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Hillingdon Navigator Plus evaluation

Supporting young people to thrive on their transition to adulthood



Report number 3

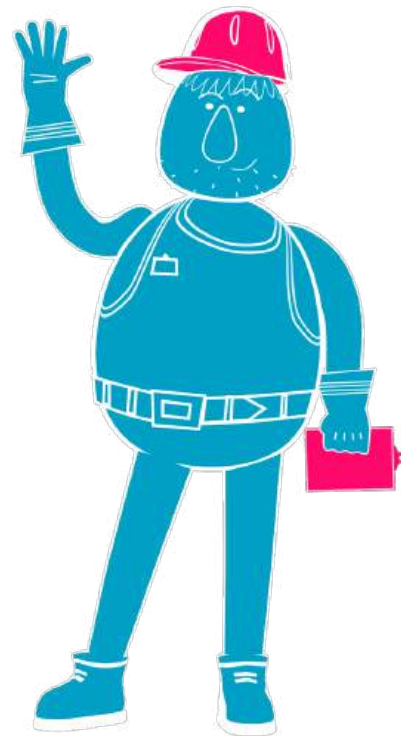
1st November 2019 – 31st March 2022





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Executive Summary

- This third report provides an updated evaluation of the Hillingdon Navigator Plus project from its start on 1 November 2019 to 31 March 2022. The project is jointly funded through Central North West London Clinical Commissioning Group and the Department of Health Wellbeing Fund. The project has been designed to offer an early intervention and prevention service to support young people to improve and sustain their mental health and wellbeing.
- The project is led and delivered by P3 charity (People, Potential, Possibilities) and is designed to enhance the mental wellbeing of young people aged 13–25. The ultimate aim of the project is to offer a person-centred approach to help young people thrive on their transition into adulthood. This is consistent with the Thrive Framework for system change (2019), which has significantly influenced the development of the project.
- At the heart of the project is a team of skilled Wellbeing Workers based at the P3 Navigator Hub in Yiewsley. The Wellbeing Workers provide a person-centred mentoring service where young people develop their own tailored support package to help improve their mental wellbeing. This usually involves the development of Goals-Based Outcomes (GBOs); however, this is not a mandatory part of the project.
- The project aims to provide support for two distinct age groups of young people. A schools service targeted at young people aged 13–16 is delivered within a schools setting, and a service for the 17–25 age group is delivered through the Yiewsley Navigator Hub.
- The evaluation reveals the ability of the project to offer an advice sector approach to positively impact the wider determinants of health that can undermine the mental wellbeing of young people. Further details on the project’s underpinning service model and theory of change can be found within section two of this evaluation.
- By 31 March 2022 a total of 409 young people had engaged with the project. The average age of young people accessing the project stands at 16.3 years – this is partly a reflection of the increasing numbers of school-aged young people accessing the project over the past year as social distancing restrictions have been relaxed. The headline ethnicity data on referrals is consistent with the Hillingdon Joint Strategic Needs Assessment (2018).
- Over the course of the past three years the project has been able to offer a responsive mean average Referral to Treatment Time (RTT) of 20.1 days; this has increased from 13.35 days at the end of Y2. This is partly a reflection of a temporary reduction in the capacity of the project over the winter period of 2021–22 while two new Wellbeing Workers were recruited. The wider evidence on RTTs reveals that 58.9% of young people had their first contact with their Wellbeing Worker within 10 days of referral into the project, and 20.7% had their first contact on the same day as their referral. Readers should note that the reference to ‘Referral to Treatment’ refers to the start of wellbeing support sessions with a young person.
- Over 60% of the Goals-Based Outcomes (GBOs) established by young people focus on the goals of improving emotional health, coping with anxieties and improving low mood and self-esteem. Analysis of the project data reveals that when young people commit to regular meetings with their Wellbeing Worker, the project has been able to achieve an upward trajectory in the mean average GBO scores at the end of each session.
- The quantitative and qualitative evidence compiled as part of the evaluation reveals the positive impact of the project on young people. This is a very encouraging finding and is consistent with the evidence associated with the previous evaluation report. All this has been achieved at time when the coronavirus pandemic has exerted significant pressures on young people.

Executive Summary

- One of the adverse impacts of the pandemic has been a delay in the development of the original hub model. This has meant that a range of specialist providers have been unable to consistently offer complementary services to young people within the Navigator Hub building in Yiewsley. As social distancing restrictions have been relaxed over the past few months, more providers are beginning to benefit from the development of a specialist hub approach that allows young people to access a range of specialist services under one roof. This is an area of the project that would benefit from a deeper evaluation over the year ahead.
- While this evaluation report is primarily designed to evaluate the P3 Navigator Plus project, it is clear that the project cannot operate in isolation from the wider mental health system. The report also reveals the key challenges encountered so far on the journey to develop an integrated mental health system for the benefit of young people in North West London.
- The evaluator is mindful that the key rationale for the project was to relieve some of the pressure on Child and Adolescent Mental Health Services (CAMHS). While some partnership working arrangements with CAMHS have evolved over the past three years, these are still in a state of relative infancy. To some extent progress in this area has been delayed as a result of the coronavirus pandemic. Section six of this evaluation outlines a number of practical initiatives that could be implemented in the interests of developing an integrated mental health system for young people in Hillingdon. This includes joint case reviews with CAMHS and P3 attendance at CAMHS triage meetings.
- At the time of writing, the evidence confirms that the P3 Navigator Plus project has had a significant positive impact on the mental wellbeing of young people in North West London. While this is an encouraging conclusion, there is clearly the potential to further enhance the impact of the P3 Navigator Plus project for the benefit of both young people and NHS organisations providing mental health services. For this potential to be realised, it will be crucial that effective partnership working relationships are embedded with NHS partners, particularly CAMHS.
- The wider evidence suggests that these partnership working developments are entirely possible, however they will only become a reality through the joint commitment of P3 and CAMHS. This is a crucial opportunity that should be pursued in the interests of the future mental wellbeing of young people across North West London.



www.p3charity.org

SECTION ONE

Exploring the need for the P3 Navigator Plus project in Hillingdon

Across the United Kingdom it is clear that there is a growing recognition of the need to innovate new mental health services to positively contribute to the health and wellbeing of our young people. These services are required to support young people to navigate through the significant life challenges that they are likely to face on their journey through adolescence into adulthood.

The available evidence in the public domain released by the government, NHS England and the Care Quality Commission (CQC) reveals a system struggling to cope with the diverse range of challenges that young people face today on their journey into adulthood. In many cases, young people struggle to access responsive early intervention services. All too often, service provision is fragmented and unable to offer inclusive, timely and person-centred support to young people in need.

“We also heard that mental health care did not always feel person-centred and responsive to children and young people’s needs. Some reported that their care was not always age-appropriate or tailored to their stage of development, and many talked about wanting to be more involved in decisions about their care as they got older.”

(Source: CQC (2017) Review of children & young people’s mental health services: Phase one report)

Over recent years, these challenges have been also apparent in the London Borough of Hillingdon. In 2015, Healthwatch Hillingdon released the ‘Seen & Heard – Why not now?’ report, which provided numerous insights into some of the difficulties young people experienced when engaging with local mental health services in Hillingdon.

In response to these difficulties, the Hillingdon Children and Young People’s Mental Health and Emotional Wellbeing Local Transformation Plan (CYPMH LTP) was established. Among a range of new initiatives that have been established, in 2019 local partners actively supported the social inclusion charity P3 to make an application to the Department of Health wellbeing fund. This application was ultimately successful, and funding was secured to commence a pilot project within the Borough, known as ‘Navigator Plus’. Based in Yiewsley, the Navigator Plus project has been specifically created to support young people across Hillingdon who have emerging mental health needs. The project is designed to offer a responsive early intervention service that provides a range of social and practical solutions to support young people in the community. This approach is consistent with the ‘Fund the Hubs’ campaign initiated by the YoungMinds charity, who are “calling for a network of early support hubs across the country, which would provide young people somewhere to go when they first start to struggle with their mental health” (YoungMinds website, 2021). This approach is critically needed to help reduce the long waiting times that young people might otherwise face before they can access appropriate support.

Service delivery on the Navigator Plus project commenced in earnest in November 2019. This report provides an evaluation of the evidence accumulated from the inception of the service, on 1 November 2019, to 31 March 2022.

www.p3charity.org

SECTION ONE

The evaluation has been designed to provide the reader with an insight into the development of the project over the past three years. During this time the project has functioned within the challenging context of a global coronavirus pandemic, with the first nationwide lockdown announced on 23 March 2020. The pandemic has proved a significant challenge for young people as they transition through adolescence into adult life, creating additional stresses and uncertainties for them. The social distancing requirements of the pandemic have also increased the risk of social isolation. These developments have created a challenging context for young people attempting to maintain their mental wellbeing. Although the project has functioned within a wider context that no-one could have predicted when the service commenced in November 2019, it is clear that it has still offered a continuous and valuable service to young people. This, in turn, has helped to provide insights to inform the future provision of mental health services across Hillingdon.

The data and evidence contained within this evaluation has been supplied from available project monitoring data and ongoing dialogue with the project team. Where possible, this has been supplemented with dialogue with young people accessing the project, local schools, local councillors and local health and social care professionals.

The evaluator is also mindful of the significant changes taking place with Hillingdon Clinical Commissioning Group (CCG) since the project commenced in November 2019. This report recognises that North West London CCG replaced Hillingdon CCG as a key stakeholder for the project following its formal constitution on 1 April 2021. These structural developments, allied with the challenges of the coronavirus pandemic, has meant that the project has, to its credit, continued to operate in a time of significant transition and uncertainty.

All the information released in this evaluation is designed to contribute to a wider discussion of the role of the Navigator Plus project to support the mental wellbeing of young people across Hillingdon and the wider North West London area. In this respect the project is considered to be a pilot to help inform in greater detail the type of interventions that are helpful to support the mental wellbeing of young people as they transition into adulthood.



The remainder of this evaluation has been structured within the following seven sections:

SECTION TWO – provides an introduction to the P3 Navigator Plus service model and associated theory of change.

SECTION THREE – provides a profile of the young people accessing the project.

SECTION FOUR – provides an analysis of the cumulative project performance targeted at the 13-16 school age group and the 17-25 age group. This section includes some reflections from wider stakeholders involved with the project.

SECTION FIVE – provides internal stakeholder feedback on the development of the project from the perspective of the P3 Wellbeing Workers and Advice Centre staff housed within the Navigator Hub.

SECTION SIX – considers the key learning from the project to date and makes a series of recommendations surrounding the future development of the project and its place within the mental health system within North West London.

Supporting case studies have been included within the evaluation report to further illustrate the principles of the service provision targeted at both the 13-16 and 17-25 age group cohorts. This includes a short focus feature on 'Fund the Hubs' – a national campaign calling for government to resource a network of early-help hubs to help young people when they first start to struggle with their mental wellbeing. This campaign has a strong affinity with the early intervention principles of the P3 Navigator Plus project.

This evaluation report has been designed to help readers understand the impact of the P3 Navigator Plus project and, at the same time, stimulate a wider conversation about the necessary development of an integrated and holistic network of mental health service providers.

This holistic approach is ultimately required for the future benefit of young people across the area as they learn how to protect and sustain their mental health.

Richard Hazledine
Evaluator, ConnectMore Solutions

SECTION TWO

An introduction to the P3 Navigator Plus service model

The P3 Navigator Plus project has been designed to support young people across Hillingdon to thrive in their transition into adulthood. The project aims to offer an early intervention and prevention approach to ensure young people can receive timely support and avoid the risks of long waiting times that might occur with more acute services. The model has been developed in response to the significant changes that all young people face on their transition through adolescence, as recognised by the Care Quality Commission (CQC).

“Childhood and adolescence is a period of physical, emotional, social and psychological development. It also has a great influence on our lifelong mental health.”

(Source: CQC (2017) Review of children & young people’s mental health services: Phase one report

The CQC recognises that these transitional years in the lives of young people have a significant influence on life-long mental health. To help navigate these challenges, most young people will require a consistent stream of advice, support and encouragement in their respective journeys into adulthood. This can be problematic if a young person has difficulty accessing appropriate forms of support that they trust. It is therefore it is crucial that support can be extended to young people in a safe space through skilled front-line workers who are able to offer a non-judgemental approach and foster a positive rapport with each young person. Where appropriate support is not available,

the ability of young people to thrive in their transition into adulthood can be significantly compromised. These difficulties can be particularly acute for young people growing up in disadvantaged backgrounds. In such situations, young people can find themselves caught up in a confusing myriad of decisions with the potential to adversely impact their mental wellbeing, at a time when their emotional resilience is often under-developed.

During the coronavirus pandemic, life has clearly been even more confusing and disconcerting for many young people. Since the onset of the pandemic in March 2020, the P3 Navigator Plus model has had to adapt to respond to government-informed social distancing requirements. In this respect, the project has increasingly utilised digital media and telecommunications to maintain the necessary contact with young people accessing help.

The influence of the THRIVE Framework

The P3 Navigator Plus model has been intentionally developed to help young people respond to the challenges outlined above. The model has been based on a ‘needs-led’ approach and has been significantly influenced by the THRIVE Framework for system change developed by the Anna Freud National Centre for Children and Families in conjunction with the Tavistock and Portman NHS Foundation Trust.



“The THRIVE Framework is needs-led. This means that mental-health needs are defined by children, young people and families alongside professionals through shared decision making.”

(Source: Wolpert, M. et al. (2019) THRIVE Framework for system change)

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings.

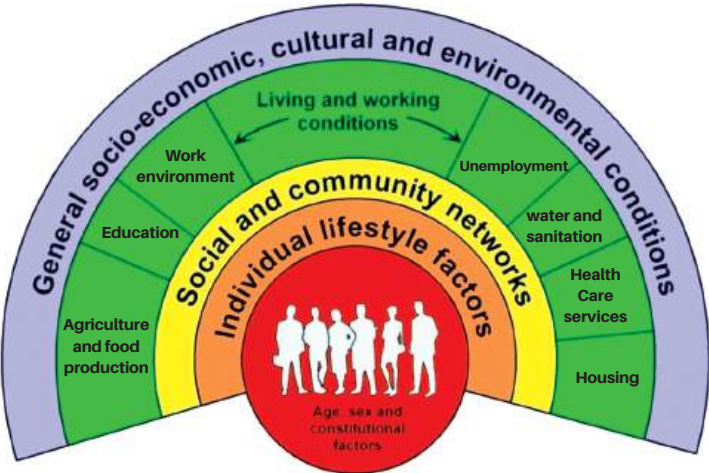


Since the P3 Navigator Plus project is designed to offer a needs-led service, the project ultimately recognises that a wide range of factors can affect the mental wellbeing of young people.

