of capacity for onward referral to mental health services. The lack of onward referral capacity was identified as creating a 'bottleneck' for the Battersea Youth Clinic link worker. Without being able to refer on, the link worker provided more support than the role was intended for. This placed a burden on the Battersea Youth Clinic link worker as well as a risk for the young person.

The primary NHS service that young people can be referred to for mental health support is Child and Adolescent Mental Health Services (CAMHS). A particular challenge identified by many stakeholders was the capacity in CAMHS. There was a strong perception that CAMHS is unable to meet demand for mental health support in this area and this amounts to a gap in provision. But also, that the threshold for care and intervention is perceived by many involved to be too high. This is a major cause of pressure in the youth clinic and puts young people at risk:

*"CAMHS are overwhelmed. There aren't any services to refer on to people. There are things like Kooth...but not everyone wants to engage with Kooth...Unless you're psychotic or going to kill yourself CAMHS are under such pressure they can't take other cases. So they [the Battersea Youth Clinic link worker] are essentially left holding the baby." GP*

Another challenge identified was communication with CAMHS. Sometimes it was difficult for the BYC link worker to establish whether CAMHS had responded in some of the more serious cases. There had been inflexibility in situations - for example, where CAMHS wanted to speak to a parent rather than the Battersea Youth Clinic link worker, when perhaps the parent may have a language barrier and the link worker was the only person involved in helping.

Inflexible systems were also identified where no more than three attempts were made by CAMHS to contact the young person before the young person was crossed off the list, despite the need for urgent support.

Finally, some young people referred to the Battersea Youth Clinic link worker had already used CAMHS and were 'out the other side' but the young person's problems were not resolved. This raises the question of whether that young person had the right environment and opportunity to identify what their concerns and issues were. This left parents frustrated and added pressure on the Battersea Youth Clinic link worker:

*"I hear a lot of 'CAMHS are useless' especially from the parents – 'didn't do anything, that didn't work for him. 'Forget CAMHS'" Battersea Youth Clinic Link Worker*

Referrals to other counselling services at The Well Centre had long waiting times and were available to young people who were not already on the CAMHS waiting list or who had completed their time with CAMHS. This left the BYC link worker unsure in some cases about referring to CAMHS 'to tick that box' but then being prevented from referring to the Well Centre, or whether to go on the Well Centre waiting list but without help in the meantime and then

being delayed in accessing CAMHS support. The challenge here is how to support a child or young person whilst they are on a long waiting list for designated support.



*“Female, age 18, She had been sexually abused in the past and preferred to communicate via email. We built up trust in this way with my attempting calls every now and then. Eventually she felt comfortable to talk and we had some productive conversations which gave me lots of opportunities to build her confidence and get her ready for professional mental health support. On our latest call last week, she made a point of saying that whilst she knew ‘you’re not like a therapist, talking to you has helped, I was shy at first that’s why I emailed but I know it’s you calling, I can openly talk, cause you’re outside my family, it’s easy to talk cause you’re really nice.’ “*

## 3.8 Identifying the successes and enablers of the Battersea Youth Clinic

In this final section we report on the successes and enablers identified in the data analysed, which relates to evaluation aim 3. We have also detailed the learning from implementation that has already been acted upon to create improved aspects to the service provision.

*“...they feel listened to, they feel heard. They feel like someone cares.” GP*

### 3.8.1 Overview of current practice

It is very clear that all the stakeholders have bought into Battersea Youth Clinic, and it has brought people and local organisations together. It has established invaluable links for individual professionals which has benefited young people. Working by phone has been successful in many cases and brought efficiency as well as greater accessibility and the early intervention is valued by mental health services. The PCN has had positive feedback about the Battersea Youth Clinic link worker and how helpful it has been for young people to have that input, as well as for the GPs to have the additional support.

*“[Battersea Youth Clinic link worker] was a very lovely, understanding woman and it was great working with her and I always looked forward to speaking to her.” Service User*

There is an excitement about having shown a model of how it could be done and being able to share it with others and about the ambitions for every borough to have a young person’s social prescriber within the next year. It is evident that having the Trailblazer mental health scheme in Battersea is helping to reinforce the joined up working across professionals working with young people in this part of London. This is also raising suggestions about future ways of working such as having a link worker in schools (see 4.4 below) to further ease access to this type of support.

### 3.8.2 Impact and benefits

There is a general sense that the youth clinic has reached young people who were not previously contacting services and without the clinic would not have been found and has also been important in responding to the isolation felt by young people after the Covid-19 pandemic:

*“It essentially brought lots of people out of the woodwork...safeguarding cases, abuse cases, some really heavy, horrendous cases. Which is awful that they felt like that however fantastic because we pulled them out and then were able to offer the support they so desperately needed.” GP*

One reason for these benefits was the approach of the Battersea Youth Clinic link worker who reported on persevering to get hold of people, rather than giving up if the call wasn't answered the first few attempts. Similarly, they called at particular times such as outside school hours, calling on the young person's schedule rather than the link worker's.

*"The lady [BYC link worker] checked up on me frequently and showed genuine interest and care in me."* Service user

Another reason for reaching young people who weren't previously contacting service was the strong support across all the practices in Battersea PCN to be involved in the youth clinic. A flexible approach was agreed, to free-up 'embargoed' GP slots at any GP practice. This agile approach enabled a young person to be seen at any GP practice and be given an appointment within 24-48hrs. This captured the moment of opportunity and enabled young people to get support without having to cross gang lines.

Battersea Youth Clinic had wider benefits beyond the young people target group. The BYC link worker often identified parents/carers in need of support and who went on to see a GP or an 'adult' link worker for themselves (this point will be picked up further in the future developments section).

The other wider benefit was to GPs themselves. The GP fellow reported that the dedicated time on the Battersea Youth Clinic gives them a break from clinical work during their week which was good for their own mental health. The value of non-clinical work in reducing burden on GPs is known and may be a way to encourage other GPs into this type of role and prevent 'burnout'. The GP fellow also reported having a better understanding of the community and how things are affecting people. The experience has improved how they relate to young people and has improved their confidence in knowing what's on offer.

### 3.9 Implementation learning

The joy of this project being born out of the Fellowship was that it could be shaped and the service could constantly evolve over its early years rather than it being a more formal 'pilot model'. It started in Covid where everything was online/phone and moved to become much more in person as the requirements for social distancing were eased after the pandemic.

