

Impact Evaluation – Full Report

North Central and East London CAMHS Provider Collaborative

Small Grants Programme for the Voluntary, Community & Social Enterprise (VCSE) Sector

March 2024

NHS

Barnet, Enfield and Haringey Mental Health NHS Trust
East London NHS Foundation Trust
North East London NHS Foundation Trust
The Tavistock and Portman NHS Foundation Trust
Whittington Health NHS Trust

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Cover image: East London Dance

1. Executive Summary

1.1. Context

The North Central and East London (NCEL) Child and Adolescent Mental Health Services (CAMHS) Provider Collaborative is a partnership of five NHS trusts responsible for commissioning all CAMHS inpatient services across 13 boroughs in North London. The area has a young and ethnically diverse population with high levels of deprivation.

In 2021, NCEL developed a Strategic Health Needs Assessment (SHNA) that among other things, identified a number of inequalities in access to mental health support across a range of demographic factors such as: Gender; Ethnicity; Deprivation; Autism / LD; and other population groups.

Following the publication of the SHNA, and the recognition of the inequalities in access, experience, and outcomes for CYP with mental health needs, the Collaborative reflected on the findings along with service users through their patient participation group (PPG). The PPG identified a priority to support prevention and to work more closely with Voluntary, Community and Social Enterprise (VCSE) organisations to achieve this.

NCEL launched a £1.5 million VCSE Small Grants program in November 2022 in partnership with Compass Wellbeing, a Community Interest Company and subsidiary of ELFT, which acts as a bridge improving connectivity between ELFT and local VCSE organisations.

The program provided grants to voluntary, community and social enterprise organisations across two funding lots to deliver community-based mental health support for children and young people. Patient representatives were involved throughout the process, including forming a service user led evaluation panel for assessing all of the grant applications.

1.2. Aims and Approach

The evaluation aimed to assess the impact of the grant programme, focusing on:

- Child and youth mental health and the NCEL Collaborative's objectives
- Development and sustainability of VCSE capacity and the role of Compass Wellbeing
- Impact across NCEL communities on admission avoidance and health inequalities

The evaluation approach had four phases:

- Situation analysis to understand context and develop evaluation questions
- Framework and tools development through provider consultation
- Research and consultation methods:
  - Provider survey, interviews, monitoring data, case studies
  - Project observation visits
  - Focus groups and interviews with young people
  - Review of Compass Wellbeing monitoring data
  - Interviews with NCEL, ELFT, NELFT, Compass Wellbeing staff
  - Literature review
- Analysis and report writing

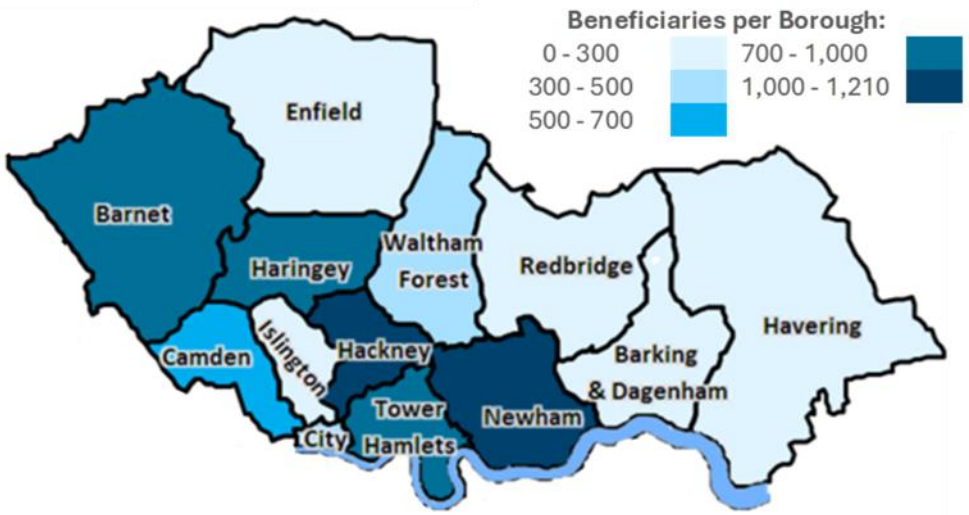
Outcomes were developed for young people as well as systems-level outcomes and indicators to assess impact.

1.3. Projects and Beneficiaries

The programme distributed £1,475,497 in funding across 47 projects targeting mental health support for young people in North Central East London (NCEL) boroughs. The projects aimed to reach 7,113 direct beneficiaries, with the

approaches ranging from preventative activities (3,090), early intervention (1.927), management/recovery support (800), to crisis support (130).

The majority of beneficiaries were aged 12-17 years old and female. Ethnicity data was limited but appeared broadly aligned with borough populations. Most projects targeted 1-4 boroughs, with inner London boroughs having higher beneficiary numbers compared to outer boroughs.



Across all of the projects, provider engagement and data quality varied, with 8 projects having insufficient data to evaluate their impact as part of the programme evaluation.

1.4. Barriers

The evaluation identified a wide range of barriers that young people may experience in accessing mental health support.