An advice sector approach which embraces the wider determinants of health

The specific design of the P3 Navigator Plus project recognises that an advice sector approach is potentially very valuable to help young people address a range of life circumstances that, if left unresolved, might be detrimental to their mental health.

This, in turn, means that young people presenting at the project have access to resources which can help them resolve a range of social factors that may affect their overall mental wellbeing. For example, this might include support around housing, relationships, employment, substance misuse and welfare rights. In this respect the project has a strong affinity with the concept of the wider determinants of health and the Dahlgren-Whitehead ‘rainbow model’ developed in 1991. This model also recognises how a range of social factors can be detrimental to health.



The Dahlgren-Whitehead ‘rainbow model’ (ESRC, 1991)

SECTION TWO

As the above model illustrates, the relationship between the individual, their environment and their health can have a compounding effect on wellbeing. Indeed, each individual's health is affected by their own constitutional factors – at the centre of the model – and surrounding them are the various layers of influences on health, such as individual lifestyle factors, community influences, living and working conditions, and more general social conditions.

Wider determinants of health, otherwise known as the social determinants of health, demonstrate how a diverse range of life circumstances can influence a person's health for better or worse. Across England the emerging evidence suggests that these social factors continue to exert a negative influence on our mental wellbeing:

“The Marmot Review 2020 shows that the social factors that lead to poor mental health are persisting or getting worse. Factors such as lower educational attainment, low quality employment, poverty and income inequality and difficulties in securing good quality housing have all been identified by the Mental Health Foundation as important drivers of mental health problems.”

(Mark Rowland, Chief Executive, Mental Health Foundation (2020). <https://www.mentalhealth.org.uk/news/marmot-review-tackling-mental-health-inequalities-overdue-urges-mental-health-foundation>)

The underlying potential of the P3 Navigator Plus project is therefore represented by the opportunity to empower young people with the necessary advice and guidance to navigate through many of the social factors which might otherwise threaten to overwhelm them. Indeed, empowering young people with the necessary knowledge and skills to navigate these social challenges has a positive impact on their mental wellbeing and resilience, and also helps them to avoid a potentially debilitating sense of social isolation. As a result, the project is delivered within the spirit of an early intervention service designed to help young people understand the wide range of factors that influence their wellbeing. In this respect the project is fundamentally different to a clinical service, which may focus on the treatment of a specific condition. Instead, the project is designed to offer a complementary source of expertise and support for young people that NHS partners are not resourced to provide, for example advice on housing or welfare rights.

This advice-based approach, which operates from a robust evidence base, should be a valuable resource to help enhance the wider mental health system in any given area. It represents a key part of the original rationale for the project and the specific goals that young people want to attain through their involvement with the project.



Introduction to Goals-Based Outcomes

In Hillingdon the P3 Navigator Plus project has been primarily designed to help young people get help through a Goals-Based Outcomes (GBOs) approach. Where necessary the project will also offer advice services and signposting to support young people.

At the heart of the service is a team of five full time equivalent **Wellbeing Workers** who work intensively on a one-to-one basis with each young person over a period of 12 sessions. The number of sessions can be extended or reduced to meet the requirements of any young person accessing the project.

The existing team of workers have an extensive range of skills and experience of working with the mental health agenda, mentoring, coaching and delivering support work. The ability of this team to form a strong rapport and trust with each young person is a crucial part of the project.

All Wellbeing Workers are provided with core skills training from P3 across a comprehensive range of subject areas. Subject areas include diversity and inclusion, fire safety, first aid, health and safety, lone working, mental health skills training, personal safety awareness, professional boundaries, psychologically informed environments, safeguarding and child sexual exploitation, suicide prevention and trauma-informed care.

All the Wellbeing Workers housed within the project work to the following principles:

- Provide a needs-led service to support young people to move forward within their current circumstances.
- Uphold the principles of a 'no case turned away' service.
- Provide an empathetic, person-centred approach to enable young people to define their own goals and outcomes.
- Proactively support young people to build their own mental wellbeing and resilience in the transition into adulthood.

The project has been separated into two key groups of young people, as follows:

- School-aged children aged 13-16 years.
- Young people aged 17-25 years.

Understanding the Goals-Based Outcomes approach

The project has focused on the creation of Goals-Based Outcomes (GBOs). These 'needs-led' GBOs are set by each young person. The original intention was to empower each young person, who can set up to three GBOs, though in reality some young people may wish to establish additional GBOs. The project also recognises that some young people may wish to access the support on offer through the project independently of the need to create GBOs. This approach may be necessary for a variety of reasons, however experience of delivering the project reveals young people with multiple and complex support needs may find the GBO approach challenging to apply from the outset.

SECTION TWO



The majority of young people do create GBOs, which they review over a series of 12 sessions with their Wellbeing Worker. At the end of each session the young person is encouraged to reflect on their progress towards their goals on the following 0-10 scale.

- A score of 0 reveals that no progress has been made towards the achievement of that goal.
- A score of 5 indicates that the goal has been partially achieved.
- A score of 10 indicates that the goal has been fully achieved.

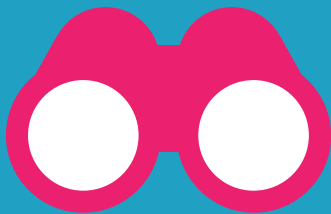
To help each young person make progress on their journey through the project, it is expected that each meeting between the young person and their Wellbeing Worker acts as a stimulus to review progress, address barriers and consider different courses of action necessary for onward progression.

The conceptual basis of 'how' and 'why' this change happens is explained in greater detail in the 'Theory of Change' illustration overleaf.

SECTION SUMMARY

- The P3 Navigator Plus project represents a 'needs-led' service provided by a team of six Wellbeing Workers housed at the Navigator Hub in Yiewsley.
- The project has been influenced by the THRIVE Framework for system change devised by the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust.
- The project aims to support young people to develop the necessary resilience, skills and knowledge required to function and thrive on their journey into adulthood.
- The project has an affinity with the wider determinants of health and aims to offer a complementary approach with existing NHS mental health services targeted at young people.
- The project has been designed to work with two distinct age groups: school-aged children aged 13-16, and young people aged 17-25.
- Young people accessing the project have the option to devise their own Goals-Based Outcomes that they would like to work towards over a period of 12 sessions with their Wellbeing Worker.
- Progress towards each goal is regularly reviewed during one-to-one sessions between each young person and their Wellbeing Worker.

Focus On: The 'Fund the Hubs' campaign



Whilst the rationale and local evidence to support the need for the P3 Navigator Plus project has been well documented throughout this evaluation process, it is clear that there is also an emerging national body of evidence which endorses this approach. This is known as the 'Fund the Hubs' campaign.

'Fund the Hubs' is part of a national drive to positively influence government to invest in a national network of early-help hubs where young people can quickly and easily access support with their mental health needs through a drop-in approach.

It is clear that the current mental health system is struggling to provide timely and responsive access to services for young people across the UK. All too often, high-threshold criteria and long wait times mean that young people are frustrated in their attempt to access support before they hit crisis point.

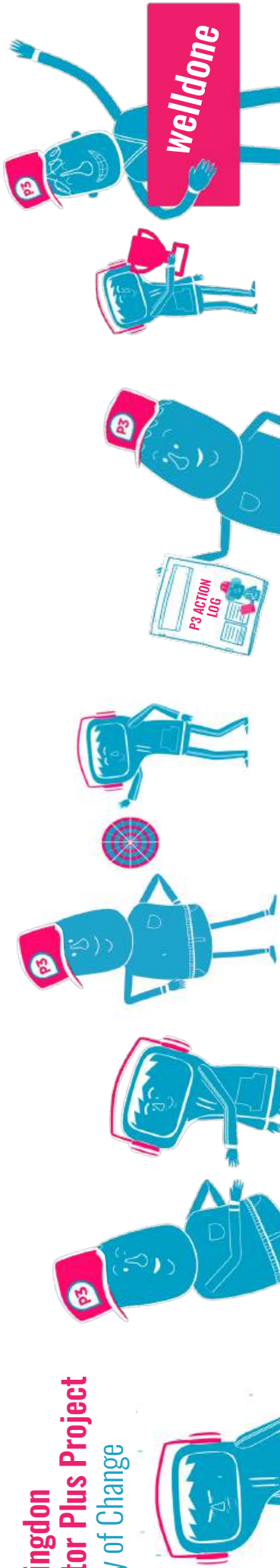
Projects run by charities like YoungMinds, MIND and P3 require consistent long-term funding to ensure locally accessible services can be provided to young people on an early intervention basis.

The rationale behind the 'Fund the Hubs' campaign is to invest in a network of local early-support hubs which are embedded in the community, offering a range of support services to young people that are delivered through a non-judgemental approach to help young people receive the support they need when they first start to struggle with their mental wellbeing.

This approach has a clear affinity with the P3 Navigator Plus model and provides a further indication of the strength of the operating model matched with the early intervention support needs of young people.

Further information on the Fund the Hubs campaign can be found at www.centreformentalhealth.org.uk/news/fund-hubs





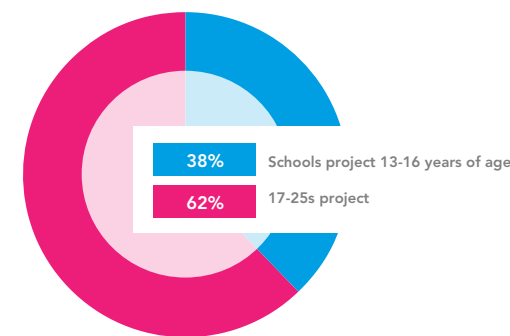
SECTION THREE

Profile of participants accessing the project

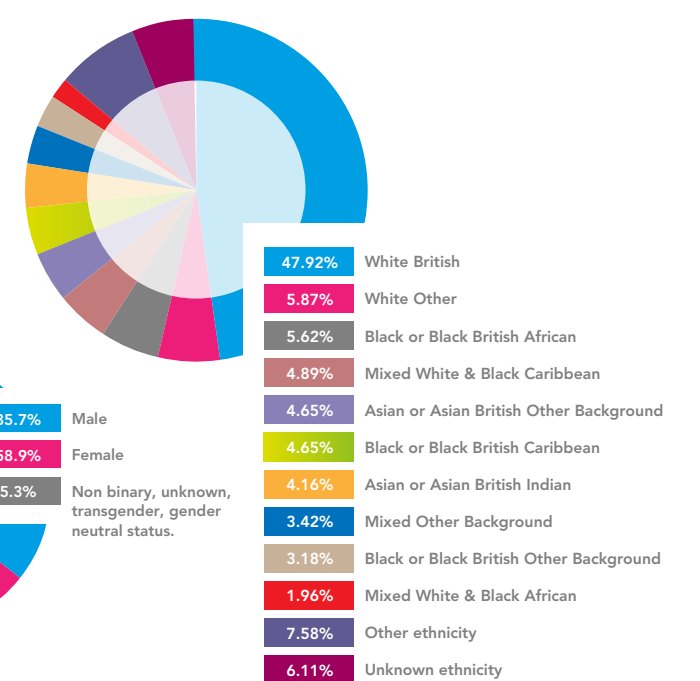
This section of the report is designed to provide readers with some complementary statistics on the profile of young people engaging with the P3 Navigator Plus project. Over the past three years, from 1 November 2019 to 31 March 2022, a total of 409 young people engaged with the project.

Analysis of the available data reveals the following demographic profile of participants over this time:

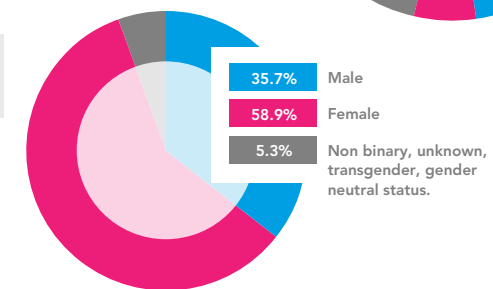
Project split by target group



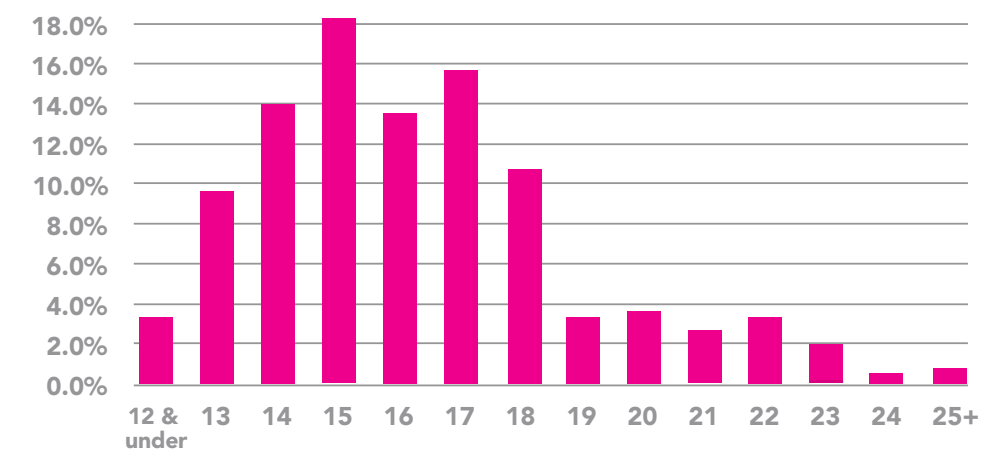
Participant Ethnicity



Gender split of participants



Age spread of participants



- The mean average age of participants across the 13-16 age group is 14.5 years
- The mean average age of participants across the 17-25 age group is 18.8 years
- The mean average age of participants across the entire project is 16.3 years

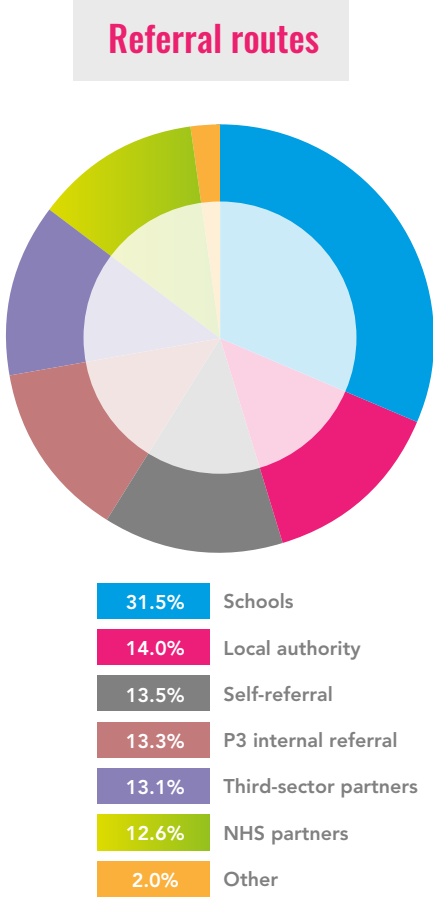
SECTION THREE

Profile of participants accessing the project

Analysis of the profile of participants accessing the project

As coronavirus restrictions have been relaxed over the past year, the project has been able to work with a greater proportion of young people attending local schools – typically aged 13-16 rather than the 17-25 age group. This is reflected in a split of 38% schools project and 62% 17-25s project, compared with the position at the end of Y2 where the split was 31.7% schools project and 68.3% direct referral into the Navigator Hub (typically associated with 17-25 year olds).