#### 3.9.1 Implementation changes that have already been made.

In this section changes that have already been made to the Battersea Youth Clinic are detailed. The pilot nature of the Youth Clinic meant that the clinic model could be fluid enabling issues to be quickly addressed and solutions put in place as soon as they were highlighted. Furthermore ideas, advice and learning from this pilot may be useful enablers for those rolling out the model in other PCNs.

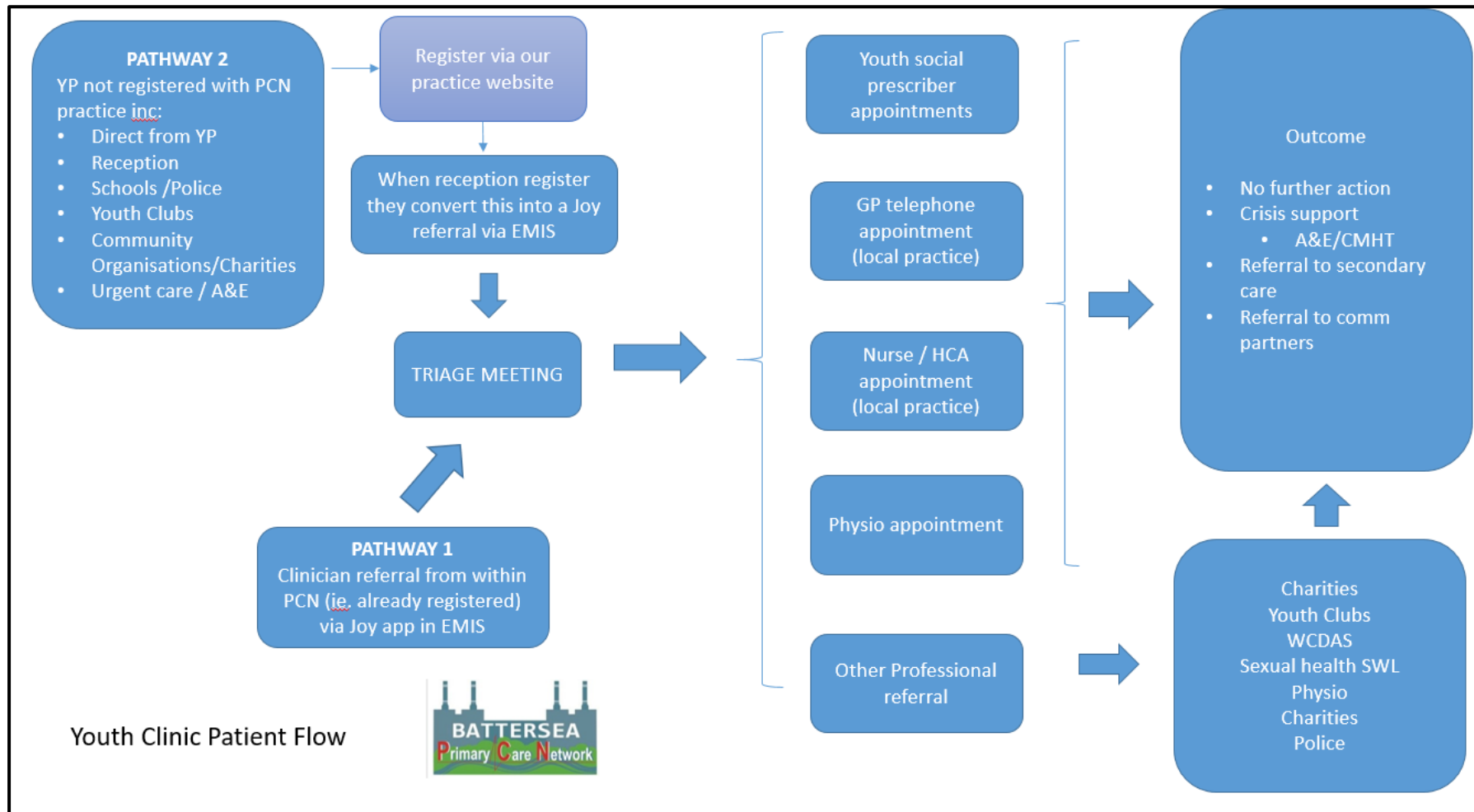
Below is the current flow/pathway of the clinic as it is in March 2023. Through iterative development, the final patient flow model for the service (Figure 10), the website page for trusted adults to make referrals to Battersea Youth Clinic (Figure 11) and the referral criteria

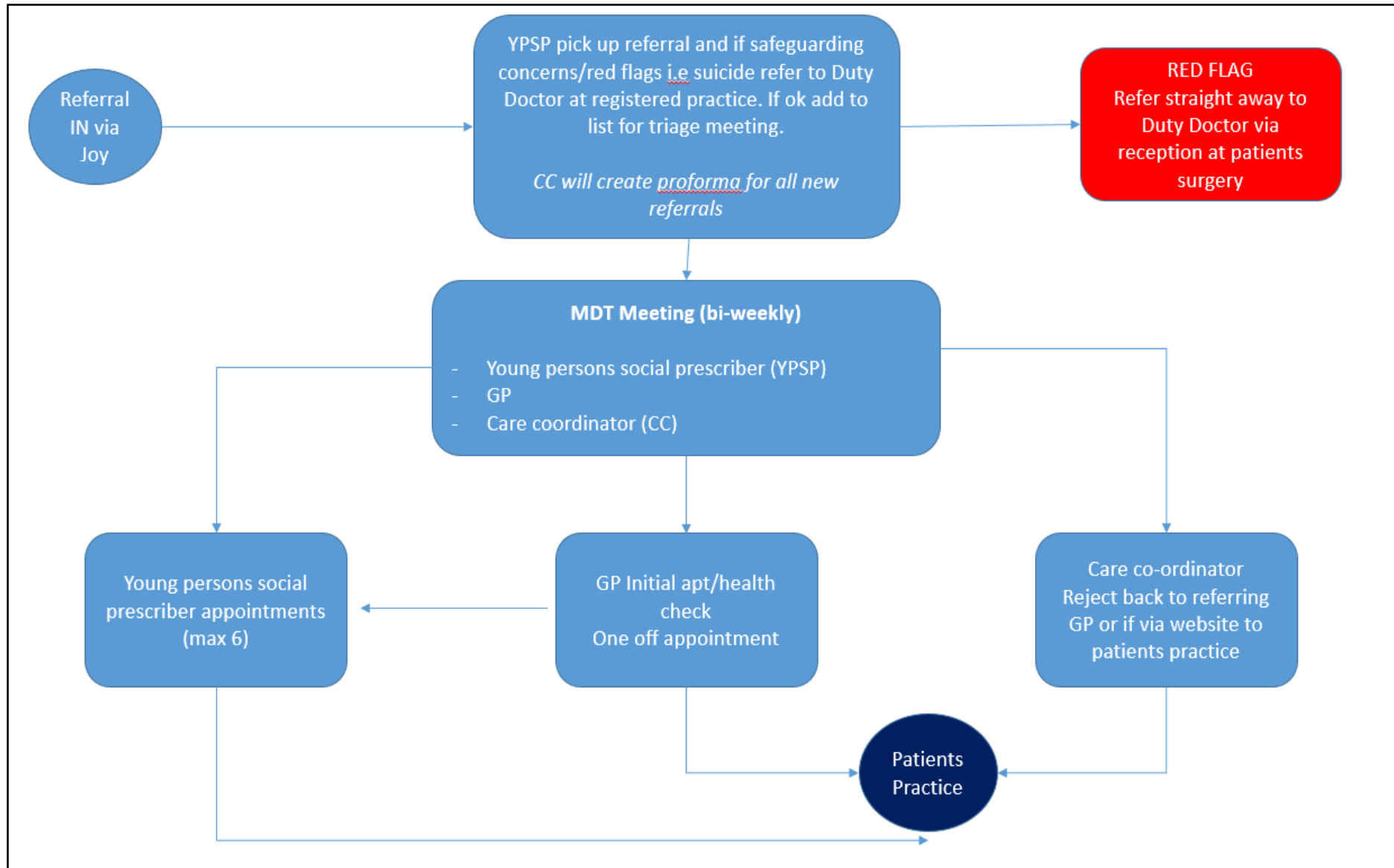
for young people (in comparison to the existing adult social prescribing referral criteria) (Figure 12) were established and are shown below.