- **Stigma and Awareness**: Persistent stigma and lack of awareness prevent open discussions about mental health, especially in some communities, leading to a reluctance to seek help.

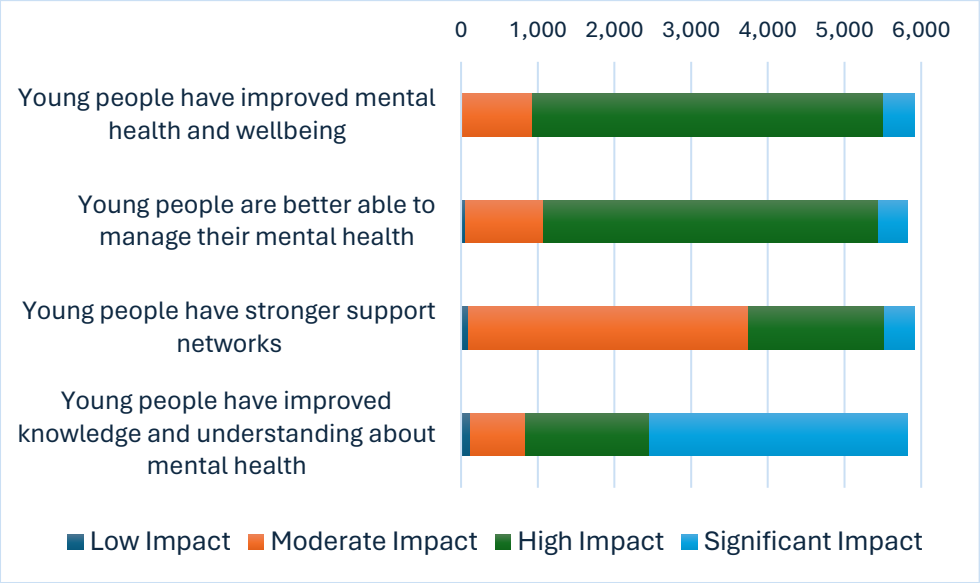
> *Most of the young Black men that I speak to are saying no, I don't want that on my record. I don't want mental health on my NHS.*
> - *Provider Interview*

- **Limited Trust**: Negative experiences and a perceived lack of understanding and support from statutory services result in distrust and a hesitancy to seek mental health support.
- **Complex Needs**: Individuals with complex needs often have an expectation that treatments like CBT or medication may be the only options provided and will not address their unique needs.
- **Access and Waiting Lists**: Long waiting lists and intimidating service environments can deter young people from seeking help, with the NHS and CAMHS seen as particularly challenging to navigate.
- **Culture and Faith**: Cultural and faith-based beliefs shape attitudes towards mental health, with a lack of culturally sensitive support from professionals who may not understand these complexities.

> *I think with mental health there is an additional barrier which is the overlap of spirituality...there are concerns about spiritual influences... And so people, particularly, parents, would worry about their children and young people being exposed to content or material or ideas that are contrary to that of their faith.*
> - *Provider Interview*

- **Intersectional Identities**: Simplification of identities by statutory services fails to recognize the complexity of individual experiences, leading to feelings of exclusion and disengagement.

1.5. Outcomes - Young People



Young People have improved mental health and wellbeing

- Providers took a wide range of approaches to supporting young people to improve their mental health and wellbeing. For example, **Hackney Quest, 4-22 Foundation, She Wise** offered counselling and/or group therapy. Others like **The Running Charity, Key Changes** and **Frames of Mind** focused on non-clinical interventions like running, yoga, music-making, and multimedia training.

- Overall, the diverse approaches allowed providers to positively impact the mental health and wellbeing of **5,909 young people**, with **4,985 showing high to significant impact**, through increasing confidence, happiness, feeling listened to, and reducing anxiety/depression and risks.

Young People are better able to manage their mental health

- Young people were supported to develop coping strategies and increase resilience to mental health challenges. This included focusing on physical activities and wellbeing workshops by providers like **Company Drinks, Scarabeus, East London Dance** and **Mindful Peak Performance** have led to notable improvements in beneficiaries' physical health, including better exercise habits, nutrition, and sleep patterns.

- Other providers such as **Body and Soul** and **Urban Mindfulness** for example included mindfulness, peer support, and creative outlets, which created a positive mindset towards overcoming mental health challenges.

> *I was going to have a panic attack last week but then I remembered the grounding technique you taught us in the anxiety session – it worked!*
> - *Beneficiary Feedback*

- Overall, the data suggests that **5,771 young people** improved their ability to manage their mental health, with **4,756 showing high to significant impact** for this outcome.

Young People have stronger support networks

- Support networks are a crucial factor in positive mental health. Providers like **Khulisa** and **Leytonstone and Wanstead Synagogue** dedicated support to help families understand and rebuild relationships with young people facing mental health issues or neurodiversity.

- A critical focus was developing positive social skills. Providers like **CB Plus** and **Higham Hill Hub** used approaches like peer support groups and novel activities like bushcraft, outdoor cooking and mountain biking. This

helped young people interact more constructively and develop their social and communication skills.