The gender profile of participants has also seen two emerging trends over the past year. There has been a significant shift in the proportion of young people citing non-binary or unknown gender identities, which increased from 0.8% at the end of Y2 to 5.3% by the end of Y3. It is also notable that the proportion of males accessing the project has declined over the past year, from 41.9% at the end of Y2 to 35.7% at the end of Y3. By comparison, the proportion of females accessing the project has increased from 57.3% at the end of Y2 to 58.9% in Y3. Whilst the specific reasons for these trends are hard to pinpoint, it is becoming clear that increasing numbers of young people are struggling with gender identity issues affecting their mental wellbeing. This has implications for the future development of the project. Similarly, further developmental work is likely to be required to assess why fewer males have engaged with the project over the past year. Whilst the males that do engage with the project find it of benefit, it is possible that alternative delivery models could help the project to engage with a larger number of male participants.



Over the past three years, local schools have continued to represent the biggest source of referrals into the project, despite the complications of the coronavirus pandemic. Whilst seven local schools have engaged with the project, the majority of school referrals have come from Global Academy (37%) and Northwood School (45%). Park Academy have contributed 13% of referrals, although this was prior to the covid-19 pandemic in March 2020. Conversations are now underway to re-launch provision at the school over the coming year. By comparison, UTC Heathrow have contributed 3% of all referrals over the past 12 months. Bishopshalt School and Haydon School have provided 1% of referrals across the duration of the project.



The other significant referral sources are comprised of a real mixture of organisations, including local authority (14%), self-referral (13.5%), P3 internal referrals (13.3%), third-sector partners (13.3%) and NHS partners (12.6%). In terms of NHS referrals, the majority of referrals are from CAMHS (74%). By comparison, Adult Mental Health Services (AMHS) contributed 5% of referrals and GPs 4% of referrals. The remainder of NHS referrals are from clinical psychology, perinatal mental health services, primary care mental health services, CCG social prescribing and talking therapies.

The 2% of referrals classed as ‘other’ include probation services and Hillingdon Multi Agency Safeguarding Hub (MASH).

Ethnic profile of participants

Analysis of the ethnic profile of participants accessing the project over the past three years reveals that 47.9% of participants are White British, 46% are from minority ethnic backgrounds and 6.1% from an unknown ethnic background.

This situation broadly reflects the Hillingdon Joint Strategic Needs Assessment (JSNA) 2002, which confirms that 41.7% of the local population is White British, 8.3% White Other and 50% from a diverse mix of ethnic minority groups.

Understanding young people’s Goals-Based Outcomes

All young people accessing the project are encouraged by their Wellbeing Worker to think about three Goals-Based Outcomes (GBOs) they would like to work towards during their time on the project. These goals are defined by each young person and can include factors related directly and indirectly to mental wellbeing, such as improving their emotional health or housing situation.

As the associated infographic reveals, the top four ranked goals are centred on improving emotional health, coping with anxieties and improving low mood and self-esteem. These account for 61.8% of the goals established by young people.

Over the past three years, 9.6% of the goals related to young people’s interest in improving and maintaining positive relationships.

Significant numbers of young people also recognised the need to build the necessary life foundations to promote wellbeing, focused on the themes of participation in education, employment and training (5.4%), improving life skills (3.8%), improving finances (1.9%) and improving their housing situation (0.9%).





Small numbers of young people also devised GBOs to reduce risks associated with self-harm (3.1%) and suicidal ideation (1.7%). For those young people that did devise outcomes around the risks of self-harm or suicidal ideation, there is a wider discussion about how the project should appropriately support them, given that these needs are not necessarily representative of an early intervention project. This is an area of the project where closer partnership working arrangements with the NHS would be potentially beneficial.

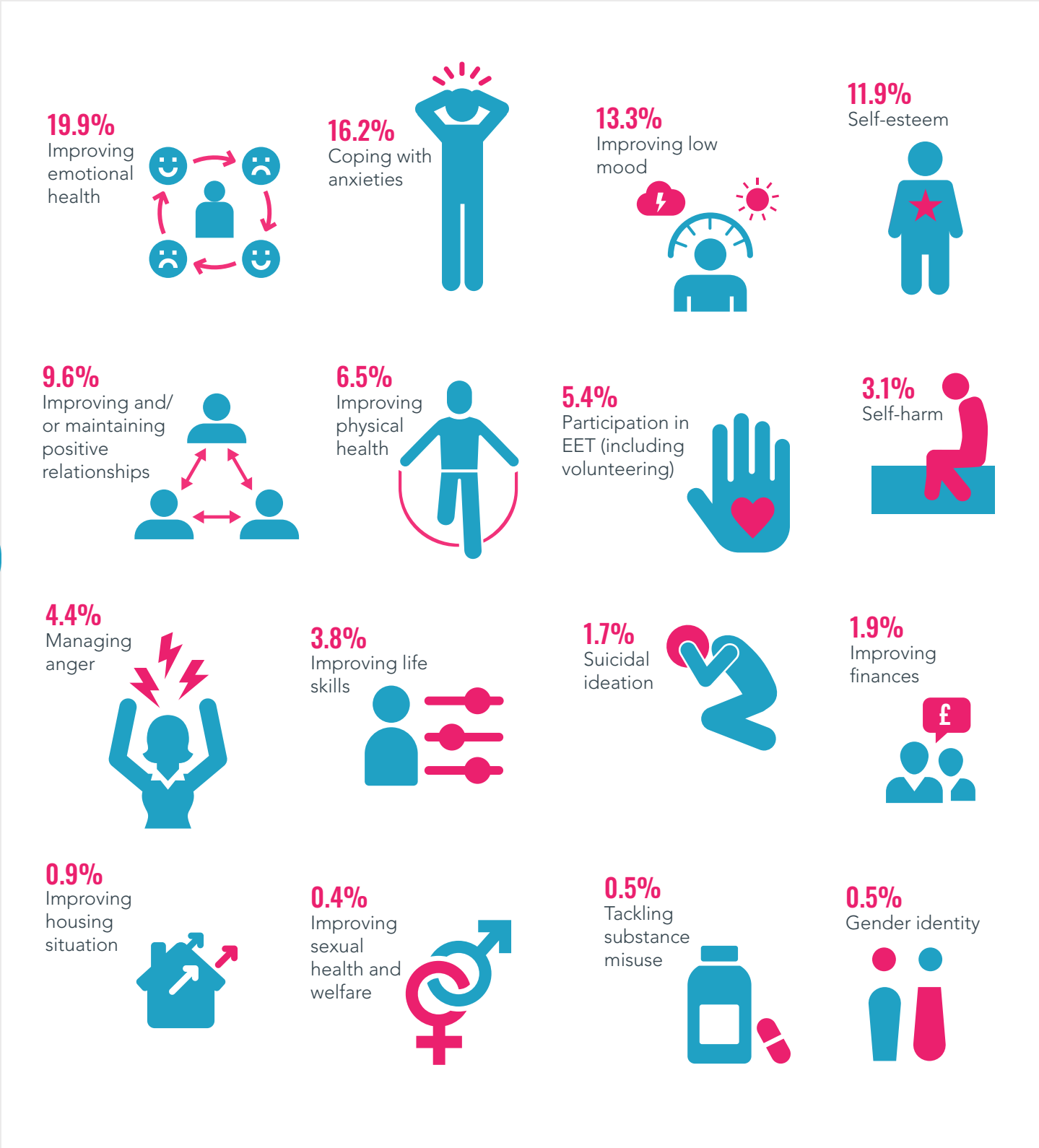
The data also suggests an emerging gender imbalance in the prevalence of specific GBOs associated with males or females. Although the sample sizes are small, the evidence suggests young females are more likely to establish GBOs around self-esteem, coping with anxieties and self-harm. Suicidal ideation also appears to be a bigger concern for female participants compared with males – although it is problematic to make any robust assessment of these presenting trends. By comparison, young males accessing the project are more likely to establish GBOs centred on managing anger, improving life skills and improving finances than their female counterparts.

All the GBO data collected from young people over the past three years reveals the complex range of issues which can affect young people's health and wellbeing. Whilst the situation is complex, it is interesting to note that the top four GBOs have remained consistent over the past two years of the project, since the Advice Pro system was implemented in 2020.



SECTION THREE

The Most popular Goals Based Outcomes (GBOs) established by young people





The presence of Special Educational Needs and Disabilities (SEND)

Over the past three years, discussions with the Wellbeing Workers has also revealed that hidden within the GBO data was the added dimension of Special Educational Needs and Disabilities (SEND). Although SEND issues have not formed the basis of any of the GBOs established within the project, it is clear that undiagnosed SEND issues have the potential to adversely impact the mental wellbeing of the 13-16 age group within a school setting. Closer inspection of qualitative data reveals a concerning link between anger, anxiety and depression, particularly when SEND issues go unresolved. For these reasons, undiagnosed SEND issues have the potential to affect longer-term life issues for young people as they transition into adulthood. This forms one of the key learning points from the project to date and is a key issue which is likely to require a multi-agency approach in order to make further progress. We will return to this issue in the final section of the evaluation.

SECTION SUMMARY

- The project has worked with a total of 409 young people over the past three years from November 2019 to 31 March 2022.
- The project has a gender split of 58.9% female and 35.7% male. Over the past 12 months two key gender trends have emerged. There has been a significant shift in the numbers of young people presenting with non-binary gender identities, increasing from 0.8% at the end of Y2 to 5.3% by

the end of Y3. The proportion of male participants accessing the project has declined over the past year, from 41.9% to 35.7%.

- The mean average age of participants across the project is as follows: the 17-25 age group has a mean average age of 18.8 years. The 13-16 age group has a mean average age of 14.5 years. The mean average age of participants across the entire project is 16.3 years.
- The ethnic profile of young people engaging with the project remains broadly consistent with demographic data published in the Hillingdon Joint Strategic Needs Assessment (JSNA) 2022.
- The most popular sources of referrals into the project over the past three years include local schools (31.5%), local authority (14%), P3 internal referrals (13.5%), self-referral 13.3%, third-sector partners (13.1%/) and NHS partners including Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) (12.6%).
- Over the past three years a clear pattern has emerged associated with the top four GBOs associated with improving emotional health, coping with anxieties and improving low mood and self-esteem. Collectively these GBOs have been the most popular over this time. An analysis of GBO data according to gender suggests there are differences in the relative prevalence of specific GBOs associated with male and female participants.



www.p3charity.org

Milly's story

Milly initially accessed the P3 family advice service at the start of 2021, before being referred into the Navigator Plus project. She had been struggling with low mood for some time, following the break-up of a relationship. A young female in her early twenties, Milly had a significant number of responsibilities – including raising her two-year-old daughter and holding down two part-time jobs. Her circumstances were complicated by the fact that she was living at home with her parents and sister at time when she eagerly desired to have her own living space in which to raise her daughter. At the time of accessing the project, Milly was on the waiting list for support from Talking Therapies and was keen to receive support from P3 to help address existing concerns which were affecting her mental wellbeing.

As Milly and her Wellbeing Worker began to discuss her current situation, it was evident that Milly was experiencing a significant amount of conflict with her family, which was causing her undue stress. It also became apparent that Milly would benefit from some support to help her understand the importance of a self-care routine to help her sustain a healthy lifestyle and boost her mental wellbeing. As a result, subsequent sessions focused on the need for Milly to regularly eat healthy meals and improve her personal hygiene. Following these discussions, Milly recognised the need to start each day with a good breakfast and a shower to help boost her mood. Similarly, proactive dialogue also took place to help Milly understand how to manage stressful situations at home that could otherwise contribute to underlying tensions. Through these discussions, Milly was equipped to give herself time to 'take herself out' of stressful situations and time to think before she answered questions in a calm manner. As support and dialogue with Milly continued, it was evident that her home life did begin to improve as she was encouraged to process her feelings and consider the most appropriate response to issues at home, rather than arguing or getting stressed.

Milly agreed that to help her cope with life situations that might add to her stress and anxiety, she would benefit from some support in implementing breathing techniques, which have helped her to cope in stressful situations. This progress was further enhanced by her Wellbeing Worker's encouragement to get out for regular walks and exercise to help her to remain calm.

As Milly's journey through the project continued, she received some complementary support from the P3 Housing team, who assisted her in progressing her application for more suitable long-term accommodation for her and her daughter. As she prepared to exit the project, Milly was successfully supported to regularly engage with her GP to help boost her wider physical wellbeing. Milly had the following reflections on the impact of the time she spent with her Wellbeing Worker:

'I found the wellbeing sessions very helpful with the tips to help improve my mood and the goals made so I had certain things to focus on each week! Just being able to speak with someone and express how I'm feeling and looking at different ways to cope with it was really good. I think being able to speak to someone who isn't involved in the situation and is 'on the outside' really helps as there isn't any judgment. Someone who is actually listening to what you're saying and offers advice on how to take yourself out the situation and handle it has been helpful.'



Goals analysis

Goals-Based Outcome (GBO): improving emotional health.

Average GBO uplift rating: **5**
Number of sessions: **7**

* This case study has been anonymised to protect participant confidentiality



SECTION FOUR

Analysis of project performance

Since the inception of the P3 Navigator Plus project in November 2019, the project has spent significant periods of time operating within the context of the coronavirus pandemic. While this has been a challenging backdrop against which to deliver the project, in spite of these difficulties a diverse range of support has still been provided to young people.

This section of the report endeavours to provide readers with a wider understanding of how the project has performed from November 2019 to 31 March 2022. The resulting analysis is designed to illustrate how the project has been performing within the 13-16 and 17-25 age groups that it seeks to serve. This quantitative analysis is complemented by qualitative feedback from a range of local stakeholders with experience of the project.

13-16 schools project review

Throughout the duration of the project it has been clear that the support targeted at school-age young people has typically been very well received by local schools, young people and their parents. Whilst the coronavirus pandemic has affected engagement with different schools, over the past year valuable support has been offered to young people attending Global Academy, Northwood School and UTC Heathrow.

Throughout the past three years, engagement with young people attending local schools has revealed patterns in the types of issues which can adversely affect their mental wellbeing.