Key learning points for the clinic set up through the journey since the Battersea Youth Clinic was initially developed were noted by the Clinical Lead for Battersea Youth Clinic below. All points are explored in more detail in different parts of this report.

- **Social prescribers ideally need to be dual trained i.e. Adults and young people.** The intensity of young people can be quite a lot so splitting that with adults who overall come with a more defined simpler problem has helped their work balance. Additionally, from a timing perspective many young people either are in school or are not up and happy to engage in the mornings. By splitting the role, the social prescribers can speak to adults in the morning and young people in the afternoon/early evening (see section 3.9.3).
- **Triage meeting:** We now run a triage meeting every other week which is attended by the clinical lead GP, care co-ordinator (as admin support) and at least one of our 3 social prescribers. All new cases are brought via this meeting so that we can assess any safeguarding concerns and ensure the social prescribers are the correct pathway for the young people. This also allows an informal chat about difficult cases outside of formal supervision. Additionally, often as the young people learn to trust the social prescribers more issues/safeguarding can come out, so it allows a forum for these cases to be re-discussed. It also allows us to keep a track of all of the patients coming through the clinic in terms of case load more closely (see section 3.9.1).
- **Some of the cases have proved to be particularly 'heavy' with lots of mental health and safeguarding issues:** Although the social prescribers could talk about this at supervision and with the clinical lead GP it was felt they needed additional psychological support as is more routine in CAMHS structures. So we set up a 'Balint' group run by an external psychologist once a month for them where they could speak openly and freely about cases and the emotions that they had triggered (see section 3.7.2.2).
- **Mental health support:** This has been a real challenge and a real gap in our referral pathway out of the clinic is for brief psychological intervention for young people. This is something we continue to work on and to build closer connections with CAMHS in the future (see section 3.7.3).

**Figure 10 Battersea Youth Clinic Patient flow (as of March 2023).** The patient flow is dependent of whether a young person is not yet registered with a PCN practice, or whether referrals came via the Joy software platform.





Embedded within the website is the form used to refer young people. This has been developed to require minimal information from young people to reduce barriers to seeing a GP. You can see the full page at Battersea Fields Practice [here](#).

**Figure 11. Website for referral adults to referral young people to Battersea Youth Clinic.**

### Book an Appointment with our Youth Link Worker

Welcome to the Battersea youth clinic. The aim of the clinic is to offer a safe space for the young people of Battersea to access healthcare services and other local support. Whether it be advice on mental health, contraception, medicines, a sports injury or something more serious. We know having an appointment with a GP can be daunting and we want to help with this. A youth link worker will be part of the service, to support you through the process.

Telephone, video or face to face appointments will be available. Patients will need to be registered with one of the 5 practices in Battersea but this is very easy and can be done online via one of the links.

The clinic offers a wider service linking young people with other organisations that can help with issues like loneliness, emotional wellbeing, bullying, family problems, crime etc. E.g. putting you in touch with sports clubs, youth clubs, mentoring, mediators, counselling, careers advice etc.

Confidentiality: We are here to listen not to tell.

- ▶ You can be sure that anything you discuss with any member of this practice – family doctor, nurse or receptionist – will stay confidential.
- ▶ Even if you are under 16 nothing will be said to anyone – including parents, other family members, care workers or tutors – without your permission.
- ▶ The only reason why we might have to consider passing on confidential information without your permission, would be to protect you or someone else from serious harm. We would always try to discuss this with you first.
- ▶ If you are being treated elsewhere – for example at a hospital or a young people's centre – it is best if you allow the doctor or nurse to inform the practice of any treatment you are receiving.
- ▶ If you have any worries about confidentiality, please feel free to ask a member of staff

×

Required field(s) are indicated by \*

### Book an Appointment with our Youth Link Worker

About you

<p><b>Your First Name(s): *</b></p> <input style="width: 90%; border: 1px solid #ccc;" type="text"/> <p style="font-size: 10px; color: #888;">As it appears on your passport.</p>	<p><b>Your Last Name: *</b></p> <input style="width: 90%; border: 1px solid #ccc;" type="text"/> <p style="font-size: 10px; color: #888;">As it appears on your passport.</p>	<p><b>Postcode: *</b></p> <input style="width: 90%; border: 1px solid #ccc;" type="text"/> <p style="font-size: 10px; color: #888;">The one used to register with your GP.</p>			
<p><b>Your Date of Birth: *</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid #ccc; padding: 2px;">dd</td> <td style="width: 33%; border: 1px solid #ccc; padding: 2px;">mm</td> <td style="width: 33%; border: 1px solid #ccc; padding: 2px;">yyyy</td> </tr> </table> <p style="font-size: 10px; color: #888;">Your date of birth is required to verify your identity.</p>	dd	mm	yyyy	<p><b>Sex: *</b></p> <p> <input type="radio"/> Male           <input type="radio"/> Female         </p> <p style="font-size: 10px; color: #888;">As on your medical record.</p>	
dd	mm	yyyy			
<p><b>Your Phone Number: *</b></p> <input style="width: 90%; border: 1px solid #ccc;" type="text"/> <p style="font-size: 10px; color: #888;">This phone number will be used for all correspondence relating to this request.</p>	<p><b>Your Email: *</b></p> <input style="width: 90%; border: 1px solid #ccc;" type="text"/> <p style="font-size: 10px; color: #888;">This email address will be used for all correspondence relating to this request. Please be aware that if you have given anyone else access to your email account they may see responses sent to you.</p>				