- Providing belonging through group activities and layering 1 to 1 counselling with social engagement opportunities really helped to reduce isolation. Providers like **4-22 Foundation** actively engaged with beneficiaries to help them develop their networks and social connections.
- Overall, the data suggests that **5,811 young people** now have stronger support networks. **2,165 young people showing high to significant impact** in this area

Young People have improved knowledge and understanding about mental health

- Many of the providers, such as **Open Door, Wellbeing Connect, Hackney Quest, Bonny Downs** and **Project Zero** embedded learning and understanding about mental health in their projects. **Mind in THNR** used a peer model engaging groups of young people to co-produce awareness raising activities and materials. **Reverse the Trend's** Neuronimo project leveraged digital media and technology to reach an extensive number of young people, providing learning about how the brain works and why feelings like anxiety occur.

> *I've learned so much about mental health. Not just about my own. But the mental health of others. I've been telling my family all this stuff and now they are coming to me and asking me questions!.*
> - *Beneficiary Focus Group*

- Many young people can find it really hard to express their emotions and be open about how they are feeling. Some organisations have undertaken targeted work with groups such as young men who can find talking openly difficult. Others have used novel approaches to break down the barriers people can feel such as **Tailored Futures, Outsider Music, Misgav** and **Key Changes** who used video, music and other creative media to empower young people to express themselves.
- Overall, the data suggests that **5,690** young people now have improved knowledge and understanding of mental health. **4,978** young people experienced high to significant impact in this area.

1.6. Outcomes - Systems

Voluntary sector providers have improved capacity to support the mental health of young people

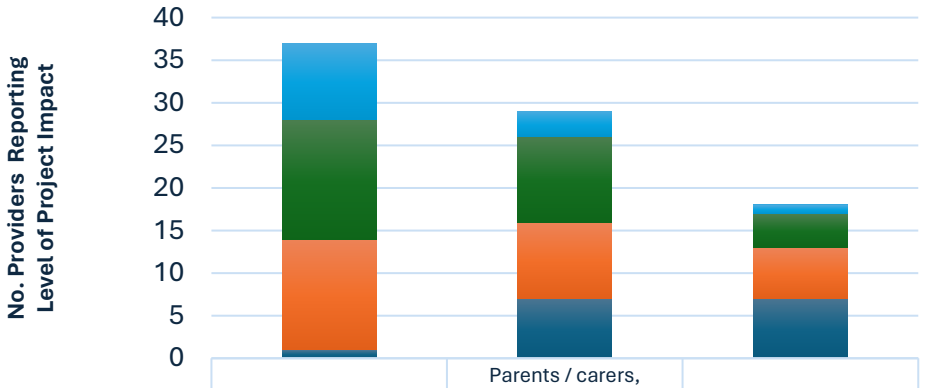
Providers highlighted a range of positive organisational impact from their grants:

- Most significant impact on capacity has been on providers' ability to reach more young people – **100% of providers** reported this outcome in the survey.
- Providers have also reported benefits in developing or sustaining important services, testing new approaches, and retaining or growing their experienced staff team.

Young People from underrepresented communities and groups have improved access to mental health services and support

- Most providers (**97%**) have reported that the funding has enabled them to reach and support more under-represented young people.
- Whilst developing cultural awareness of other agencies has not been a major aspect of delivery, a number of organisations have been involved in co-production work with other bodies.

- Organisations have developed a number of approaches for working with parents, teachers and practitioners – such as through educational workshops and bespoke practitioner courses. As a result, **79%** of providers have reported moderate-significant impact in this area.



	Young people from under-represented groups have increased access to services and support	Parents / carers, teachers and other professionals have increased confidence and understanding to effectively support CYP's mental health	Agencies improve their cultural awareness of minoritised groups
Significant Impact	9	3	1
High Impact	14	10	4
Moderate Impact	13	9	6
Low Impact	1	7	7

1.7. Critical Success Factors

A number of key themes emerged through the evaluation which appear to have been important enablers in achieving impact:

- Providers offering holistic and integrated support delivered a range of services that tackled both mental health and the wider determinants of health inequalities such as employment, education and social inclusion.
- Those organisations successful in working with minoritised communities were delivering culturally appropriate and/or multi-lingual services, often designed and led by people from the same communities themselves.

> *And these young Black men are seeing Black faces in terms of professionals and it means they're gonna engage..... It's about seeing recognizable faces when you walk in, the safety, you know, feeling at least as safe when you walk out as when you walk in.*
> *- Provider Interview*

- Services which utilised co-production and peer mentoring models were able to empower young people to be experts by their own lived experience and to shape and deliver services rather than being passive recipients.
- Organisations which embedded mental health support in recreational activities / interests rather than in clinical settings found they were able to reach those young people that felt uncomfortable about accessing mental health support, it was also an important route to developing trust and building support networks.
- Flexible service models contrasted with typical statutory offers. They proved very effective and enabled organisations to adapt to YP's needs and preferences.

> *...led to us doing drop-in sessions and just having a very flexible service that they can dip in and out of as opposed to you've gotta show up at this time on this day and be in this room.*
> *It's all very flexible and you know, we leave the door open for them.*
> *- Provider Interview*

- Organisations demonstrated adaptability, iterating project design or making other changes to address challenges and respond rapidly to learning and feedback.