- Adverse Childhood Experiences (ACEs) and associated trauma

- Special Educational Needs and Disabilities (SEND) that are potentially undiagnosed or misunderstood
- Past or recent experiences of bullying
- Exam pressures and associated stress
- Peer group pressure
- Identity issues
- Unstable home circumstances

Left unresolved, these issues often adversely affect the ability of young people to function effectively within the school environment and reach their full potential.

“Just talking and getting advice, sharing how I feel, made me feel better.”

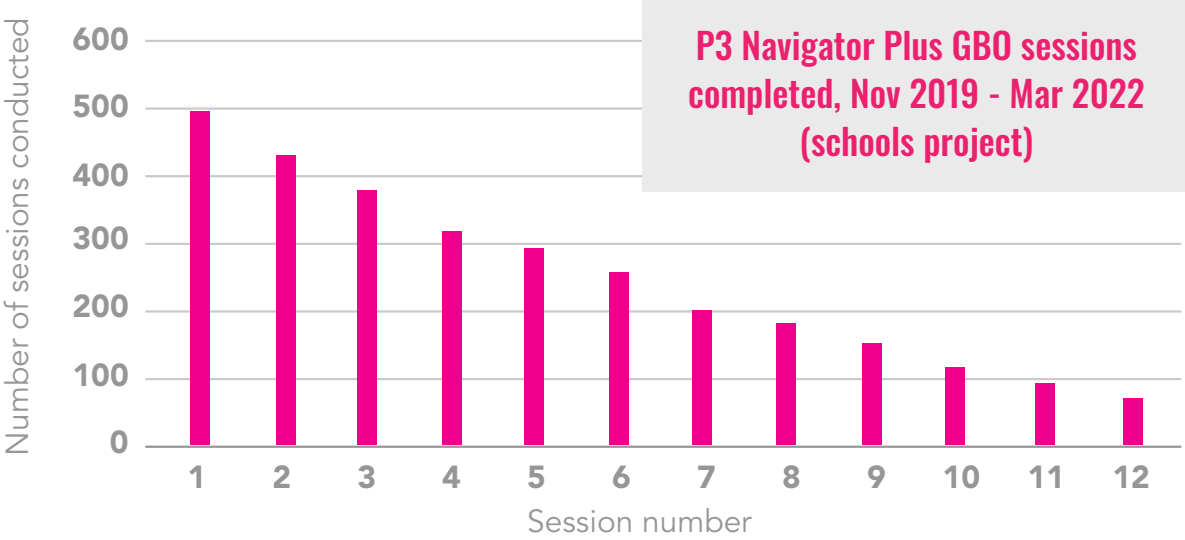
Young person accessing the P3 Navigator Plus project



A review of Goals-Based Outcomes for the 13-16 group

Analysis of the available Goals-Based Outcomes (GBO) data from the 13-16 age group provides numerous insights into the progression of school-aged young people accessing the project.

Since the start of the project, a total of 2,979 sessions have been held between young people and their Wellbeing Worker. At the point when young people first access the project, they have the opportunity to attend up to 12 sessions with their Wellbeing Worker and assess their progress at the end of each session against an agreed set of GBOs. The chart below provides further details on the frequency of sessions conducted with all school-aged young people.



As the chart illustrates, the largest proportion of young people engage with the first session, which accounts for 16.6% of the total sessions held. A closer analysis of the data reveals that when young people create GBOs, on average they commit to attend the project for an average of 168 days.

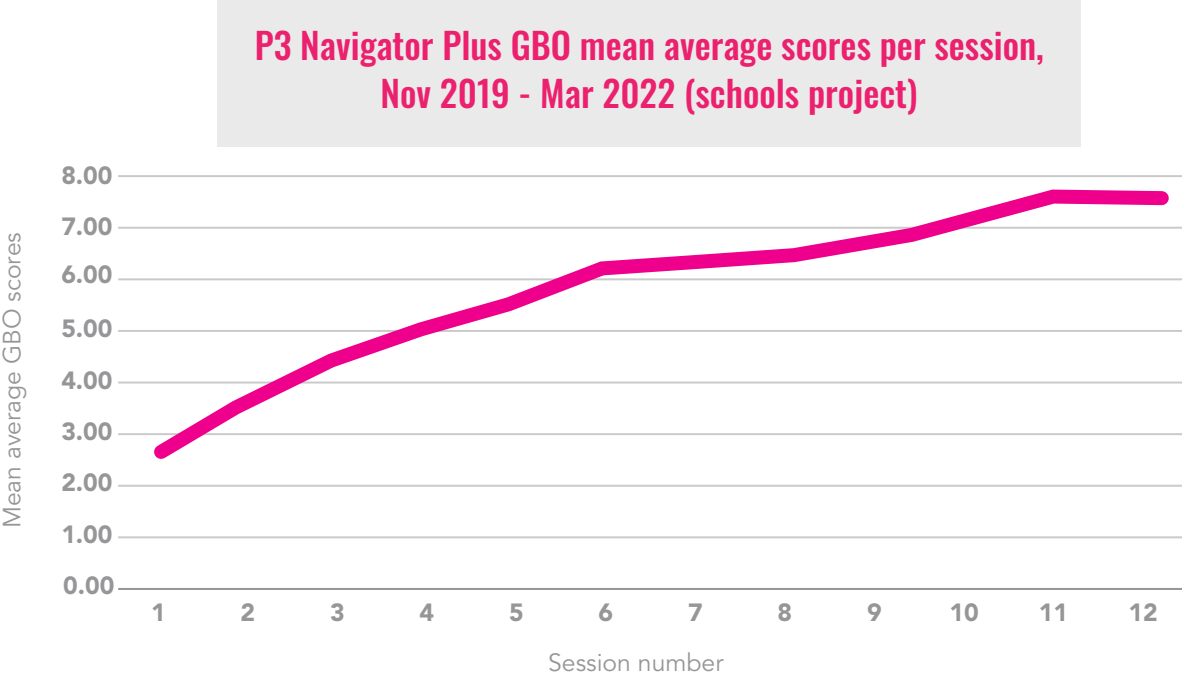
Parent of young person engaging with the P3 Navigator Plus project

“In my experience young people feel supported and listened to when they speak to P3. P3 cared, talked, helped and communicated with my child. This support was continuous. Where a child might not speak to a parent about their struggles, it’s reassuring to know they can speak to a Wellbeing Worker at P3.”

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54% of the recorded sessions are associated with the first four sessions offered, and not all young people necessarily need or wish to take advantage of all 12 sessions on offer.

At the end of each session with their Wellbeing Worker, young people are asked to assess their progress towards a specific GBO on a scale of 0-10, where a score 0 denotes no progress and a score of 10 denotes the full attainment of that goal. The following graph reveals the GBO scores attained by young people engaging with the schools project.



As the graph illustrates, young people who consistently engage with their Wellbeing Worker are, on average, associated with an upward trajectory in GBOs. The mean average starting GBO score for young people in this cohort is 2.87, increasing to a mean average score of 7.59 by session 12. This does not mean to say that each young person engaging with the project records sequentially higher scores at the end of each session; inspection of the granular-level detail reveals that GBO scores are in a state of flux and that wellbeing scores associated with each GBO can go up or down, particularly in response to external circumstances such as exam pressures or friendship difficulties.

“I can see a difference in the behaviour of pupils receiving support from P3. Young people meeting with the team from P3 feedback that they feel that they are being heard. This approach has made such an impact on our pupils’ learning. P3 offer the opportunity for young people to connect with someone outside school and home life. This is someone who just there for them. This has proven to be an important part of the service on offer.”

Pastoral Support UTC Heathrow School



Goals-Based Outcomes summary statistics 13-16 school-aged young people

Improved outcome goals **386**

Total outcome goals **495**

% Improved outcome goals **77.9%**

This data represents an improvement on the Y2 evaluation, where improved GBOs were secured against 74% of the agreed GBOs.

Throughout the duration of the project it has been evident that the ability of the P3 Navigator Plus project to offer support to school-aged young people is something that is highly valued by parents.

“If every school had mental health support like this it would be very helpful for young people. When young people speak to someone at P3 about their struggles it’s like a puzzle coming together. These conversations provide some direction for young people when they are lost trying to understand their feelings. The things that they learn through their time with P3 will be helpful for young people now and as they progress into adulthood.”

Parent of young person engaging with the P3 Navigator Plus project

“All schools now seem to be experiencing similar issues knowing how best to support students to sustain their mental wellbeing. Since the covid lockdowns more students appear to need help to manage life challenges and maintain their mental wellbeing. The P3 service has been a good outlet for Northwood School to help support students who are struggling with anxiety. We would be a lot poorer as a school without these sessions – they are definitely very worthwhile.”

Pastoral Support at Northwood School

17-25s project performance review

The original remit of the P3 Navigator Plus project was to help young people thrive on their transition into adulthood. Over the past three years it has become increasingly clear that the project is well placed to offer a valuable source of support to young people aged 17-25 who are transitioning through adolescence into adult life. The support on offer at this stage of the project is somewhat different to the school’s project, and in this respect the Wellbeing Workers fully recognise the huge life challenges young people face as they prepare to enter adult life. These include a range of issues that young people may never have previously encountered, such as financial security, employment and housing.

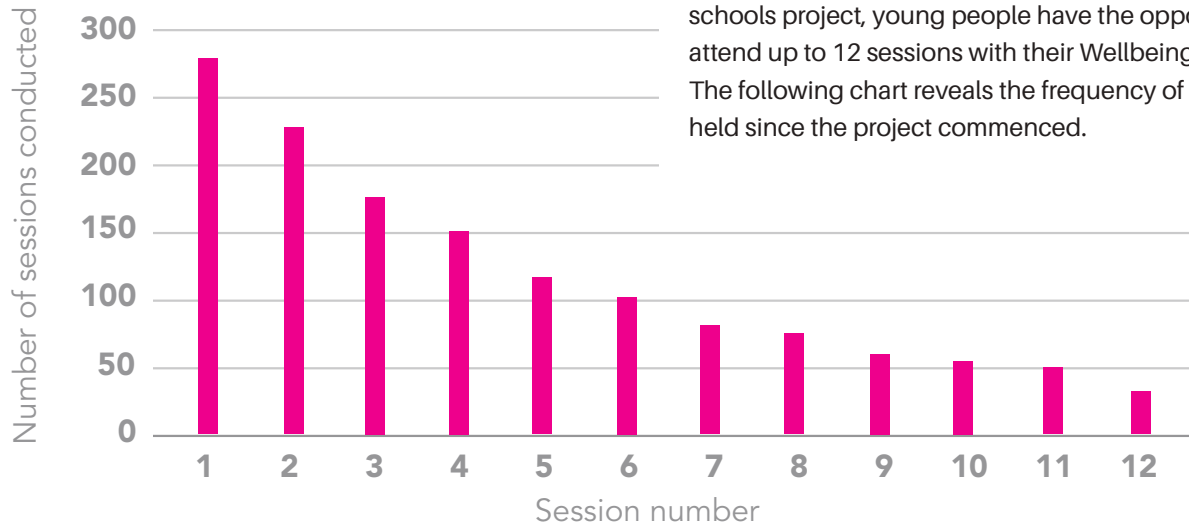
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Consultation with the Wellbeing Workers and project case notes reveal the following circumstances that regularly affect the mental wellbeing of young people aged 17-25 who access the project.

- Culturally sensitive support for refugees
- Employment issues
- Financial concerns
- Relationships and sexual health
- Parenting and child care
- Housing issues
- Substance misuse
- Welfare rights

Dialogue with the Wellbeing Workers reveals that many young people have an underdeveloped understanding of these areas of their lives, and there is a risk that unresolved issues may affect their long-term mental wellbeing.

P3 Navigator Plus sessions completed, Nov 2019 - Mar 2022 (17-25s project)



“In our experience of working with P3 Navigator Plus it is clear that the project is thoroughly embedded in the community and, as a result, has a real understanding of local issues. The strength of this offer means that P3 is positively promoted through word of mouth within the community. This understanding of the local community appears to be one of the key reasons why P3 are able to consistently engage young people and build good trust and rapport with them.”

Programme Coordinator, LINK Counselling

A review of Goals-Based Outcomes for the 17-25s project

Since the start of the project in November 2019, a total of 1,407 sessions have been held between Wellbeing Workers and young people aged 17-25. Similar to the schools project, young people have the opportunity to attend up to 12 sessions with their Wellbeing Worker. The following chart reveals the frequency of sessions held since the project commenced.

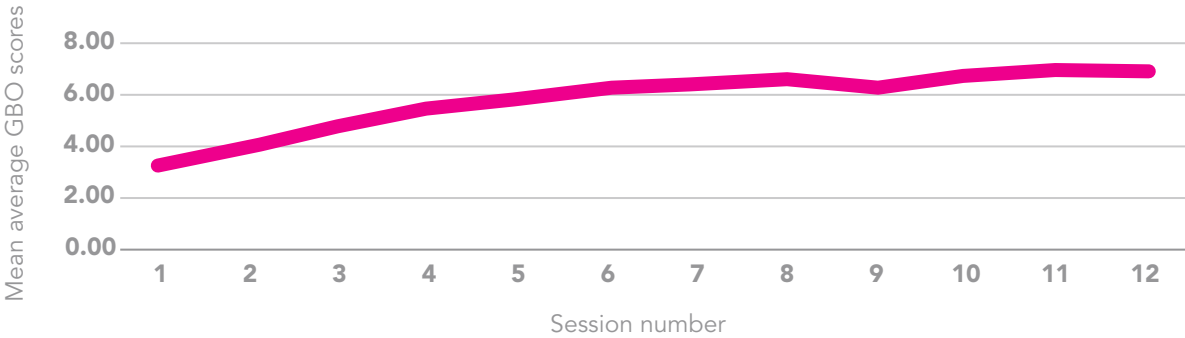


The chart reveals that 67% of sessions undertaken by the 17-25 cohort are contained within the first 5 sessions. This is likely to be a reflection of some of the practical needs that can be resolved through the advice centre approach in those early sessions, such as welfare rights and housing advice. Whilst this is the case, it is evident that 33% of young people also go on to complete 6-12 sessions with their Wellbeing Worker. This is often where more complex issues present that then require additional support, such as Special Educational Needs and Disabilities (SEND).

The project data reveals that, on average, young people from the 17-25 age group engage with the project for 177 days.

Similar to the schools project, young people aged 17-25 are asked to rate their progress on a scale of 0-10 for each of the Goals-Based Outcomes that they have established with their Wellbeing Worker. The following graph reveals the mean average GBO scores associated with each of the 12 sessions.

