



Extended HOPE Service Evaluation Summary

Background

The aim of Extended HOPE in Surrey was to build upon the success of the HOPE Day service for 11 to 18 year olds, through the addition of an out-of-hours Assessment and Support Service that included both telephone contact and home visits, and through the integration of a Residential Service (HOPE House) for young people facing mental health crisis out of hours. The service works at a preventative level with children and young people in the early stages of emotional and mental health difficulties, and is a joint partnership between health, children's services and education. 121 young people had contact with the Assessment and Support Service and HOPE House was used by 13 young people during this first phase.

Aims and objectives

The primary outcome of Extended HOPE was that young people's out-of-hours mental health needs were met by appropriate services.

The secondary outcomes of Extended HOPE were:

- that families and young people were more resilient by being empowered in relation to both their own mental health and the services that supported them
- that young people and families reported a better experience of services
- a system change which resulted in mental health services that were tailored to the needs of young people
- better emotional wellbeing and mental health for young people in, and on the edge of, care

Evaluation

The aim of the evaluation was to answer the question: under what circumstances, by what means and in what ways can Extended HOPE help meet the needs of young people in crisis, improve their outcomes, and enhance their experience of care? A mixed-methods, Realistic Evaluation framework was used to consider contexts, mechanism and outcomes regarding the implementation of Extended HOPE. The evaluation comprised Extended HOPE service data (749 contacts from 121 cases from October 2015 until July 2016 for the Assessment and Support Service and 18 visits from 13 young people to HOPE House), routinely collected clinical data (125 for face-to-face visits made by Assessment and Support Service to young people's houses, and 18 for the 13 young people who used HOPE House), patient experience data (for 234 telephone contacts and 41 face-to-face contacts), qualitative data from 6 interviews with young people, 8 interviews with parents or carers and 4 focus groups with professionals, 15 participation observation tools, document analysis, and cost-benefit analysis.

Findings

Through the implementation of the Assessment and Support Service and HOPE House, the primary outcome was achieved, as evidence suggests that young people's out-of-hours mental health needs were met more appropriately by this service. Between October 2015 and July 2016:

- two-thirds (66%) of the Assessment and Support Service's telephone support prevented events: 126 contacts (23%) were reported by staff as having prevented Tier 4 admissions; 92 (17%) Accidents & Emergency (A&E) presentations; 88 (16%) placement breakdowns; and 53 (10%) paediatric ward stays.
- three-quarters (76%) of face-to-face contacts in the Assessment and Support Service prevented events: 34 (27%) were reported by staff as having prevented Tier 4 admissions; 33 (26%) prevented A&E presentations; 12 (10%) prevented placement breakdowns; 11 (9%) prevented paediatric ward stay; and 5 (3%) other events.

With regard to the secondary outcomes:

- young people and parents felt empowered by having someone to talk to and someone who listened to their needs. A small team meant that service users were familiar with Extended HOPE clinicians.
- both parents and young people reported high levels of satisfaction with Extended HOPE. Parents appeared to report a more positive experience of the service than young people, which may suggest that Extended HOPE is more appropriate for parents when their child is in crisis.
- regarding the system change, staff reported how the integration of health and social care services was integral to achieving tailored care for young people as the multidisciplinary team (MDT) was able to support families comprehensively and to share skills.
- in terms of young people's emotional wellbeing and mental health, significant changes in mental health symptoms and overall functioning were not observed. This may be because the effects of the intervention might have not been visible at the second time point, or because of small sample sizes in the outcome data.

Cost benefits

There was a positive cost benefit outcome equating to a saving of £3 for every £1 invested in the Extended HOPE project. Even under the most pessimistic scenario of 50% outcome sustainability, the outcome remains positive with a saving of £1.5 for every £1 invested.

Recommendations for policy and practice

- More resources would make it possible for Extended HOPE to cover young people's needs – for example, by doing more home visits.
- Wider dissemination of information about Extended HOPE would help the innovation to be embedded and to reach a greater number of young people and parents. However, dissemination would also mean that more young people and families would access Extended HOPE and HOPE House, and hence more resources would be needed in order to cope with future staffing and demand.
- Clear operational procedures that will allow fluid communication between members of staff would need to be maintained, if the service receives a larger volume of young people, parents and carers accessing the service.

This evaluation study was carried out between October 2015 and July 2016 by the Anna Freud National Centre for Children and Families, London, with York Consulting providing the economic evaluation.

The DFE's Children's Social Care Innovation Programme funded this project and its independent evaluation. Co-ordination of the evaluation was undertaken by the Rees Centre from the University of Oxford (www.reescentre.education.ox.ac.uk.) A full copy of this report can be found at www.gov.uk/government/publications