- Recognising the diverse needs of the beneficiaries, providers tailored support to intersectional identities and needs based on ethnicity, gender, faith, sexuality, disability and neurodivergence – this ensured they were able to engage and retain participation of under-represented groups

1.8. Process Findings

Providers Experience

Overall, providers were very positive about the grant and monitoring process.

- Providers really valued the role of Compass Wellbeing including the personal approach and proactive support offered.

> *We felt supported every step of the way and questions were quickly answered by a member of the team.*
> - *Provider Survey Response*

- The grant and monitoring processes were straightforward and accessible to most providers, although a delay to grant decisions could have been communicated better. Consideration could also be made in future around options to improve accessibility in to those with communications challenges.

Project Delivery Challenges

- A number of projects supporting new cohorts of young people found it took longer than planned to build trust and rapport with beneficiaries.

> *We had anticipated that users would talk about change and goals setting at an earlier stage than most did...*
> - *Provider Survey*

- Some providers faced much higher demand for support than they could meet.
- Some organisations expressed challenges engaging with planned partners, particularly those seeking to work with schools but one also found challenges in building a partnership with CAMHS services.

> *We found it really difficult to get schools to sign up to our programmes. We were very surprised by this - usually we have a waiting list of schools desperate to work with us.*
> ~~~
> *..building trusting relationships with different CAMHS organisations and personnel proved very time demanding and requires a longer-term, sustained effort to keep new referrals coming in...*
> - *Provider Survey*

- Many providers struggle to achieve financial sustainability and provide consistent longer-term support for those who need it. They would really value multi-year funding opportunities where possible.

Reflections on the Evaluation Approach

- Providers have found the monitoring approach proportionate to their organisations.
- Taking a participatory and mixed methods approach to evaluation has been effective and valued by providers.
- Whilst every effort was made to directly engage with young people, this has for the most part not been possible due to provider concerns about trust, mental health and suitability of service.
- Timescales have been incredibly challenging, and this has had an impact on the ability of providers to participate in the evaluation.

- The range (size, activity, intensity, capacity) of providers and their projects has meant that there have been highly variable approaches to monitoring and evaluation which has had an impact on data collection.

1.9. Systems Learning

Supporting the aims of NCEL

- The programme effectively contributed to the priorities of NCEL by addressing gaps identified in the SHNA, primarily in enhancing mental health service access for underrepresented groups and reducing inequalities.
- The funding strengthened local voluntary sector capacity, enabling service expansion, skills improvement, and new interventions, crucial for supporting youth mental health. Sustainable impacts, however, depend on the future of the programme.
- NCEL was able to build closer relationships with local VCSE partners, enhancing dialogue, trust, and with potential to feed into clinical strategy.

Lessons in partnering with VCSE

The programme demonstrated the substantial value of partnering with VCSE organisations and the grant programme was a very effective method to do so. Potential developments to the funding programme could include consideration of...

- Potential for longer grant duration to meet providers objectives of building trust with YP's, sustaining support for those who need it and to support service and organisational sustainability.
- Targeting Service Users: Maximising impact requires either preventative work at scale to reach a higher volume of young people, or more targeted approaches reaching those already impacted by poor mental health, or a combination of the two.
- Impact Focus: An enhanced focus on impact across all stages of future grant programme development, guidance, assessment and monitoring would be really beneficial.
- Grant Size and Process: The current Lots could potentially be replaced with a two-tiered grant size to help balance grant sizes to the strength of providers systems and capacity. For larger grants a two-stage application could reduce the burden of assessment and the time and cost for providers in developing detailed funding proposals.
- Networking and Partnership: Compass Wellbeing could take a stronger role in building networks and partnerships between VCSE providers and between VCSE and statutory agencies.

Future role and potential of VCSE

- Flexibility and adaptability mean that VCSE organisations can rapidly test new approaches, pivot if necessary and share learning.
- The programme has seen many providers complementing existing systems and addressing statutory gaps and there is strong scope to develop this further within the existing mechanism or develop new ones.
- There is potential for VCSE to achieve a meaningful impact in CAMHS inpatient demand and a number of providers demonstrated routes such as holistic support within inpatient settings as well as working holistically with those at high risk in the community, however this will need a more targeted and integrated approach to scale effectively. Additionally or alternatively, at the prevention / early intervention end of the spectrum a focus on volume would be needed to achieve systems level impact.
- VCSE organisations can offer the nuance and flexibility to work with and really understand the intersectional needs of local people.
- Continued and structured VCSE engagement could further refine NCEL's clinical strategies and care pathways.

2. Programme Context

2.1. NCEL

The North Central and East London (NCEL) Child and Adolescent Mental Health Services (CAMHS) Provider Collaborative is a partnership of five trusts:

- Barnet, Enfield and Haringey Mental Health Trust (BEH);
- East London NHS Foundation Trust (ELFT);
- North East London NHS Foundation Trust (NELFT);
- Tavistock and Portman NHS Foundation Trust;
- Whittington Health NHS Trust.