Please continue completing the form below

**Are you a registered patient at the practice? \***

Yes  No

**Your question: \***

Please upload any relevant evidence in relation to your question:

\*  I confirm that my enquiry is not urgent, and it may take up to 3-5 working days before I receive a reply.

**Figure 12. Referral Criteria for Battersea Youth Clinic compared to referral criteria to adult social prescribing service.**

Adult Referral Criteria	Young Person Referral Criteria
Sedentary Lifestyle	Sedentary Lifestyle
High Body Weight	High Body Weight
Finances	Finances
Caring Responsibilities	Caring Responsibilities
Loneliness/isolation	Loneliness/isolation
Employment	Employment
Food poverty	Food poverty
Covid/Long Covid	Covid/Long Covid
Mental Health	Mental Health
Substance misuse	Substance misuse
Transport	Transport
Legal Advice	Legal Advice
Managing a Long-Term Condition	Managing a Long-Term Condition
Day-to-day helping hand	Day-to-day helping hand
Victim of abuse	Victim of abuse
Housing problem	Housing problem
Bereavement	Bereavement
Other (write in)	Low mood
<p>It is noticeable that the referral criteria for young people are longer. Additional criteria were added in once there was enough information to enhance the referral criteria to cater for issues specific to young people.</p> <p>This is now enabling a better understanding of the support needs of young people and what support services are needed in the local community for link workers to be able to refer on to.</p>	Anxiety
	Struggling to sleep
	Bullying or conflicts with friends
	Coping with stress
	Coping with social media
	Managing anger and irritability
	Housing / finance / transport / legal advice
	Reaching your potential (support getting into education or work)
	Self-care and relaxation
	Sexual health
	Physical health issues
	Being a young carer
	Self-confidence and assertiveness
	Other (write in)

The rest of this section details further implementation learning.

### 3.9.1 Triage approach to create appropriate professional boundaries for the Battersea Youth Clinic:

A clear enabler in this project was having clear boundaries around the role of the Battersea Youth Clinic link worker to ensure the individual and service functions effectively. There was acceptance that young people will come with challenging issues and that clear referral boundaries ensure the link worker is protected. There was strong support from all corners to have clear referral criteria which are adhered to so that cases such as severe mental health are not under the Battersea Youth Clinic link worker. It was noted in previous sections however, that referral criteria were not always adhered to.

A triage-based system has been introduced to overcome problems with referring inappropriate cases to the link worker which should be seen by another professional (usually GP). It is anticipated this will reduce pressure on the link worker. All new referrals to Battersea Youth Clinic are reviewed weekly by the GP, link worker and care coordinator to decide who will respond to each case. If someone needs a GP appointment this can be offered either virtually or face-to-face, so the triage session also includes some space for GP appointments. This was an important step that was devised to reduce burden on the Battersea Youth Clinic link worker, reduce inappropriate referrals and therefore manage potential safeguarding issues. The Clinical Lead was very clear that she should provide the 'boundary' for the link worker given their many years of training.

### 3.9.2 Dual role link workers

The link worker for Battersea Youth clinic was employed due to their expertise in the youth work domain but had a dual role with both young people and adults. This came about for practical reasons, initially calling adults in the morning and young people in the afternoon, when young people were less likely to be in educational settings. This reduced some of the intensity of working with young people and provided a good balance for the Battersea Youth Clinic link worker both mentally and professionally. It is a model that the PCN are rolling out more widely so that all social prescribers do some youth work.

The skills of the link worker at Battersea Youth Clinic have undoubtedly contributed to its success. Their background and experience in youth work were instrumental in shaping the service. Recruiting a person with youth work or youth social care or other experience with young people was seen as a key enabler in this scenario. It was noted, however, that the expectation for link workers to work with both adults and young people needed to be built into the job description and recruitment process as not everyone is comfortable working with young people.

### 3.9.3 Digital and face-to-face appointments

Going forward the service will offer digital and face-to-face appointments. Face-to-face has become increasingly important and the GP was surprised that most young people have chosen this option for appointments with her since Covid-19 restrictions were removed. Whilst the digital offer was essential and worked well in the Covid-19 pandemic the level of digital poverty in some parts of the community would mean some people were excluded. It was highlighted in a previous section that some young people found it difficult to have a private conversation so a digital offer will remain for those who prefer remote contact for personal or social reasons.

To further test out this mixed approach a survey was issued to young people who had used Battersea Youth Clinic. Of the 8 responses, the most preferred method of talking to the Battersea Youth Clinic link worker was face-to-face conversation (71%) followed by phone (57%) video call (43%) or *“Maybe meet up at some of the resources that have been offered”* (14%).



“Female age 15 suffering with quite extreme exam anxiety, bursting into floods of tears on the phone, I was able to link her with the wellbeing service within her school (run in conjunction with CAMHS) and sessions started within about 4 weeks of our initial appt.”

## 4.0 Further Developments and Recommendations

There are several key areas identified in the data analysis that could be developed further to build on the existing work put into implementing Battersea Youth Clinic. These are outlined below with accompanying recommendations.

Social prescribing is a deliberate approach to working across sectors and there were also some wider some recommendations. The recommendations are presented as themes with accompanying explanation that links to data already explored in the evaluation findings.

### 4.1 Recommendations for the Battersea Youth Clinic:

#### **Recommendation 1 - Employ good practice for designing Children and Young People's social prescribing services (Appendix 4):**

*It is recommended that the existing guiding principles on Children and Young People's social prescribing (Appendix D) are reviewed with key stakeholders involved in implementing Battersea Youth Clinic, to rate progress and identify priority areas for development.*

The existing guiding principles for good practice in CYP social prescribing, were co-produced with many professional stakeholders, by the Social Prescribing Youth Network and are listed in Appendix D. These principles have been rated as green, amber, or red based on the data collected in this evaluation and the progress made. Some principles have not been colour coded as a decision couldn't be made on progress to date by the evaluation team.