P3 Navigator Plus. GBO mean average scores per session, Nov 2019 - Mar 2022 (17-25s project)



Similar to the schools project, it is evident that when young people commit to regularly meeting with their Wellbeing Worker, an upward trajectory in GBO scores becomes apparent. For the 17-25s group this is reflected in a mean average GBO score of 3.30 after the initial session, increasing to 6.88 by the last session. The fluctuating nature of mental wellbeing is also apparent; after session 9 there is a decline in the mean average GBO from 6.53 (session 8) to 6.23, before the mean average score increases again to 6.66 by session 10. Consultation of the granular-level case note data reveals that a diverse range of circumstantial issues

can also exert pressures on young peoples’ financial wellbeing – for example housing instability and welfare rights.

An overall assessment of GBO scores for the 17-25s project reveals the following situation:

Goals-Based Outcome summary statistics

17-25s project

Improved outcome goals 202

Total outcome goals 278

% Improved outcome goals 72.7%

The wider available evidence suggests this is an area of the project where the close proximity of a range of advice services is valuable for young people grappling with life challenges that threaten to undermine their wellbeing. Over the past year, the evidence suggests that some young people have found it more difficult to improve their outcome goals, with a marginal 4.3% decline in the improved outcome goals measure – which stood at 77% at the end of the Y2 evaluation report.

“I really liked working with my Wellbeing Worker because I feel that we really got along and he understood me from the start. After losing my dad, it was just great having some male guidance.”

Young person accessing the P3 Navigator Plus project

Referral to Treatment Times (RTT)

Consultation of the project data reveals that the project has continued to offer responsive referral to treatment times (RTT) to young people referred into the project. Readers of this report should note the reference to RTTs does not relate to the start of a clinical intervention; instead the term denotes the start of wellbeing support through the sessions between young people and their Wellbeing Worker. The headline trends reveal the following mean average RTT data since the project commenced.

- 20.10 days mean average Referral to Treatment Time (all ages)
- 20.29 days mean average Referral to Treatment Time for the 17-25s project
- 21.04 days mean average Referral to Treatment Time for 13-16s project



- 58.9% young people had their first contact with their Wellbeing Worker within 10 days of referral into the project.
- 20.7% young people had their first contact with their Wellbeing Worker on the same day as their referral.

Although the project has faced the complexity of the coronavirus pandemic, over the past three years the RTTs are very encouraging given the early intervention ethos of the project. The ability of the project to see young people without lengthy waiting times is a crucial element of the preventative approach required within an early intervention project. In this context, the P3 Navigator Plus project makes a valuable contribution to mental health provision across Hillingdon, particularly considering that waiting times for more intensive clinical support can be around 18 weeks.

As the project has become established within Hillingdon over the past year, and the social distancing requirements of the pandemic have been relaxed, the average RTT times have increased by 7 days. This increase is in part a reflection of the reduced capacity of the project, although two new Wellbeing Workers were recruited to replace outgoing staff over the winter period of 21/22.

What is unclear from the data is how many attempts young people may have made to access support from different agencies before being referred into P3 Navigator Plus. This is of particular concern since we know that very few young people are referred directly by GPs – and yet the GP surgery is likely to be an obvious destination for young people and their parents when seeking initial support with mental health issues.

“I felt the most helpful part was learning ways to help me feel better, I enjoyed learning the belly breaths technique with my Wellbeing Worker. This has helped to calm me down in stressful times.”

Young person accessing the P3 Navigator Plus project

Engagement and disengagement rates since the start of the project

Since the project commenced in November 2019, a total of 409 young people have been referred into the P3 Navigator Plus project. 256 of these (62.4%) have gone on to devise a set of Goals-Based Outcomes (GBOs) with their Wellbeing Worker.

By comparison, 153 young people (37.4% of the total caseload) did not create a set of GBOs before they signed off the project. This group is split 38% across the 13-16 age group and 62% across the 17-25 age group. Whilst 37.4% young people do not create GBOs, the data reveals a variety of reasons for this. 8% of these young people did receive support from a Wellbeing Worker (although they didn’t create a GBO) and a further 5.6% of young people were referred elsewhere.



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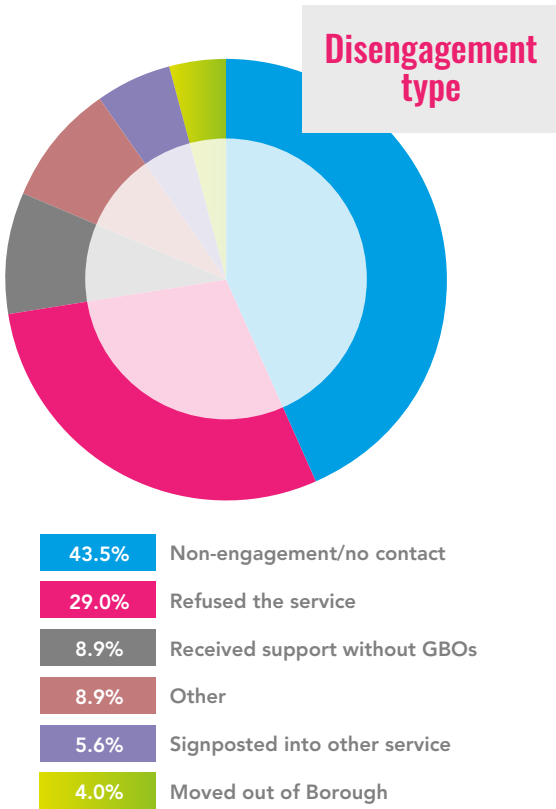
Where young people have chosen not to engage with the project, it is apparent that the likelihood of disengagement increases if they are uncertain as to why they have been referred in the first place – this is a particular issue for the 17-25s group. At a time when self-esteem and confidence may be low, it is perhaps understandable that some young people decide to disengage if they are unsure how an unfamiliar organisation may be able to help them. The lower numbers of young people disengaging from the 13-16 group is likely to be a reflection, in part, of the complementary relationship that can be established between the Wellbeing Workers and school staff, which can act as bond to underpin the relationship and help young people engage. For the 17-25s group, this relationship with a school does not exist.

“This service is just so much more real and relatable than other services that I’ve accessed.”

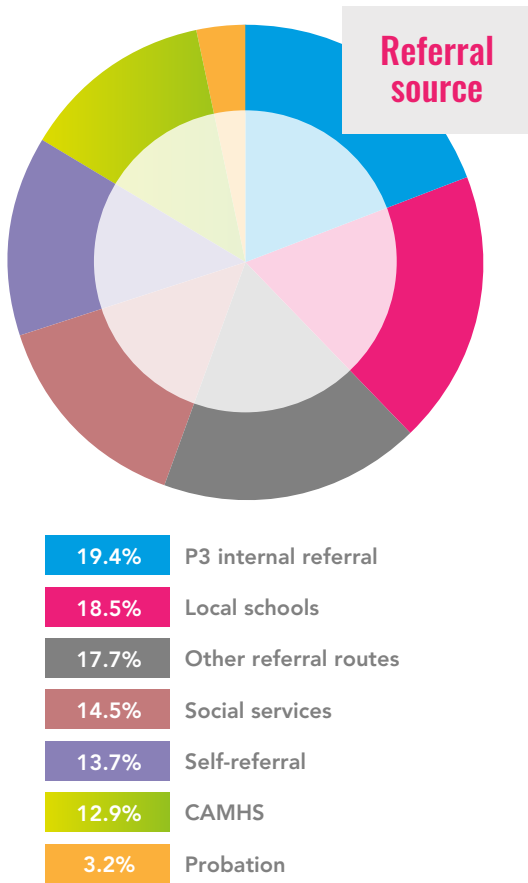
Young person accessing the P3 Navigator Plus project

Where young people have exited the project before creating a GBO, 72.5% of this group have either not maintained contact with their Wellbeing Worker or refused the service. In these cases, the limited available evidence suggests that young people have made a decision not to engage based on incomplete information about the service on offer from P3. Whilst a lack of confidence or self-esteem may be a contributory factor, to address this trend it would be desirable if

some form of digital resources were developed to help young people make an informed choice about the support offered by P3. The widespread use of smartphone technology by young people makes it possible to relay key messages to young people even if they decide not to respond to a phone call or text message.



Further analysis of the data from young people who have not created a GBO reveals that these have come via the following referral routes.



Further analysis of the data suggests that all referral routes have the potential to provide an inflow of young people who may be unable or unwilling to commit to devising GBOs. This is not necessarily an unexpected finding given the sensitive nature of mental health; however it is clear that ongoing work is required to understand how more young people can be encouraged to create GBOs or, alternatively, to engage with their Wellbeing Worker independently of creating GBOs. In the latter case, 8.9% of young people not creating GBOs do receive some form of support from the project.

Caseload collaboration with Child and Adolescent Mental Health Services (CAMHS)

Since the project commenced in November 2019, the available project data reveals that a number of young people accessing the P3 Navigator Plus project have past or current experience of CAMHS service provision. Given that part of the underlying rationale for developing the P3 Navigator Plus project was to pilot an approach to reduce the pressure on CAMHS service provision, this trend is of interest. The data table below summarises young people’s CAMHS status at the point of access onto the P3 Navigator Plus project.

CAMHS status	Frequency
Accessing P3 support after completing CAMHS treatments	11
Currently on CAMHS waiting list	19
Receiving treatment from CAMHS at point of access onto P3 Navigator Plus	23
Total young people with past, present or planned CAMHS experience	54

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These figures reveal that around 13% of the total caseload engaging with the project to date has had past, present or planned treatment with CAMHS. This represents an increase on the position at the end of Y2, where 9% of the total caseload had some past, present or planned experience with CAMHS. From the 54 young people who have been referred into P3 with CAMHS experience, over 90% were referred during 2020 and 2021. By comparison, very few referrals with CAMHS involvement have appeared during 2022. As operating practices between P3 and CAMHS continue to evolve, the extent of caseload collaboration provides useful insights into emerging partnerships and the development of ‘step up’ and ‘step down’ approaches which enable young people to access complementary support from P3 immediately prior to or after leaving CAMHS service provision. Further analysis, discussion and monitoring of this area of the project is required to quantitatively assess the optimum extent of caseload collaboration between CAMHS and P3. If P3 and CAMHS are to continue to develop ‘step up’ and ‘step down’ caseload transitions in the years ahead, then the current 13% rate of referrals with CAMHS past, present or planned engagement with CAMHS may, in reality, be understating the true extent of the potential future demand patterns. For these reasons, the evaluator suggests that further collaborative work is required between P3 and CAMHS to assess the progression routes and signposting offered to young people who do not meet CAMHS threshold criteria.

SECTION SUMMARY

- Support for the 13-16 and 17-25 age groups involved with the project has continued during the coronavirus pandemic. The social distancing requirements of the pandemic have meant that there has been a greater emphasis on digital media to help young people and their Wellbeing Workers interact.
- On the 13-16s project, 77.9% of the GBO scores were assessed to have improved. On average, young people from the 13-16 age group stay on the project for 168 days.
- On the 17-25s project, 72.7% of the GBO scores were assessed to have improved. On average, young people from the 17-25 age group stay on the project for 177 days.
- Encouragingly, the GBO mean average scores reveals a general upward trajectory; however, young people can face setbacks and complications that adversely affect their mental wellbeing as they progress through the project. This can be seen on the graph for the 17-25 age group.
- The project is able to offer responsive Referral to Treatment Times (RTT) to young people. From November 2019 to March 2022 the project achieved a mean average referral to treatment time of 20.1 days. This has increased by 7 days over the past year, as the RTT performance was previously tracking at 13.35 days. The RTT is a core strength of the service on offer and is consistent with the early intervention ethos of the project.
- A closer inspection of the available caseload data reveals that 37.4% of young people accessing the project disengaged before a GBO was established. The available evidence suggests that early disengagement is linked to cold referrals of young people into the project, often without a clear understanding of the project’s remit. This is reflected in data that reveals that 72.5% of young people leaving the project before creating a GBO either refuse the service or are not contactable.
- 13% of the total caseload to date have past, present or planned treatment by CAMHS. This has increased from the position at the end of Y2, when 9% of the total caseload had past, present or planned treatment with CAMHS. Further discussion and analysis of this area of the project is required to help understand the potential optimum level of caseload collaboration with CAMHS.

Jade’s story

Jade first accessed the P3 Navigator Plus project in December 2021. At this point she was struggling with high levels of anxiety and depression compounded by low self-esteem and confidence. After initial contact had been made, it became apparent that Jade had acute levels of social anxiety which were having an impact on her ability to complete a Master’s law degree at a local university. Building the confidence to attend lectures had become a real struggle, and it was therefore agreed with her course leaders that Jade would engage via video calls. To further complicate her situation, Jade’s wider friendship group had been adversely affected by an unsympathetic response to an allergy that she had. This situation had unfortunately eroded any sense of trust in her friendship group, which in turn meant that Jade had a prevailing sense of loneliness and low self-esteem.

To help Jade move forward, her Wellbeing Worker endeavoured to create a safe place where she could begin to explore her anxiety and self-esteem issues. The early interventions involved emotional support, validation, breathing and grounding techniques. These approaches proved to be helpful starting exercises in helping Jade to manage her anxiety and low mood. As these sessions continued, it became apparent that Jade’s anxiety was significantly affected by the pressure to successfully complete her Master’s degree, which had been funded through a business bursary scheme. Under the terms of this arrangement, Jade understood that in the event that she failed any of the course exams she would be liable to repay her university fees and would also lose an associated employment opportunity. This was perhaps quite a harsh interpretation of the arrangements with her prospective employer; however it was clear that these academic pressures were at the heart of many of Jade’s struggles.

To help Jade begin to address her social anxiety it was agreed that she would work with her Wellbeing Worker to develop a self-care routine prior to attending unfamiliar events with unfamiliar people, which had the tendency to overwhelm her. This self-care routine was put to good use on the evening before Jade was due to attend her first work event in London. Rather than allowing anxiety to overwhelm her at thought of visiting a new place and meeting new people, embracing a self-care routine the night before helped her to maintain a sense of calm. By taking a shower, reading, watching her favourite television programme and cooking a healthy meal, Jade was able to learn about the value of distraction techniques in helping her to manage her anxiety. On the day of the event, Jade applied a series of breathing and grounding techniques that she had previously discussed with her Wellbeing Worker. This allowed her to navigate through the busyness of central London and successfully attend the event. This was a notable success in Jade’s journey to alleviate her anxiety and establish a crucial sense of self-esteem and self-confidence.

These small changes have made a big impact on Jade as she has developed new approaches to manage potentially demanding and stressful situations. As Jade progressed through the sessions with her Wellbeing Worker, she had the following reflections to share about her journey through the project.

‘I find our sessions really helpful and beneficial for my wellbeing. You give me great tips on managing my stress and anxiety and I am very grateful for your support.’