ELFT is the lead NHS organisation, and the collaborative is responsible for commissioning all CAMHS inpatient services across the following Boroughs:

- Havering
- Newham
- Barking and Dagenham
- Redbridge
- City of London
- Tower Hamlets
- Barnet
- Waltham Forest
- Enfield
- Hackney
- Islington
- Haringey
- Camden

Community CAMHS services within the area are separately commissioned by North Central London Integrated Care Board and North East London Integrated Care Board (ICB).

Whilst NCEL's primary responsibility is for CAMHS inpatient services, it works in close partnership with the ICB's, community partners and patient representatives to coordinate services, improve understanding of needs and inequalities and identify routes to support prevention as well as improve care pathways across the full CAMHS remit.

More detail about NCEL including its vision and plans can be found on their website: https://www.elft.nhs.uk/ncel

2.2. Local Context

In 2021, NCEL developed a Strategic Health Needs Assessment (SHNA) for in patient CAMHS services. In January 2024 this was further updated for Learning Disability and Autism.

The SHNA sits within the context of national health policy and key publications that have impacted this including the NHS Long Term Plan, NHS Mental Health Implementation Plan, Marmot review and others.

The area covered by NCEL is characterised by a young and very ethnically diverse population with areas of very high deprivation.

- **60%** of children and young people (CYP) in the NCEL area are from Black, Asian and Minority Ethnic (BAME) groups.
- Six of the thirteen boroughs fall within the **top 20% most deprived** areas in England.
- In North East London **25% of the population are 18 or under**.

As of 2021, the SHNA estimated that approximately:

- **51,400** 11–17-year-olds within the NCEL Boroughs had a diagnosable mental health condition.
- This was equivalent to **18%** of the 11–17-year-old population.

Inequalities

A key focus of the SHNA included identification and review of health inequalities in CAMHS provision. This included consideration of protected characteristics, excluded groups and key risk factors impacting on CYP's mental health.

Key Inequalities Findings – SHNA:

Gender

- 63% of inpatients were female vs 49% population
- Over-representation of girls and young women remains even after eating disorder services are removed from data
- Islington had the highest proportion of female inpatients at 76%, Hackney & City of London had the lowest at 52%
- The gender split is much more equal across wider CAMHS services

Ethnicity

- Over-representation of White British backgrounds in inpatient CAMHS. 54% vs 41% population (not reflected in national data)
- Under-representation of some ethnic groups, such as:
    - Pakistani: 1.8% inpatients vs 5.5% population
    - Indian: 1.4% inpatients vs 4.7% population
    - Black African: 7.8% inpatients vs 11.7% population
- 40% detained under Mental Health Act were Black African / Caribbean

Deprivation

- Significantly higher inpatient admissions among those living in 20% most deprived areas.

Autism / Learning Disability (LD)

- Over-representation of CYP with Autism / LD, although this is minor and has reduced substantially over recent years.

Other Population Groups

- A wide range of other factors were noted by stakeholders as potentially impacting on needs or experience of services but data wasn't available to assess these statistically
- Examples include: LGBTQI+, specific religious / cultural groups such as Orthodox Jewish, looked after children, Refugees, families with parents who don't speak English, or other vulnerabilities.

The NCEL CAMHS Provider Collaborative Strategic Health Needs Assessment, Final Report (2021) can be accessed at the following link for further details: https://www.northeastlondonhcp.nhs.uk/wp-content/uploads/2023/05/CAMHS-SHNA-final-report.pdf

2.3. Grant Programme

Following the publication of the SHNA, and the recognition of the inequalities in access, experience, and outcomes for CYP with mental health needs, the Collaborative reflected on the findings along with service users through their patient participation group (PPG). The PPG identified a priority to support prevention and to work more closely with Voluntary, Community and Social Enterprise (VCSE) organisations to achieve this.

With the ongoing support and involvement of the PPG, the Collaborative developed a VCSE Small Grants programme in partnership with Compass Wellbeing as a mechanism to deliver the aim of prevention and nurture and grow its partnerships.

In doing so NCEL aimed to better connect with its local communities, reduce inequalities of access, experience, and outcomes, reduce inpatient admissions and collectively enable improved quality of life for people living in local communities.

Compass Wellbeing is a Community Interest Company and subsidiary of ELFT, which acts as a bridge improving connectivity between ELFT and local VCSE organisations.

NCEL CYPMH Winter Pressures Funds 2022/23 was launched at the beginning of November 2022 with a **total grant fund of £1,500,000**.

Compass Wellbeing developed a detailed information pack and promoted the grant scheme to VCSE organisations across NCEL Boroughs. The scheme offered grants in two separate Lots:

1. CYPMH Inequalities Fund	2. CYPMH Hospital Admission Avoidance Fund
Projects seeking to tackle inequalities in CYPMH access, experience and outcomes or mental health support.	Schemes aimed to help children and young people avoid hospital admissions.
Grants of £5,000 to £50,000	Grants of £5,000 to £50,000

Compass Wellbeing held two online briefing events about the fund and provided an opportunity for clarification questions and responses. The fund was promoted extensively to try and reach as many local VCSE organisations as possible.

There was an Expression of Interest (EOI) stage followed by a full application phase. Patient representatives were involved throughout the process, including forming a service user led evaluation panel for assessing all of the grant applications.