#### **Recommendation 2 – Urgently increase provision for mental health support:**

*At Battersea Youth Clinic level, it is recommended that the addition of a mental health expert in the team would provide immediate support for a large proportion of clients.*

An urgent need was identified to better meet the mental health needs of the local population, particularly considering the very low wellbeing scores that were reported from children and young people attending Battersea Youth Clinic.

There was also strong support for the idea of including a mental health expert as part of the professional team (for Battersea Youth Clinic and anyone else setting up a youth social prescribing clinic). It was felt being able to provide six sessions of CBT, for example, within the youth clinic would take pressure off CAMHS waiting lists as well as being a preventive/early intervention which can save resources further down the line. The need for this mental health professional to be supervised and linked in with CAMHS was acknowledged, partly as a safety issue.

*"I think ideally, if you can have a mental health worker, you've got everything...it would make a massive difference." GP*

### **Recommendation 3 - Publicising the Battersea Youth Clinic:**

*It is recommended that a concerted publicity campaign is carried out to inform community organisations, educational establishments and other professionals supporting children, young people and families in the catchment area, about the role of and methods of accessing, Battersea Youth Clinic.*

Access to Battersea youth clinic in other settings such as schools and other health settings was mentioned by several stakeholders. This could enable more people to benefit from the Battersea Youth Clinic and in some cases reduce the stigma of seeking help. The GP talked of aspirations that receptionists in health settings such as A&E and walk-in centres could help young people register for Battersea Youth Clinic via the website, on a similar principle to 'making every contact count'.

### **Recommendation 4 - Capture the voice of young people more systematically in electronic health records.**

*It is recommended that the current reasons for referral boxes that can be ticked on the software platform are reviewed and updated so they are more appropriate for young people's unmet needs. Also consider using MYCaW® outcome measure to record what young people feel their main concerns and support needs are, this can sometime be different to the referral reason.*

### **Recommendation 5 - ONS4 data collection:**

*It is recommended that ONS4 outcome measure data collection is more consistent, especially in relation to follow-up time points. It is also recommended that ONS4 is reviewed to see if it is appropriate in all circumstances, especially when asking how worthwhile a person's life feels. This is known to act as triggers in some circumstances, particularly relating to mental health.*

Ongoing monitoring of Battersea Youth Clinic with appropriate outcomes measures and protocols will enable a more accurate picture of unmet needs and impact of the service to be collected. This in turn will be able to inform development of Battersea Youth Clinic internally and identify the different types of services that are needed in the community to support the local young people's needs.

## 4.2 Recommendations for Battersea PCN / ICB

### **Recommendation 6 - Supporting children and young people's link workers:**

*It is recommended that the current supervision model for Battersea Youth Clinic link workers encompasses a Balint group to create a safe discussion space for link workers supporting the Battersea Youth Clinic and other CYP social prescribing schemes.*

### **Recommendation 7- Clarity on the remit of the Battersea Youth Clinic link worker role:**

*It is recommended all staff across Battersea PCN are reminded of the remit of the Battersea Youth Clinic link workers they are referring to, including ensuring the correct professional title is used.*

Supervision is an important component that was identified as an area that could be further developed to support the BYC link worker roles. Access to regular supervision with someone who is not a line manager was identified as a useful addition to current clinical supervision. Several stakeholders supported the value of peer support. The PCN would like dedicated psychologist input, supportive sessions and regular debriefing for BYC link workers. Furthermore, the organisation employing the BYC link workers has ambitions for a model of supervision where link workers can discuss their work in an environment with someone external in a 'safe space'. The link worker employer is now more aware of the need to consider what specialist training is needed for working with young people, especially for adult link workers coming into a dual role. Based on the themes in this analysis, training in mental health first aid seems essential. This recommendation would apply to any other children and young people social prescribing services being developed within the PCN or ICB.

### **Recommendation 8 - Reducing wider barriers to supporting young people's mental health:**

*It is recommended that at PCN and ICB level, the routes to supporting young people's mental health are mapped out and the links to CAMHS are clearly defined. Furthermore, it is recommended that discussions with CAMHS on creating a more flexible approach to supporting young people's mental health are urgently undertaken.*

A distinct challenge for the Battersea Youth Clinic was the lack of capacity for onward referral to mental health services. Section 3.7.3 reports on many barriers for young people accessing mental health support and identified barriers that related to how CAMHS works alongside the social prescribing service. Clear frustrations were identified with restrictions of accessing other support services whilst a young person was on a CAMHS waiting list, as well as the lack of recognition of the BYC link worker as a trusted person that could speak on behalf of a parent or young person. Moreover, a more flexible approach to the number of initial contacts that CAMHS attempts with young people could avoid young people in crisis being bounced back to the link worker and beyond the remit of the social prescribing. Additionally, allowing a link worker to refer to Well Centre and CAMHS simultaneously would give the link worker more options and potentially get a young person support with their mental health sooner.

### **Recommendation 9 - Development of Children and Young People's social prescribing in non-medical settings:**

*It is recommended that the ICB develop more family social prescribing services where the link workers can carry out face-to-face meetings in safe spaces e.g. in an educational setting or trusted community settings, working alongside other professionals supporting children, young people and families. This will help to identify those in need of social prescribing support who do not present to GP practices.*

The Trailblazer scheme providing health and social care funding in educational settings has improved access to mental health support locally. It has provided school staff with strategies to work with children and young people and their families with mental health challenges. The idea of having a link worker in primary and secondary schools was raised enthusiastically by the mental health lead and the secondary school headteacher, to provide support for both parents and children, to reach out at a 'grass roots level'.

The Secondary School already has part-time social workers and CAMHS professionals on site which the headteacher has found to be massively helpful. It was identified that a resourced part-time children and young people's link worker on site would be a good complement to the existing team. The link worker, GP, headteacher and mental health service lead have all encountered parents with their own mental health challenges alongside those of their children exposing a lack of support for parents. Having a family social prescribing scheme with link workers in the educational and other wider community settings may enable more adults to be identified who need support themselves, who are not presenting to GP practices.