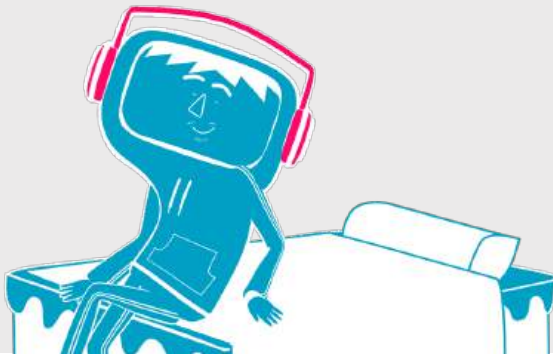
Goals analysis
Goals-Based Outcomes (GBOs): coping with anxieties, improving and/or maintaining positive relationships, improving emotional health, improving low mood and self-esteem.
Average GBO uplift rating: **4.6**
Number of sessions: **4**

* This case study has been anonymised to protect participant confidentiality



SECTION FIVE

Internal P3 stakeholder feedback on the performance and development of the Navigator Plus project



In the previous section we considered the operational performance of the P3 Navigator Plus project. This primarily included a review of the sessional data associated with the Goals-Based Outcomes (GBO) measures maintained by the project.

Whilst this quantitative analysis is of value in understanding the impact of the project to date, it is also clear that the project is influenced by a diverse range of factors which can either help or hinder service provision. As section one of this report outlined, the children and young people’s mental health system is struggling to cope with the demand for services from our young people. It has been clear for a number of years that further development of the mental health system is critically required to help meet the growing demand for treatment and support. In this respect, the learning from the P3 Navigator Plus project to date has the potential to provide key insights to support the development of a wider system that is responsive and effective in meeting the needs of young people. A closer consideration of project case data and reflections from the Wellbeing Workers reveals a wider mental health system which is struggling to function as a cohesive whole. Examination of the wider literature confirms that this is not unique to Hillingdon; however, it is having an impact on local young people and the mental health professionals endeavouring to provide support within the constraints of existing systems and processes.

To help understand the contextual situation affecting the service delivery of the project, the annual evaluation process has sought to canvass the opinions of the Wellbeing Workers operating on the front line of service provision. Last year a series of semi-structured interviews were conducted with the Wellbeing Workers to assess how the project is functioning within its local context and provide insights into specific issues affecting service provision. This year’s evaluation provides another opportunity to canvass the opinion of the Wellbeing Workers as the project continues to develop and evolve in response to a diverse range of pressures influencing the mental wellbeing of young people living in Hillingdon and beyond. In addition to this, the evaluator has also consulted with a range of personnel employed within the P3 Navigator Hub who provide traditional advice services. This consultation has been devised to assess the wider benefits of embedding the Wellbeing Workers within a range of advice centre services that are designed to meet the practical needs of young people. The data presented in this section of the evaluation was collated during July-August 2022 and provides valuable insights into the development of the project to date, including its key successes and challenges. Five Wellbeing Workers employed at this time took part in this process, in addition to five staff members based within the Navigator Hub who had responsibility for a range of advice services centred around floating support, family advice, housing and homelessness.



To help readers consider the perspectives of the Wellbeing Workers and wider advice staff, this section of the report has been structured against the following distinct headings. These are:

1. What are the key strengths of the Navigator Plus service model?
2. What are the key challenges associated with the delivery of the Navigator Plus service model?
3. What factors help delivery of the project?
4. How does the project adapt to meet the different needs of young people aged 13-16 and 17-25?
5. How does the project work in partnership with NHS organisations?
6. What are the benefits of hosting the P3 Navigator Plus project within an advice centre?

Service capability

What are the key strengths of the Navigator Plus service model?

Discussions with the Wellbeing Workers revealed that there is a universally held opinion that the Navigator Plus project is delivered in a dynamic and flexible way to respond to the needs of each young person. The ability to ‘mould the service’ to meet the needs of each young person was felt to be a crucial factor in the effectiveness of the project and its ability to engage young people. Such an approach avoids the need to mandate young people to pursue a particular course of action – there was a perception across the team that where mental health services are prescriptive and rigid in their approach, there is a risk of eroding

the engagement of some young people. Instead, the flexibility of the project means that Wellbeing Workers are expected to demonstrate active listening skills in order to devise a series of Goals-Based Outcomes (GBOs) or actions that make sense to each young person. This autonomous approach was felt to be a key factor in the project’s success in building trust and rapport with a diverse range of young people. The Wellbeing Workers in turn felt this approach really helped young people to foster independence, confidence and self-esteem, and that young people are empowered to address specific issues that are affecting their mental wellbeing. This approach was felt to be very important for young people who might be encountering mental health services for the first time. As such, the project was felt to have the potential to provide a helpful ‘stepping stone’ into more intensive sources of support as and when necessary.

What are the key challenges associated with the Navigator Plus service model?

From the outset, the Navigator Plus model has sought to work in partnership with young people as ‘experts by experience’ in the circumstances which affect their mental wellbeing. This approach is reflected in the desire to support young people to create their own Goals-Based Outcomes (GBOs). For many young people, this approach marks a significant departure from their previous experiences of mental health services. As result, Wellbeing Workers often have to work hard to ‘tease out’ the underlying issues that young people might then decide to translate into GBOs. This is particularly challenging considering that many young people will only begin to disclose their feelings when appropriate levels of trust and rapport have been established with their Wellbeing Worker, and this process cannot be rushed. For new Wellbeing Workers who may not be familiar with the extent of autonomy provided to young people, this approach could be



challenging. A small number of Wellbeing Workers have fed back that some further induction support to help them embrace this foundational part of the GBO process would be helpful, particularly when this is an unfamiliar way of working. This is something for the project to consider as a complement to the existing induction practices and resources.

While the project has been established as an ‘early intervention’ service, it is clear that many young people engaging with the Wellbeing Workers do not neatly fit into an ‘early intervention’ category. Some young people may have passed beyond the early intervention stage; for example an unaddressed self-esteem issue may have led to an eating disorder. One Wellbeing Worker provided feedback that up to 50% of their caseload had some needs which arguably had moved beyond what could be classified as ‘early intervention’. As a result, the support on offer was designed to help young people devise appropriate coping strategies for more acute issues.

Where more intensive needs manifest themselves, the project can face a challenge in effectively supporting each young person, while more appropriate support can be secured from other specialist partners, particularly CAMHS or AMHS. Since support needs may not always be immediately apparent at the point of referral into the project, the Wellbeing Workers may have already developed a good rapport with a young person before more acute issues manifest themselves. Indeed, the development of a trusting relationship is often a prerequisite for young people feeling comfortable enough to disclose the full extent of their difficulties. Over the course of the project, this issue has been particularly apparent in the self-harm and suicidal ideation behaviours presented by young people. In these circumstances it can be extremely difficult for the Wellbeing Workers to effectively support young people within the principles of an ‘early intervention’ project.

Once again, supporting young people with Special Educational Needs and Disabilities (SEND) also featured as an area of concern for the Wellbeing Workers. This is often a particular issue when undiagnosed SEND behaviours manifest themselves. More specifically, Attention Deficit and Hyperactivity Disorder (ADHD) and Autism were two areas of concern where it could be challenging to support young people in the absence of a diagnosis. In the instance of ADHD, the emerging evidence suggested that young people with ADHD were suffering from poor sleep hygiene patterns, which in turn was resulting in a decline in family and school relationships, and had an adverse impact on the concentration patterns and mood of young people. Where SEND issues are present, it is becoming apparent that the ability of schools to identify and support pupils awaiting a diagnosis is variable. For this reason it was not uncommon for Wellbeing Workers to operate in an advocacy role, trying to support young people to work with their school and primary care healthcare professionals with responsibility for diagnosis.

The Wellbeing Workers also reported that it was at times difficult to engage all young people and encourage them to attend one-to-one sessions or group activities. Where young people begin to miss sessions, it was felt that it was difficult to build a sense of accountability with the young person; this challenge was felt more acutely when young people were not affiliated to a local school and were aged within the 17-25 cohort. The need to build a sense of accountability is very much in conflict with the friendly, socially inclusive ethos of the project, and while a more authoritative approach might work with some young people, it could risk alienating others.



The final challenge facing the project related to referral partners’ understanding of the P3 Navigator Plus project across Hillingdon. While awareness of the project has improved since it commenced in 2019, it was felt that there is not necessarily a universal understanding of the project across Hillingdon, despite numerous profile-raising initiatives. This perspective was reinforced by a steady flow of inappropriate referrals, which suggests that not all partners fully understand the remit of the project.

What factors help the delivery of the project?

The flexible ethos of the project was again cited by the Wellbeing Workers as a key factor in aiding project delivery. Within this context, the ability of the project to take young people out of their local area to visit green spaces, art galleries, parks and other points of interest was seen as a crucial factor which boosted their wellbeing. In these instances, there was a perception that certain cohorts of young people may not have previously considered the link between how they spend their time and the impact of this on their mental wellbeing.

Similarly, the opportunity to offer a mixture of interventions via in-person or digital video technology was also felt to be a key factor in engaging young people, building rapport and minimising other issues (e.g. travel) that might delay progression.

How does the project adapt to meet the different needs of young people aged 13-16 and 17-25?

While the presenting circumstances of young people accessing the project could be very different, the Wellbeing Workers we spoke to felt that there were underlying trends associated with each age group. For example, across the 13-16 age group it was clear that

self-esteem was a significant issue, and the relatively underdeveloped levels of emotional maturity was felt to affect their ability to implement changes. For example, the Goals-Based Outcomes (GBOs) had been interpreted as ‘extra homework’ by some young people. For others in the 13-16 age group it was evident that the concepts of mental wellbeing, anxiety or depression were not widely understood or relatable.

In comparison, the Wellbeing Workers felt that the 17-25 age group did acknowledge the pressures they were facing as they transitioned into adult life. These often included financial and employment pressures, in addition to the need to process and manage a mixture of confusing emotions. For these reasons, it was felt that the 17-25 age group were more likely to use interventions with their Wellbeing Worker to put things into practice to help them cope with the strains of transitioning into adult life.

These differences were reflected in the type of support on offer to young people. For the 13-16s group it was felt that group sessions were crucial in creatively engaging young people to learn about the principles of good mental wellbeing and key concepts that they may never have encountered before. For example, numerous young people from this group were struggling with anxiety, yet relatively few understood what anxiety was. In comparison, the 17-25 age group was typically more receptive to adult conversations to help them navigate through the transition into adult life and a range of issues that they had not previously considered, such as welfare rights, employability or maintaining a tenancy. For these reasons, the project’s close affinity with advice services housed within the Navigator Hub was thought to be invaluable.



In conclusion, one Wellbeing Worker felt that the situation could be summarised as follows:

“The 13-16 age group are often not clear what mental wellbeing is and terms like ‘anxiety’ can be unfamiliar. For the 17-25 age group things are different. At this age most young people recognise what mental wellbeing and anxiety are, but they are really not sure how to deal with these issues to protect their own wellbeing.”

Wellbeing Worker, P3 Navigator Plus

How does the project work in partnership with NHS organisations?

The feedback received from the Wellbeing Workers suggests that partnership working with NHS partners, including Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS), has been limited over the course of the Navigator Plus project to date. While this is in part a result of the coronavirus pandemic, the emerging evidence suggests that existing partnership working arrangements with CAMHS are still in their infancy and remain underdeveloped. Current partnership working arrangements involve dialogue between the respective Service Managers of P3 and CAMHS. While this is of some value, the dialogue has had limited impact on frontline service delivery. Indeed, the Wellbeing Workers fed back that they had no established professional relationships with CAMHS frontline

personnel. Although a helpline did exist, it was manned by different CAMHS staff and as a result it had not yet been possible to establish professional connections which would allow CAMHS and P3 personnel to develop more progressive working relationships. From an independent evaluation perspective, the evidence suggests that there is significant potential to explore closer working relationships between P3 and CAMHS in the interests of working towards an integrated mental health system. The Wellbeing Workers suggested that a regular joint case review between P3 and CAMHS would be a significant step forward in helping to advance partnership working for the benefit of both organisations and, of course, the young people receiving support. In comparison, partnership working arrangements with AMHS did not currently exist, and it was likely that some form of facilitation with the Clinical Commissioning Group would be needed to move this agenda forward.

What are the benefits of hosting the P3 Navigator Plus project within an advice centre?

To address this question, the evaluator conducted a consultation with the wider staff teams employed within the Navigator Hub in Yiewsley, involving dialogue with five staff members with responsibility for a range of services including floating support, family advice, housing and homelessness. All staff members taking part in this consultation could see the benefits of integrating a service designed to support the mental wellbeing of young people with wider advice centre services. In many cases, wider P3 personnel recognised that mental wellbeing issues are often closely connected with specific presenting issues that could influence a young person’s desire to access the Navigator Hub. For example, unaddressed life issues



concerning housing, homelessness or family matters have the potential to exert stress on young people that might manifest in anger, anxiety or depression. One staff member with responsibility for homelessness prevention provided the following anecdotal evidence to confirm this link:

“In one instance a young male had become homeless following the loss of his mother. This had ultimately led to the loss of his access to social housing and the need to move into the private rented sector. Unfortunately, the instability of his employment arrangements led to an eviction and an associated homelessness issue. Whilst P3 Housing were able to support this young man to get him back into secure housing, it was also crucial that he received support to address his mental wellbeing needs associated with anxiety, depression and bereavement. Having access to the P3 Navigator Plus project was a key part of his onward journey.”

P3 Homeless Prevention and Relief Officer

A review of the accumulated caseload evidence over the past three years of the Navigator Plus pilot suggests that poor mental wellbeing is linked with



a range of socio-economic factors that are often beyond the control of young people. This is consistent with the Dahlgren-Whitehead model of the wider determinants of health presented in section two of this evaluation. Since poor mental wellbeing is often linked to unresolved life circumstances and challenges that are exerting pressure on young people, it is perhaps not surprising that housing the Navigator Plus project within an advice sector setting has provided opportunities to ‘add value’ to the lives of young people, especially those over 17 years of age. Providing practical assistance with, for example, a housing issue provides an ideal opportunity to build the trust and rapport with a young person that might be necessary in order to extend further support with their mental wellbeing. This, again, is something that has been recognised through consultation with staff working within the wider advice services.

“The P3 Navigator Hub aims to offer a holistic approach to support all young people through a range of advice services. Young people accessing a specific service within the advice hub often disclose insecurities and anxieties about issues that are troubling them. This in turn provides workers with the permission to talk about wellbeing issues. We have seen lots of young people agree to engage with the Navigator Plus project after initially accessing one of our advice services.”