3. Evaluation Aims and Approach

Aim of evaluation

This independent evaluation was commissioned by NCEL and undertaken by Charity Fundraising Ltd. It seeks to assess the impact of the grant programme, with a particular focus on:

- CYP Mental Health and the ambitions and core objectives of the NCEL Collaborative.
- The development and sustainability of VCSE capacity and the system, looking at benefits of being a grant recipient in addition to the role of Compass Wellbeing.
- The impact of the scheme across the NCEL communities as a whole in relation to admission avoidance and addressing health inequalities, specifically but not exclusively as they relate to the collaborative's SHNA.

Evaluation Approach

The evaluation was planned with four key phases:

- Situation and Gap analysis. Gaining a detailed understanding of the programme and its context, including developing a database of projects, as well as formulating the detailed set of evaluation questions under the categories of: Impact; Process; and, Systems.
- Framework and tools development. This included consultation with providers and analysis of projects to develop a set of programme outcomes and a range of methods that were appropriate and responsive to providers capacity and ability to engage themselves and with their beneficiaries.
- Research and Consultation. Methods included:
    - Provider Survey
    - Provider Interviews
    - Collation of provider monitoring data and case studies
    - Project Observational visits
    - Focus Groups with Young People
    - Interviews with Young People
    - Review of monitoring data collected by Compass Wellbeing
    - Interviews with relevant staff from NCEL, ELFT, NELFT and Compass Wellbeing
    - Literature Review
- Evaluation Report. Analysis of all data and findings to collate this report.

Programme Aims

The programme sought to meet two overarching aims:

Reduced inequalities in access, experience and outcomes for CYPMH Support

Admission Avoidance - Reduced need for CAMHS inpatient services

Systems Outcomes

The following systems level outcomes and indicators were identified from which to assess systems impact:

Voluntary sector providers have improved capacity to support the mental health of young people

Providers report that the grant enabled them to:
- Sustain a service
- Develop a new service
- Retain experienced staff/recuit new staff
- Improve their systems/processes
- Reach more young people

Young people from underepresented communities and groups have improved access to mental health services and support

- Young people from under-represented groups have increased access to services and support
- Parents / carers / teachers have increased confidence and understanding to effectively support children and young people's mental health
- Agencies improve their cultural awareness of minoritised groups

Outcomes for Young People

Review and consultation with providers resulted in the development of the following set of outcomes and indicators for individuals:

Young people have improved mental health and wellbeing

- Increased confidence and self esteem
- Feel happier / more positive
- Feel listened to
- Reduced levels of anxiety or depression
- Reduced risk of harm / crisis

Young people are better able to manage their mental health

- Improved coping strategies
- Increased resilience
- Increased physical health - exercise, nutrition, sleep
- Reduced risky behaviours

Young people have stronger support networks

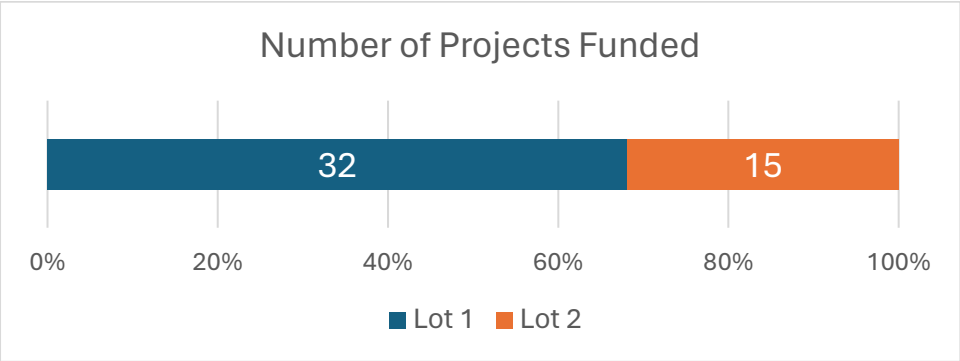
- Improved relationships with family / friends / wider community
- Improved social skills
- Increased confidence to discuss mental health
- Reduced feelings of isolation
- Increased engagement with school / other services

Young people have improved knowledge and understanding about mental health

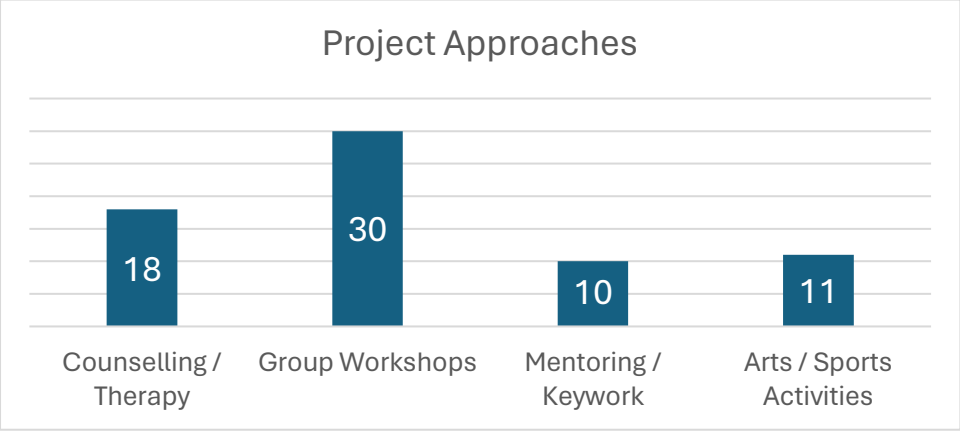
- Improved knowledge of nutrition, exercise, sleep and other factors that can support better mental health
- Improved understanding of mental health
- Increased ability to express feelings