### **Recommendation 10 - Involve young people in the continuing development of Battersea Youth Clinic:**

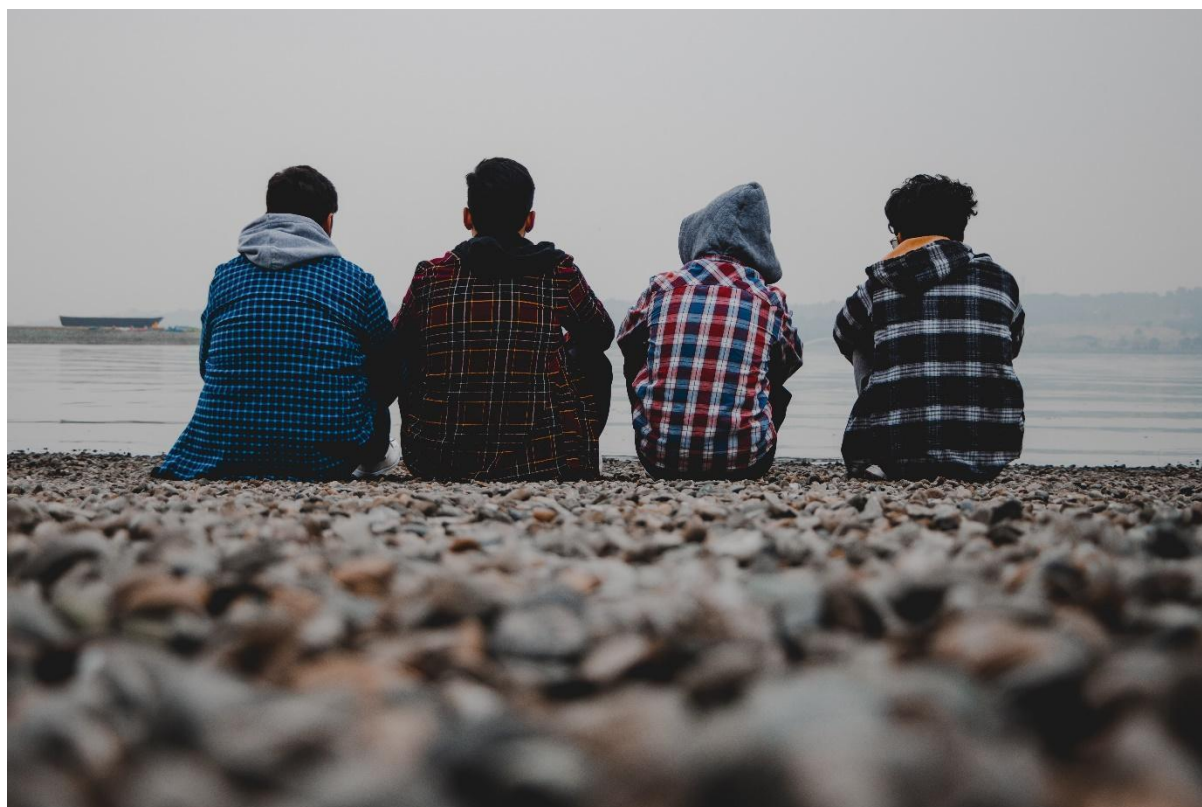
*Identify appropriate methods for engaging with young people, then develop a young person's advisory group at ICB level who can support the development and promotion of children and young people's social prescribing services. The time provided by this advisory group should be valued appropriately.*

Involving services users in the further development of Battersea Youth Clinic and other children and young people's social prescribing services within the ICB will ensure the outreach, advertising and the model used will be as appropriate as possible to the target cohort for each service, particularly those with accessibility issues or disabilities. There is, however, a need to first work out what methods of engagement will work for young people within the ICB catchment area. For example, this may be listening to the opinions of young people from local schools where Battersea Youth Clinic or services have already established a relationship. Once the ways of engaging with young people have been established, it will then be possible to create a young people's advisory board for the ICB. This advisory board could be used to support the range of children and young peoples services being set up within the ICB.

**Recommendation 11 - Implementing future good practice in Children and Young People’s (CYP) social prescribing services:**

*It is recommended that any future CYP social prescribing services, use the guiding principles on Children and Young People’s social prescribing (Appendix D) before and during implementation to ensure all key areas relevant to CYP social prescribing are fully considered and progress can be monitored.*

The existing guiding principles for good practice in children and young people’s social prescribing, were co-produced with many professional stakeholders, by the Social Prescribing Youth Network and are listed in Appendix D. These principles and criteria provide template for stakeholders of any children and young people’s social prescribing scheme in the ICB to use to ensure that they are considering all aspects of social prescribing that are more relevant to children and young people as opposed to adults.



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## Appendix A ONS4 questions

<b>ONS4 questions</b>	
<p><b>Next I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".</b></p>	
<b>Measure</b>	<b>Question</b>
Life Satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?

## Appendix B Services used

- accused.me.uk
- Active Wellbeing - Enable Leisure and Culture
- ADHD Foundation
- ADHD UK
- Adolescent Resource Centre
- Anxiety UK
- Balham Community Centre- Counselling
- BEAT
- Beat - Eating Disorder
- Caius House
- CALM
- CALM (Campaign Against Living Miserably)
- CAMHS - Child and Adolescent Mental Health Services
- CARAS - Refugees and Asylum Seekers Support
- Cardinal Hume Centre
- Carney's Community Centre - Boxing Fitness Sessions
- Cassandra Centre
- Catch22 - Wandsworth Young People's Health Agency
- Child Bereavement UK
- Citizens Advice Wandsworth - Advice and Support
- Community Targeted Youth Team - Wandsworth
- Contact - Helpline
- Contact - Information, support and advice
- Coram Voice
- Devas Youth Club
- EACH Counselling & Support
- Ebony Horse Club
- Entitled to
- Faces in Focus
- Family Action - Parental Support
- Family Lives - Helpline
- Fast London Youth Group
- Generate - Physical Activity for people with Learning Disabilities
- Gingerbread
- Good Thinking - Digital Mental Well-being for London
- Good Thinking - website
- IPSEA
- IRMO- Indo-American Refugee Migrant Organisation
- Jimmy Asher Foundation
- Just For Kids Law
- Katherine Low - Love to Learn
- Katherine Lowe Settlement Youth Club
- Kooth
- Kooth - Digital Mental Health Care
- MATCH Mothers Apart from Their Children
- METRO Charity Services
- Mind
- Mindfulness NHS Website
- Mosaic
- NAPAC (the National Association for People Abused in Childhood)
- New Horizon Youth Centre
- NEW-UK Network of Eritrean Women UK
- NHS sleep guidance
- NHS Weight Loss Programme
- NHS Wellbeing Apps - including Easy Meals, Couch to 5k and drink free apps
- No Panic
- Organisation\_Referred\_To\_1
- Organisation\_Referred\_To\_2
- Organisation\_Referred\_To\_3
- Organisation\_Referred\_To\_4
- Paladin - National Stalking Advocacy Service
- Princes Trust
- Providence House Youth Club
- Rape & Sexual Abuse Support Centre (RASASC)
- Regenerate - Community Work for Young People & their Families
- Regenerate Mentoring
- Resurgo Spear Harrow
- Rethink Mental Illness
- Samaritans - Mental Health Support
- Scariofunk
- SEN Talk
- Shelter Housing Charity
- Sleepstation
- SLP CAMHS Crisis Line
- SNAS Special Needs Assessment Service
- Solace
- Somatic Movement Expressive Arts Therapy Group
- Spear -youth employment
- SPECTRA