Service Coordinator, P3 Navigator Hub



This reveals the inherent value of embedding the Navigator Plus project within an advice centre. Given the crucial importance of building trust with young people, it is evident that advice centre services provide practical opportunities to help young people move forward in a way they can understand. This provides a crucial platform, once trust has been established, to offer wider support with their mental wellbeing. In comparison, clinical services, whilst valuable, do not always offer the same natural opportunities to quickly establish a rapport with young people through the resolution of practical needs such as housing or welfare rights. This is a crucial learning point emerging from the delivery of the project over the past three years.

SECTION SUMMARY

- The P3 Navigator Plus project operates within the wider context of a mental health system which is struggling to cope with the growth in demand for support from young people. This is a nationwide challenge and not one which is unique to the London Borough of Hillingdon.
- The Wellbeing Workers perceive that the key strengths of the project are linked to its flexibility and ability to mould support to meet the needs of each young person. This approach is deemed to be critical in building the necessary trust and rapport with each young person to empower them to move forward.
- The Wellbeing Workers report that it can often be challenging to solely provide support within the constraints of an ‘early intervention’ project. In reality it is not unusual for caseloads of young people to contain individuals who have presenting issues that are more acute in nature, for example self-harm.

- Dialogue with the Wellbeing Workers also reveals the presence of Special Educational Needs and Disabilities (SEND), which can have an adverse effect on mental wellbeing. The evidence suggests that the Wellbeing Workers can provide a vital advocacy role for young people, particularly in helping schools understand how poor mental wellbeing and undiagnosed SEND can have a detrimental effect on engagement and behaviour patterns within a school setting.
- Significant differences exist in the way that the 13-16 and 17-25 age groups engage with the project. Feedback from the Wellbeing Workers reveals that in the 13-16 group, many young people are still developing the emotional maturity to recognise the concept of mental wellbeing and terms such as ‘anxiety’. Within the 17-25 age group, young people are much more conscious of how their mental health is increasingly impacted by a range of life challenges as they transition into adulthood – for example, housing or welfare rights. For these reasons, advice centre services are well placed to support young people from the 17-25 group.
- Both the advice centre staff and Wellbeing Workers recognised the complementary value of housing the P3 Navigator Plus project within an advice centre setting. This affords the project the ability to offer practical support and advice to young people in order to address a range of issues that might impact upon their mental wellbeing. This could typically include anger, anxiety or depression.
- The ability of the project to resolve practical concerns means that young people and their Wellbeing Workers can effectively establish the necessary trust and rapport for onward progression.



- Partnership working arrangements with NHS organisations working within the mental health arena are still in their infancy. While some progress has been made with Child and Adolescent Mental Health Services (CAMHS), it is evident that there are further opportunities to develop a more integrated approach to mental health service provision across Hillingdon.
- The Wellbeing Workers have advocated that joint case reviews with Hillingdon CAMHS representatives would provide an ideal opportunity to further explore the development of partnership working arrangements for the benefit of young people across Hillingdon.



Jamie's story

* This case study has been anonymised to protect participant confidentiality

Jamie first heard about the P3 Navigator Project via his mother, who made a referral for support during the summer of 2021. At the time Jamie was at low point in his life and struggling to effectively engage at school whilst dealing with a complex range of mental health issues. Jamie was suffering from anxiety and depression and experienced frequent panic attacks. He felt bullied at school and as a result felt an overwhelming sense of loneliness and isolation. These issues were compounded by an undiagnosed Attention Deficit Hyperactivity Disorder (ADHD) condition. Jamie had attempted to throw himself out of a bedroom window and was now threatening to jump in front of passing vehicles. The combined effect of these issues meant that Jamie was very resistant to the idea of attending school. While Jamie was receiving support from P3 it was agreed he should also be placed on the waiting list for Child and Adolescent Mental Health Services (CAMHS) for support, and he was also referred for support from the Stronger Families team at Hillingdon Council.

To help stabilise the situation, Jamie's Wellbeing Worker at the P3 Navigator Hub worked hard to understand the life circumstances that had had a negative impact on his mental wellbeing. Initially Jamie was difficult to engage and it took a significant amount of effort over a number of weeks to build the necessary trust and rapport required for onward progress. Through this process it became apparent that Jamie's mother had struggled with a series of disabilities and long-term health conditions, which had required extended periods in hospital. Through the process of exploring Jamie's emotions it became clear that these hospital admissions had had a negative impact on him throughout his childhood.

To help Jamie move forward, further sessions were held with his Wellbeing Worker to help him understand how his anxiety and self-esteem had been affected by his mother's ill health. These sessions were complemented by the exploration of an integrated support plan with Child and Adolescent Mental Health Services (CAMHS) and the Stronger Families team at Hillingdon Council. To help implement the support plan, his Wellbeing Worker operated in a liaison role between Jamie, his mother and his school. After a period of ongoing dialogue it was agreed that Jamie needed to get away from the intensity of the school environment. In his final year of formal education, it was subsequently agreed that Jamie would benefit from a one-to-one tutor via the Local Authority.


As time went on, Jamie was also supported to think through his approach to building and sustaining relationships. This support was invaluable to help Jamie begin to develop a new friendship group outside of school in which he felt understood, supported and included.

Through the process of building a trusting relationship with his Wellbeing Worker, the underlying complexity of mental health problems within Jamie's family became apparent between his mother and his siblings. A number of unhealthy behaviours existed across the family which manifested themselves in recurring themes of poor diet, lack of exercise and sleep deprivation – all of which were undermining Jamie's mental wellbeing.

As these challenges were identified, Jamie was supported to think through how he might implement new behaviours to positively influence his sleep routines, diet and exercise. Examples of the changes adopted by Jamie included running and boxing training with his father and cutting back on his consumption of junk food and sugary drinks. As the dialogue with his father progressed it was agreed that as his formal education came to a conclusion, Jamie would explore his future options to commence an apprenticeship opportunity with his father's local employer.

By the time Jamie had completed his support plan with his Wellbeing Worker, it was evident that his wellbeing had improved dramatically. He no longer felt suicidal, was no longer suffering from anxiety or panic attacks and was able to offer the following reflections on his journey.

'I'm really grateful to finally be enjoying life and that's huge for me because I felt like I didn't want to be alive for so long.'



Goals analysis
Goals-Based Outcomes (GBOs): improving low mood, improving physical health, managing anger and self-esteem.
Average GBO uplift rating: **4.5**
Number of sessions: **6**

SECTION SIX What are the key learnings and recommendations emerging from the delivery of the P3 Navigator Plus project over the past three years?

This section of the evaluation report is designed to provide a summary of all the accumulated learning emanating from the delivery of the P3 Navigator Plus project over the past three years, from November 2019 until March 2022.

The quantitative and qualitative evidence consistently reveals the ability of the project to offer early intervention support to young people to help them protect and sustain their mental wellbeing. In the context of a growing demand for young people's mental health services, this is an encouraging development for young people living in Hillingdon.

The analysis of the data collected since the project commenced also provides rich insights and reveals trends in the presenting needs of young people accessing the project. An understanding of these trends is important as part of any meaningful attempt to establish the appropriate foundations for future service development.

Over recent years it has also become clear that the P3 Navigator Plus project operates within the context of a wider mental health system which lacks integration and cohesion. While some partnerships have begun to develop, it is clear that no single agency is effectively resourced with the capability or capacity to service the diversity and complexity of the presenting demand patterns from young people across Hillingdon. For these reasons it is evident that a series of appropriate initiatives are likely to be required in the years ahead to ensure that young people in Hillingdon can access the holistic and integrated network of mental health services that they want and need. These developments will require a consistent and concerted effort over a period of time. While these systemic challenges are not unique to Hillingdon, it is increasingly clear that

wider system change is now required within the mental health system to appropriately support the increasing numbers of young people requiring help.

For these reasons it has been necessary to illustrate two key aspects of learning emerging from the delivery of the project. This includes:

1. key learning from the **operational performance and structure** of the P3 Navigator Plus project
2. key learning from the **integration of the project** within the wider mental health system in Hillingdon.

Given that the P3 project is one of several mental health services designed to support young people across Hillingdon, it is suggested that many, if not all, of the recommendations would benefit from wider discussion with local stakeholders in the interests of developing an integrated mental health system across the area.

Key learning from the operational performance and structure of the P3 Navigator Plus project

The project evidence reveals the strength of an advice centre hub model and its ability to positively influence the wider determinants of health (17-25s)

Key learning 1: A key strength of the project is core affinity with the advice sector. Through the process of working with young people accessing the project, it has become apparent that in certain cases some the root causes of poor mental wellbeing can be resolved through an advice centre approach. This particularly true when issues like housing, employability and welfare rights are causing additional stress and



complications for young people, and this makes the project very relevant in tackling the issues facing the 17-25s group. Indeed, for some young people, an advice-based approach is immensely helpful in resolving underlying life issues that have the potential to contribute to poor mental wellbeing that might be expressed in conditions such as anxiety, depression or anger. This strength of the project is complemented by the ability of Wellbeing Workers to build effective trust and rapport with young people.

Recommendation 1: In the interests of developing an integrated mental health system in Hillingdon, it is crucial that the strengths of advice centre approaches are embedded within the mental health system. The evidence suggests that young people may benefit from clinical and non-clinical approaches to support their mental wellbeing; however, the current mental health system struggles to facilitate dynamic approaches that enable young people to benefit from clinical and non-clinical approaches simultaneously.

The available evidence reveals the effectiveness of the schools project (13-16s)

Key learning 2: Throughout the delivery of the 13-16s project in schools, the evidence reveals that the service is appreciated by the schools and pupils that have continued to engage with the service. Indeed, the schools themselves recognise the value of the project in accessing timely and responsive support for young people experiencing mental health issues.

Key learning 2a: Consultation with one school did reveal concerns over the funding arrangements for pupils who did not live at an address with a Hillingdon postcode. This had presented issues for the equality of access for pupils living just outside of the London Borough of Hillingdon.

Recommendation 2: The schools project has the potential to alleviate some of the demand for mental health services placed directly on GPs and CAMHS. This is particularly important for young people who may not meet CAMHS threshold criteria but would benefit from early intervention support. The evidence suggests that this approach has significant added value in helping young people address the underlying factors that may undermine their wellbeing as they transition from school into adult life.

Recommendation 2a: The funding and eligibility criteria within Hillingdon schools requires careful consideration to help address inequalities for pupils who attend Hillingdon schools but do not reside within the London Borough of Hillingdon. A revised funding arrangement which avoids a potentially disruptive 'postcode lottery' would be beneficial. Where the P3 Navigator Plus project is active within a school, all pupils should be able to receive support if they need it.

Learning from the analysis of the gender balance of young people accessing the project

Key learning 3: Over the duration of the project it has become apparent that the proportional balance of males and females accessing the project has changed in favour of females. Over the initial three years of service delivery, 58.9% of the participants accessing the project have been female and 35.7% male.

Key learning 3a: The remaining 5.4% of participants have unknown or non-binary gender identities. The proportion of young people in this category has increased significantly over the past year from just 0.8% in March 2021.



Recommendation 3a: Further work is required to help understand why the proportion of males engaging with the project is markedly lower than females. The evidence suggests that a certain cohort of young males are less willing to engage in direct dialogue about mental health than young females. Some comparative analysis with other local providers (e.g. CAMHS or LINK Counselling) would provide an interesting benchmark here. The development of a targeted mental health campaign or consultation with young males may provide further insights into this trend and also boost engagement.

Recommendation 3b: The growth in gender identity issues affecting young people is likely to present new challenges for the P3 Navigator Plus project. Emerging partnerships with specialist organisations working within the transgender community (e.g. Spectra) are likely to be a crucial part of the response.

Developing alternative approaches to monitor improvements in young people's mental wellbeing

Key learning 4: It is clear that not all young people find the Goals-Based Outcomes (GBO) approach helpful. While many young people find the opportunity to devise their own support package and GBOs to be valuable, this is not always the case. In this respect, the Wellbeing Workers felt that young people requiring more intensive support were more likely to struggle to engage with the concept of GBOs. In these instances there was an emerging preference for young people to be able to access therapeutic support independently of the GBO framework.

Recommendation 4: While the GBO approach represents the cornerstone of the project in terms of its ability to empower young people to assess their own progression, this approach does not work for everyone. The latest data suggests that around 8% of young people receive support independently of the GBO system. For young people in this category

who regularly meet with their Wellbeing Worker, it would be useful to be able to track their frequency of engagement and some form of progression summary by the time they exit the project.

The challenge of cold referrals and engaging more young people to create their initial Goals-Based Outcomes

Key learning 5: The evidence reveals that Wellbeing Workers have been able to build an effective rapport with many young people accessing the project. This is boosted by the project's flexible approach, which empowers all young people to either devise their own GBOs or to freely engage without the need to establish GBOs. While these are helpful aspects of the service, it is evident that not all young people are willing and able to engage with the project from the outset. Last year the project data revealed that 29% of young people referred into the project disengaged before creating a GBO. This year the figure has increased to 37.4%. Feedback from Wellbeing Workers continues to suggest that this is to some extent a reflection of the number of 'cold referrals' taking place. The specific concern here is that too many young people are referred into the project with little or no contextual understanding as to how and why the P3 Navigator Plus project may be able to help them. Addressing this issue is likely to require an ongoing commitment.

Recommendation 5: Over the past two years, the evidence suggests that specific initiatives are required to help engage young people at the point of referral into the project and provide them with a clearer understanding of how it can help them. In this increasingly digital age, it is suggested that the project could create a welcome video lasting around one minute to introduce the project and communicate its friendly, non-judgemental and inclusive ethos. All referrals could receive this message. This could help to overcome the issue of non-engagement and help young people to see how the project could support them. Similarly, ongoing partnership work is needed with key referral partners to obtain as many warm referrals as possible. Ideally, warm referral meetings should take place between young people, the referring

agency and P3. Co-locating a Wellbeing Worker at a key referral partner on set days could be one way to achieve this. Further dialogue is required with referral partners to help strengthen this part of the project.

The ability of the Navigator Plus project to support young people to access wider voluntary sector services

Key learning 6: It is clear that the Wellbeing Workers offer a complementary approach in referring young people into wider third-sector networks and partners operating across Hillingdon. Where this happens, young people typically maintain their regular sessions with their Wellbeing Worker in addition to benefiting from a support network of peers. This approach has an informal affinity with a social prescribing offer, which could be developed further to support the onward progression of young people.

Recommendation 6: The ability of the service model to engage a variety of mental health partners provides a further indication of the strengths of the original Navigator Plus hub model, which intended to host a range of complementary services within the Navigator Plus building in Yiewsley. This has an affinity with the national 'Fund the Hubs' campaign, outlined in a special focus feature in this evaluation. While the coronavirus pandemic has delayed the development of the hub model, evidence suggests that further developmental work would be beneficial in helping clinical and non-clinical providers to understand how they might work in partnership.