4. Overview of Projects and Beneficiaries

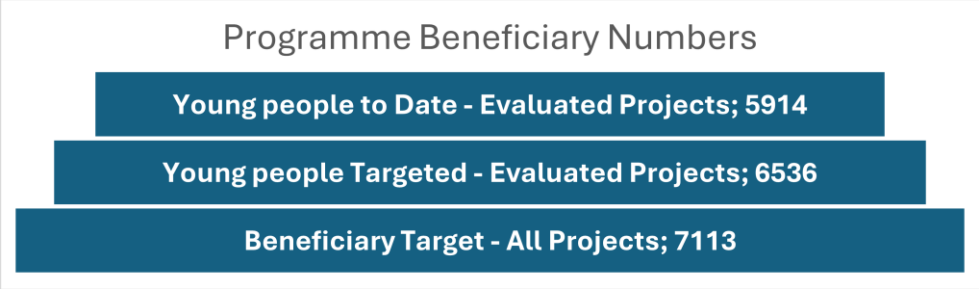
In **total £1,475,497 funding** was distributed across 47 projects. The smallest award being £6,850 and the largest £50,000. Three organisations were awarded funding across both Lot 1 and Lot 2.



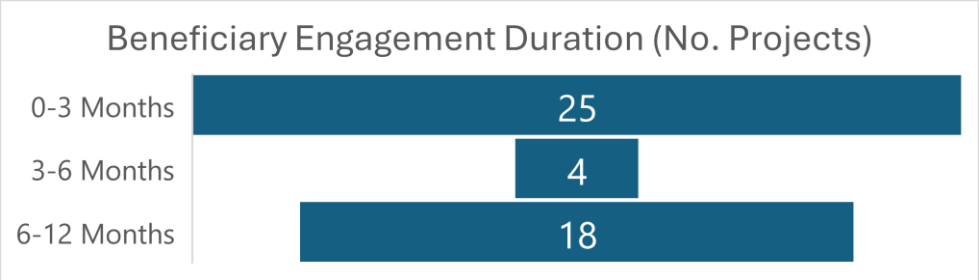
There were a wide variety of approaches employed in supporting young people with their mental health. These can be broadly categorised as shown in the following chart, although many projects combined two or more approaches. Those employing multiple approaches are counted in each relevant category.



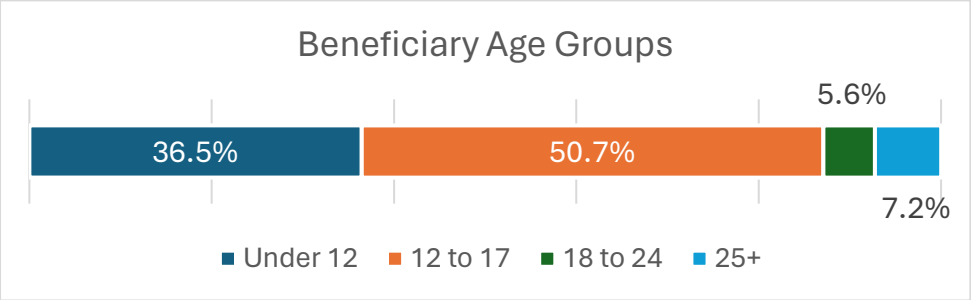
Across the programme as a whole, the projects targeted 7,113 people who would benefit directly. Not all projects were able to provide data, for those that have 6,536 were targeted and 5,914 have been reached to date, with several projects delayed and still ongoing. These figures exclude around 3,000 young people that accessed a single short taster session from one provider, where measurable impact would not be expected.



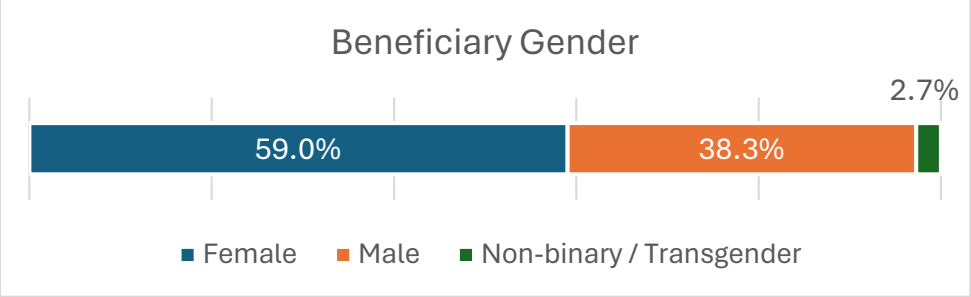
Projects varied in how they engaged participants. The majority offered a short programme of activity / support and repeated that with multiple cohorts. A smaller number provided longer-term engagement. As might be expected, projects providing longer term engagement typically targeted and worked with far fewer beneficiaries.