- SPRECTRA LONDON
- SPSAS Single Parents Support and Advice Services
- Storm 100 Youth Club
- Storm empowerment - Art Therapy classes
- Storm empowerment - Music Studio
- Storm Empowerment Talking Therapy
- Storm Mentoring
- Supportline
- Talk Wandsworth - Cognitive Behavioural Therapy
- Talk Wandsworth - Talking Therapies
- TalkED
- Tavaziva Dance
- The Awareness Centre
- The Mix
- The Suzy Lamplugh Trust
- The Teen Sleep Hub - The Sleep Charity
- The Well Centre
- Thrive SEND Local Offer
- Thrive Wandsworth - Information Provision
- Together All (Previously Big White Wall)
- Turn2Us
- Wandsworth Autism Advisory Service WAAS
- Wandsworth Bereavement Service - Bereavement Counselling
- Wandsworth Your Way
- Welcare - One to One Support
- Women & Girls Network - Womens Advice Service
- YOUNG MINDS
- Young Sibs
- Youth Access
- Youth Legal

## Appendix C: Survey to CYP for feedback about the Battersea social prescribing clinic

A bit about you

1) What is your age?

12-14

15-16

17-18

19-21

22-25

26-30

31-40

Prefer not to say

Other - Write In: \_\_\_\_\_

2) Are you currently...?

Attending secondary school

Not up to attending secondary school at the moment

Attending a further education college

Not up to attending further education college at the moment

Being home schooled

Excluded from school or college

Other - Write In: \_\_\_\_\_

Prefer not to say

3) Do you have additional educational needs such as autism, ADHD, dyslexia, or other educational needs?

Yes

No

I am waiting for an assessment

Don't know

Prefer not to say

4) What gender do you identify as?

Male

Female

- Trans-gender
- Non-binary
- Other - Write In:
- Prefer not to say

Your experience of the Battersea Youth Clinic.

5) Please can you rate how good the support was that you received from the Battersea Youth Clinic?

- Excellent
- Good
- OK but nothing special
- Not very good
- Terrible

6) Please tell us if there is there a particular reason why you rated the service as you did.

This information helps us to know what to keep doing that is good and what to improve if something wasn't good, so it's OK to be honest.

7) Did anyone else in your family also receive support via your contact with the Battersea Youth Clinic?

- Yes
- No
- Not sure

8) After you spoke to Alethea, the young person's social prescriber, you would have been referred to or given the names of other organisations and services that could support you.

Was that helpful?

- Yes, very helpful
- OK, but still need some support
- No, it wasn't helpful
- I don't know because I didn't use the information
- Other - Write In:

How can the Battersea Youth Clinic work best for you?

9) Where would you feel safest and most comfortable having an appointment with a young person's social prescriber like Alethea?

Please select as many places as you want from the list below.

If there is somewhere we haven't listed, do add it into the 'Other' box below.

- At school or college during school hours
- At school or college before or after school hours
- At a local community or youth centre
- At your nearest GP practice
- Other - Write In: \_\_\_\_\_

10) How would you prefer to talk to the young person's social prescriber like Alethea?

Select as many options as you want.

- On the phone only
- Via video call from your phone, laptop or tablet
- In person so you can have a face-to-face conversation
- In person so you can have a conversation without someone else knowing
- In person as I don't have a phone, laptop, or tablet that can do video calls
- Other - Write In:

What might encourage or put you off from using the Youth Clinic?

11) What would encourage you to get support from the Battersea Youth Clinic?

Battersea Youth Clinic wants to make it as easy as possible for you to get support - this support could be about your mental health, your situation at home or at school, or something else.

Is there anything in particular that would make you more likely to reach out for support from Battersea Youth Clinic?

12) What would put you off getting support from Battersea Youth Clinic? It could be the location, the timing, issues that are specific to the place where you live, such as gang lines or something else completely. Whatever you think, it is really helpful to know to avoid doing with the Battersea Youth Clinic as it develops. Please write your thoughts in the box below.

Do you need support at the moment?

13) Please write your name and either your mobile number or email address below.

14) Last question! We are keen to learn more about your opinions of the Battersea Youth Clinic - whether you were happy or thought things need to be changed and improved. Would you be interested in having a short conversation with our colleague Mildred to help us work out how to make the Battersea Youth Clinic as good as it can be for the young people in your area? In exchange for your time, we would like to offer a £10 gift voucher to the first 15 people that respond and take part in the conversation. Please respond YES in the box below and leave your contact details so Mildred can call you in the next few days.

Thank You!

## Appendix D: Mapping of which principles for children and young people’s social prescribing are in place at Battersea Youth Clinic.

This is a working document to now be reviewed and completed by key stakeholders, we have started it off based on information we hold as an evaluation team.

Red =no evidence, amber = partial evidence, green=clear evidence. DK = we couldn’t determine/don’t know (for stakeholder to determine).