The ability of the project to offer responsive Referral to Treatment Times (RTT)

Key learning 7: A key strength of the project is its ability to offer responsive referral to treatment times (RTT). This is something that has been particularly appreciated by local schools, young people and their parents. Since the project commenced in November 2019, it has been able to achieve an average RTT of 20.1 days. This is a valuable development in the mental health system for young people struggling to maintain their mental wellbeing.

Recommendation 7: For young people facing mental distress, the P3 project has the potential to offer a complementary source of support. The project's early intervention service is very valuable in helping young people address underlying issues that might further erode their mental wellbeing and lead them into a crisis scenario – which could then exert additional pressure on public services. In this respect it is evident that work is required to improve equality of access into the Navigator Plus project. For example, there have been very few referrals from GPs, although it might be expected that the GP would be the first port of call for a young person struggling with their wellbeing. Conversations with local schools has revealed a tendency for GPs to refer school-aged young people requiring support with their mental wellbeing directly into CAMHS services. It is possible that some of the young people referred in this way could benefit from an early intervention approach. For those who are unlikely to meet the CAMHS threshold criteria, the current arrangements appear to be placing young people at risk of undue delays in receiving support.

What is currently unclear at the time of writing is an agreed diagnostic process to help system partners effectively refer young people to the most appropriate sources of onward support.

A holistic approach is required which supports young people with SEND (Special Educational Needs and Disabilities) who are experiencing poor mental wellbeing.

Key learning 8: Qualitative feedback from the P3 Wellbeing Workers and caseload data suggests the current mental health system can make it challenging for young people with Special Educational Needs and Disabilities (SEND) to receive the support that they need to sustain good mental wellbeing. There is a concern that undiagnosed SEND conditions in a school setting might easily be misconstrued as poor behaviour, placing pupils at risk of disciplinary measures. Feedback received from the Wellbeing Workers suggests the misunderstood needs of young people with SEND issues places them at a distinct disadvantage in the education system. In the experience of the Wellbeing Workers, SEND needs that are left undiagnosed and unresolved have the potential

to have an adverse impact on the mental wellbeing of young people. This may be expressed in anger, anxiety, depression or, in the worst cases, self-harm or suicidal ideation. The wider evidence suggest that it can be problematic for young people with SEND to access support from NHS mental health services. Where SEND issues exist, for example autism spectrum disorder (ASD), it is clear that this can mean that young people are ineligible for NHS mental health services deemed inappropriate for those with 'neurodevelopmental conditions'. This represents a significant gap and source of concern in the current system.

Recommendation 8: To help enhance the quality of mental health provision for young people with SEND, the evidence suggests that a specific initiative is required across Hillingdon to help schools, NHS partners and key third-sector agencies to devise a holistic approach. This support is required not only to support the 13-16s group but also the 17-25s, to understand diagnosis, referral pathways and onward support for young people with SEND.

Development of the original Navigator Hub model and potential resourcing of employment support

Key learning 9: The development of the original hub model has been frustrated due to the social distancing requirements of the coronavirus pandemic. As social distancing restrictions have been relaxed, the original concept of a multi-agency hub providing a diverse range of support services is now beginning to take shape. This builds on the complementary ethos of a range of advice services housed within the Navigator Hub – for example family advice and housing support. Consultation with local organisations such as LINK Counselling and Spectra confirms their excitement and commitment to fulfil the original remit of the hub model. Early indications suggest that, as expected, the hub approach will provide an accessible and effective means of engaging young people. As the hub model takes shape, this will present new challenges for the project in finding the necessary space to schedule and host an increasing range of support services.

Recommendation 9: An ongoing evaluation of the roll-out of the hub model will be necessary over the next year to assess its impact on service provision. The ability to increasingly offer a 'one-stop shop' approach may have positive influences on referral and engagement rates as it becomes more widely known to young people across Hillingdon. The usage of space and scheduling of sessions is something that will need to be carefully monitored as this part of the project expands over the months ahead.

Recommendation 9a: The evaluator has noted that the current Navigator Hub model would potentially benefit from the implementation of employment and employability support to complement the support on offer from the Wellbeing Workers. While specialist provision is provided within the hub against the thematic areas of families, floating support, housing and wellbeing, employment support is a notable exception. Given that the project has been established to help young people thrive on their transition into adulthood, this is something that requires further exploration, especially considering that the move from education into employment is arguably one of the most significant life transitions any young person will face. The evaluator understands that, prior to the onset of austerity measures, the Navigator Hub did offer employment support services through a specialist worker. As the Navigator Hub model continues to grow, it is possible that a pilot relaunch of an employment support service would be very valuable in supporting young people accessing the labour market for the first time – particularly young males from the 17-25 age group who seem reluctant to engage with the project in the same numbers as females.



Key learning from the integration of the project with NHS mental health system partners in Hillingdon

In addition to some of the operational recommendations detailed above, the following recommendations have been made in response to the opportunity and challenge of working in partnership with NHS organisations. While some progress has been made since 2019 in developing partnerships, the evidence suggests that there is significant untapped potential to evolve effective partnership working arrangements for the benefit of key stakeholders involved in the mental health system. Whilst the coronavirus pandemic has undoubtedly had an adverse impact on partnership working arrangements the following recommendations illustrate some of the potential next steps to support the development of partnership working arrangements, particularly with Hillingdon CAMHS.

Key learning 10: Since the P3 Navigator Plus project commenced in November 2019, it has made a significant contribution to the range of mental health services across Hillingdon. At the time when the original funding bid was submitted to the Department of Health and Social Care (DHSC), part of the rationale for the project was to alleviate some of the caseload pressures facing Hillingdon CAMHS. While the quantitative and qualitative data does indeed reveal that the P3 Navigator Plus project has developed into an effective early intervention project for young people, the underpinning partnership working arrangements with CAMHS are still in a state of relative infancy. Consultation with a range of stakeholders over the past three years has revealed that the P3 Navigator Plus project and CAMHS offer different and yet potentially complementary approaches. The challenges of integrating third-sector provision and NHS provision are not unique to Hillingdon, nor are they unique to P3 or CAMHS. Consultation with other independent providers working across Hillingdon also reveals the necessity of – and opportunity for – further joint case working, which is currently very limited.

“Not all young people who require mental health support fall into neat categories which inform whether young people should engage with the NHS or an independent provider. In our experience joint working is needed with the NHS to help meet the diverse needs of young people. For whatever reason joint case working with the NHS is not yet consistently happening across Hillingdon.”

Programme Coordinator, Link Counselling

At the time of writing, there is an emerging opportunity to develop partnership working between P3, CAMHS and other key Voluntary, Community and Social Enterprise (VCSE) sector providers for the benefit of young people requiring support. From a P3 perspective, these developments have the combined potential to enhance the impact of both the Navigator Plus project and CAMHS. To help inform how these initiatives might evolve, the project evaluator has identified pilot sites in other areas of England where progressive relationships have been established between CAMHS and local VCSE providers. In this respect, the evaluator would particularly like to thank the Off the Record Bristol charity and the Avon and Wiltshire Mental Health Partnership Trust for providing some insights into possible options for developing holistic partnership working between NHS and VCSE organisations.

The following key learning and recommendations are presented to help inform how P3 Navigator Plus and CAMHS might develop existing partnership working for the benefit of young people. At the heart of these recommendations is the need to move towards the following two key objectives:



Key objectives:

1. Ensure P3 Navigator Plus and Hillingdon CAMHS personnel understand what each partner is trying to achieve through their delivery of services to young people requiring support.
2. Inform the development of initiatives where P3 Navigator Plus and Hillingdon CAMHS can learn to work together as mutually trusted and respected partners.

The expressed intention is that as these objectives are fulfilled, a ‘road map’ will begin to emerge that informs how future partnership working opportunities can be embraced. The next stage of this report details four further key learning points and associated recommendations for local stakeholders to consider as part of the quest to develop existing partnership working arrangements into an increasingly integrated approach.

The challenge of developing effective working relationships between P3 Wellbeing Workers and CAMHS clinicians

Key learning 11: While ongoing dialogue has been taking place between P3 managers and CAMHS managers over the past three years, and some of this dialogue has been very positive and productive, interactions between P3 Wellbeing Workers and CAMHS frontline teams have at best been sporadic. Although the coronavirus pandemic has an impact on relationship building initiatives there is an underlying perception that at frontline level neither organisation fully understands in detail the service offer of their counterparts. Similarly, the evaluator is aware that there have been no intentional initiatives to begin the process of developing trusted working relationship between frontline personnel working for P3 or CAMHS. While the benefits of closer working relationships have been discussed conceptually at management level, specific progress has been limited at front line worker level. This situation is very much to the detriment of any vision to continue building an integrated mental health system.

Recommendation 11: A series of specific initiatives are required in the immediate future to help frontline workers from P3 Navigator Plus and CAMHS develop the foundational trust and rapport for onward partnership working. Specific initiatives could include joint inductions for new starters, team away days and co-location of workers on pre-arranged days at the P3 Navigator Hub or CAMHS offices.

The emerging requirement to explore joint case reviews between P3 and Hillingdon CAMHS

Key learning 12: Wellbeing Workers have reported that they would appreciate some form of regular case review with Hillingdon CAMHS or an NHS partner. This would be particularly beneficial for P3 caseloads involving young people who are on the borderline of early intervention support.

Recommendation 12: Some form of partnership working arrangement is agreed with Hillingdon CAMHS or a wider NHS partner to provide regular case reviews to the P3 Navigator Plus project. In the interests of partnership development, these reviews would ideally be provided by Hillingdon CAMHS, subject to existing resource constraints.

The potential to develop P3 understanding of existing CAMHS operating practices, challenges and opportunities

Key learning 13: Allied with the intention to develop joint case reviews with CAMHS, there is conversely an emerging requirement for P3 to fully understand the CAMHS triage process. While the organisations have different approaches to supporting young people, the evidence suggests that mental health is very much affected by the wider determinants of health, and that the development of a mixed medical and social model would be highly desirable to enhance service impact. The development of opportunities to help both

organisations develop a shared view of the granular level case data is a key stage in the quest to explore how future service provision might embrace the principles of an integrated and holistic mental health system.

Recommendation 13: Involvement of a P3 Navigator representative at CAMHS triage meetings would provide an ideal opportunity for P3 to learn about the operation of Hillingdon CAMHS and areas where P3 could offer complementary support. In the interests of simplicity it is suggested that this role could start in an 'observation only' format. The findings from these meetings could then be used for more exploratory conversations about partnership development. How this might be resourced in practice would need to be carefully considered by relevant stakeholders.

Exploring the potential to create a VCSE mental health alliance in Hillingdon

Key learning 14: In addition to the P3 Navigator Plus project, the Voluntary, Community and Social Enterprise (VCSE) sector contains a variety of providers who are supporting young people in sustaining their mental wellbeing, some of which have established and evolving partnership working practices. For example, LINK Counselling and Spectra are just two examples of local VCSE organisations working in partnership with P3 within the Navigator Hub. At the time of writing, there is a significant amount of VCSE activity across the area that could benefit from the development of a strategic forum for the purposes of consultation, networking and service integration. This type of approach could be useful in forging a deeper understanding between NHS providers and the local VCSE sector for the benefit of local young people requiring support.

Recommendation 14: In the interests of the future development of an integrated mental health system across Hillingdon, there is an opportunity to create a local VCSE alliance of mental health providers. This could initially be a group of providers maintaining a presence within the Navigator Hub, or could extend to providers attending Thrive Network meetings before embarking on the development of a wider membership. Whatever the specific solution, the terms

of reference, resourcing and membership of such a group would need to be carefully considered; however, this type of approach could be a beneficial stepping stone on the journey to create a more holistic and integrated network of mental health service providers who understand each other's specialisms, operating practices and eligibility criteria across the area. This would provide NHS commissioners and service providers with a single reference point for liaison with the VCSE on a range of issues. The evaluator is aware that such an approach has been proven to be beneficial in other areas of the UK.

Conclusion

Since the P3 Navigator Plus project commenced in November 2019, it has consistently offered timely and accessible support to young people on an early intervention basis. It is evident that a diverse range of young people have accessed the project and have benefited from the support on offer. Consultation with young people and local schools reveals that the 13-16 schools project is highly valued across the community. Similarly, young people aged 17-25 who have committed to regular meetings with their Wellbeing Worker have benefited from the service within an advice centre setting. In both cases, when young people commit to the project their GBO scores, on average, take an upward trajectory. Indeed, the evidence reveals that the project offers much-needed early intervention support that can be tailored to meet the needs of each young person. In many respects these findings are consistent with the national 'Fund the Hubs' campaign, which calls for a network of early-help hubs that young people can visit at short notice to receive support with their mental wellbeing. These are all exciting and encouraging developments in mental health provision for young people across Hillingdon.

While the project has undoubtedly had a significant positive impact, making an informed assessment on its objective to relieve pressure on CAMHS services is more challenging. All the available evidence to date reveals the ability of the project to support CAMHS with complementary 'step up' and 'step down' approaches. Although this is encouraging, the wider evidence suggests that the development of partnership working arrangements with CAMHS has



been challenging. Clearly, some systemic barriers exist and while some progress has been made, this has been slow and is indicative of a wider mental health system which lacks integration and cohesion. The evaluator also acknowledges that these challenges have been compounded by the adverse impact of the coronavirus pandemic and the increase in demand for mental health support. Although this is the case these challenges are very much to the detriment of young people who might benefit from the development of a more holistic network of services. For these reasons, it is crucial that the learning from the P3 Navigator Plus project is embraced to help develop a more joined-up approach to mental health service provision, particularly with CAMHS. Partnership development with NHS Adult Mental Health Services (AMHS) has been even harder to establish, and it is suggested that the primary focus of NHS partnership development in the short to medium term should be focused on CAMHS.

In addition to the challenge of building effective partnerships with NHS partners, the project has over the past three years faced a number of issues which it has had to tackle and resolve. Again, this most notably

includes the coronavirus pandemic, which has delayed the development of the original hub model. These issues have, however, revealed the resilience and adaptability of the Wellbeing Workers to consistently evolve their approach within the constraints of a variety of challenging circumstances.

While this section of the report makes a series of recommendations to help enhance the future impact of the project, it is clear that the partnership working recommendations with CAMHS lie at the heart of future progress. This is likely to be crucial for the ongoing development of the P3 Navigator Plus project, Hillingdon CAMHS and, of course, for the mental wellbeing of young people living in the local area.

However P3 partnerships evolve with the NHS, it will be crucial that P3 Navigator Plus retains its operating culture, socially inclusive ethos and its reach into local communities. These are the key factors which have underpinned the success of the Navigator Plus model to date, and should be protected in order to build upon the positive impact of the project so far.



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