	Achieved?
<b>Principle 1 Governance and Accountability</b>	
• Ultimate accountability for the scheme rests with the relevant strategic board or group, such as the local Health & Wellbeing Board	Green
• Operational strategy is set by a representative, cross-sector Steering Group that meets regularly and works collaboratively	Amber
• Standards and procedures are in place for safeguarding	Green
• The scheme supports feedback processes from beneficiaries and stakeholders and regularly reviews all aspects of its governance and operations	Green
• Ethical standards for obtaining young person and parent/carer consent are discussed at the outset	Green
• Standards and procedures for storing, protecting and sharing (sensitive) data are in place	Green
• Standards and procedures for quality assurance are in place	Green
• Good research practice is in place if additional research of the social prescribing scheme is being carried out	Green
<b>Principle 2 Ethos</b>	
• The scheme’s design reflects the evidence for community-centred and place-based ways of working to address inequalities and improve health and wellbeing	Green
• The scheme addresses the social determinants of health and the expressed needs of children and young people	Green
• The scheme is fully inclusive, supporting children and young people with protected characteristics in particular, to participate and benefit	Amber
• Children and young people are actively involved in all aspects of planning, promotion, design, implementation and evaluation	Amber
<b>Principle 3 Planning</b>	
• There is an agreed and easily understood definition of children and young people’s social prescribing and how it complements other local, statutory and voluntary provision	Amber
• There is a rationale for choosing either a specialist, youth Link Worker, or a generic, ‘all age’ Link Worker to provide the service	Green
• The scheme has clear aims and objectives and a defined target population, based on local demographic data and joint strategic needs assessments	Green
• The aims and objectives are communicated and understood by all partners	Amber
• The costs to the VCSE sector for recruiting and managing Link Workers are accounted and provided for	Green
• The costs to the VCSE sector as service delivery organisations are accounted and provided for	Green

• A resource is available and regularly updated that provides details of the services and activities locally available	
• The scheme enables the Link Worker to assess the needs of each individual and agree an action plan within an acceptable time span	
• The scheme enables the Link Worker to give sufficient time and support, at an appropriate intensity, to each individual or family, based on best available evidence	
• The places and means of contact between the link worker and the people they are supporting accommodate their needs, abilities and preferences	
• The scheme has sufficient flexibility to adapt to the changing needs and make-up of the local community	
• Caseload, or the number of people each Link Worker is expected to support is regularly reviewed and based on best available evidence	
<b>Principle 4 The referral process</b>	
• Multiple referral routes into the scheme are in place e.g., schools, CAMHS, primary care, youth justice	
• The referral processes into the social prescribing scheme are clear and easy	
• Inclusion criteria (i.e. who is eligible for the social prescribing service) are clear and have been agreed by all stakeholders (e.g. referrers, Link Workers and service providers)	
• Procedures are in place for helping people access the scheme, whether opportunistically, via formal referral, or self-referral (e.g. drop-in service; café)	
• Young people are kept informed about every stage of the process and about information about them that is shared between agencies	
• Procedures are in place for handling inappropriate referrals efficiently and with due care for the individuals concerned	
• Procedures are in place for how to manage contacts, attempted contacts and nonattendances	
• The transfer of information from referrer to Link Worker to service provider is safe and appropriate for the service	
• The entire process, from referral in, contact with the Link Worker and referral onwards to services and activities is tracked and recorded	
• Young people are fully involved and in agreement with onward referrals to services and activities	
• All referrers into the social prescribing scheme can receive feedback on referrals made if they want to	
<b>Principle 5 Link Worker role</b>	
• The Link Worker has a Job Description and Person Specification listing the competencies, qualities and experience required for the role	
• If inclusion and exclusion criteria of the scheme exist, the competencies of the Link Worker are matched to them	
• The Link Worker's induction includes familiarisation with the full range of NHS, statutory and voluntary agencies and services, and this is regularly updated	
• The first 6 weeks of the Link Worker role are dedicated to developing relationships with key individuals in other statutory and VCSE organisations in the locality	
• A proportion of time is spent each week developing and maintaining relationships with statutory and VCSE organisations	DK
• The Link Worker has access to networking, training and professional development opportunities	

<ul style="list-style-type: none"> <li>• The Link Worker is provided with regular ‘Reflective Practice Supervision’ or equivalent by an appropriately qualified senior member of staff who is not their direct supervisor or line manager</li> </ul>	
<b>Principle 6 In-scheme data monitoring</b>	
<ul style="list-style-type: none"> <li>• The scheme’s processes are monitored and evaluated</li> </ul>	
<ul style="list-style-type: none"> <li>• The data that is needed for monitoring is discussed and agreed by all stakeholders when the social prescribing scheme is developed</li> </ul>	DK
<ul style="list-style-type: none"> <li>• Monitoring data is communicated to all stakeholders, including the accountable body, and leads to scheme improvements</li> </ul>	DK
<ul style="list-style-type: none"> <li>• Stakeholders are given opportunities to feedback on the scheme enabling service improvement to occur</li> </ul>	
<ul style="list-style-type: none"> <li>• The monitoring of data generated from the social prescribing scheme conforms with the General Data Protection Regulation (2018)</li> </ul>	
<ul style="list-style-type: none"> <li>• Special considerations are given to the use of digital platforms</li> </ul>	
<ul style="list-style-type: none"> <li>• It is clearly and appropriately communicated to service users how monitoring data collected about them will be used and by whom</li> </ul>	
<b>Principle 8: Outcomes and Impact</b>	
<ul style="list-style-type: none"> <li>• The level, regularity and means of collecting, analysing and reporting on outcomes is agreed with stakeholders, including commissioners when the social prescribing scheme is designed</li> </ul>	
<ul style="list-style-type: none"> <li>• The intended outcomes reflect the expressed needs of service users e.g. children, young people, parents and carers, as well as local priorities that informed the remit of the service</li> </ul>	
<ul style="list-style-type: none"> <li>• The scheme’s impact on equity and equalities is reported</li> </ul>	
<ul style="list-style-type: none"> <li>• If Link Workers are expected to collect outcome data as part of their role, full training to do so is provided and built into their daily work</li> </ul>	
<ul style="list-style-type: none"> <li>• Validated measures that are suitable for children and young people are used to capture outcomes, without excluding the recording of personal outcomes for which there may not be a validated measure</li> </ul>	
<ul style="list-style-type: none"> <li>• It is accepted that it may not be appropriate to collect outcomes data from service users at some points in their journey</li> </ul>	
<ul style="list-style-type: none"> <li>• It is clearly and appropriately communicated to service users how data collected about them will be used and by whom</li> </ul>	
<ul style="list-style-type: none"> <li>• People are identified within the scheme or externally who can analyse data once it has been collected</li> </ul>	
<ul style="list-style-type: none"> <li>• Any costs to outcome data collection and analysis are factored into the design of the scheme and agreed by all stakeholders</li> </ul>	
<ul style="list-style-type: none"> <li>• The collection, usage, storage and reporting of outcomes data adheres to GDPR (2018)</li> </ul>	
<ul style="list-style-type: none"> <li>• Feedback from all stakeholders is incorporated into the evaluation</li> </ul>	
<ul style="list-style-type: none"> <li>• If additional research of the social prescribing scheme is carried out, individuals must provide additional informed consent (and parental assent where appropriate)</li> </ul>	

REPORT END