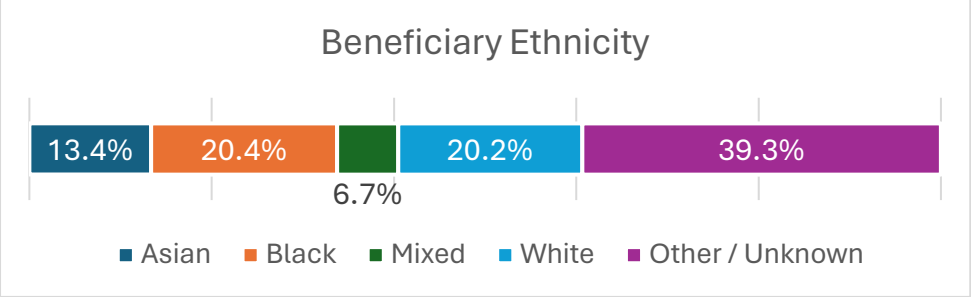
Demographic data was collected by Compass Wellbeing at application stage, six-month report stage and end of project. Due to the timing of the programme evaluation and to avoid excessive demands on project delivery partners, the six-month reporting figures have been used. As can be seen the majority of direct beneficiaries were in the 12 to 17 age group, followed by under 12's.



The majority of beneficiaries were female. This was mainly the result of a small number of projects specifically targeting girls and young women. There was only one project specifically targeting males and none exclusively targeting non-binary or transgender groups.



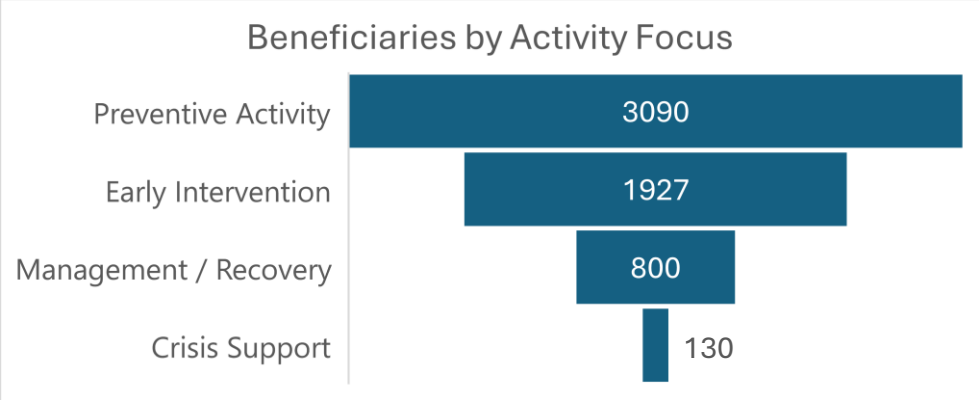
Ethnicity figures broadly aligned with the NCEL Borough populations, although a number of projects didn't collect this data and reported all of their figures under the 'other' category which substantially distorted the overall picture.



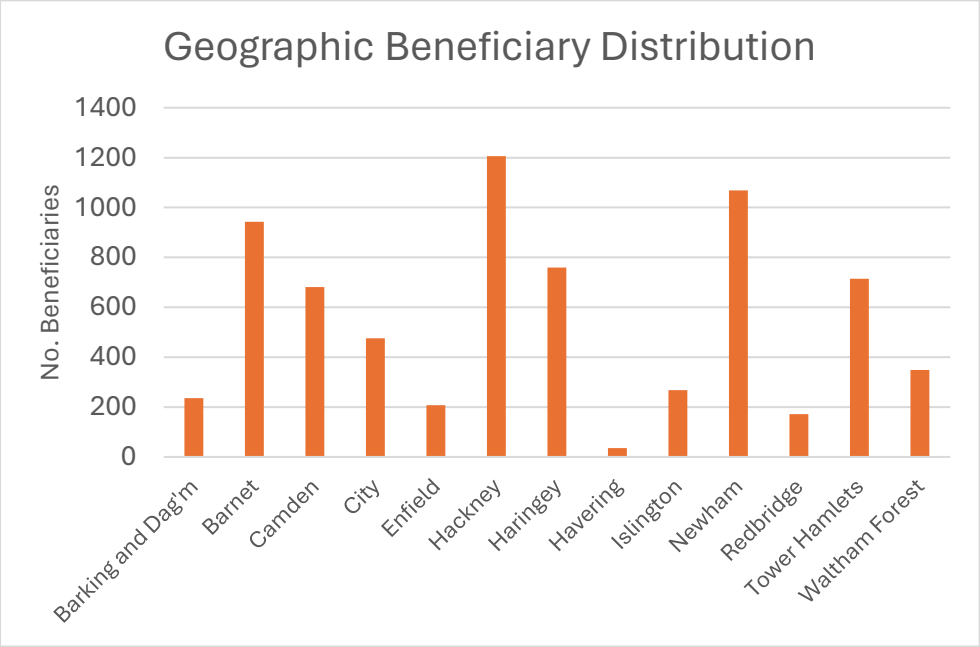
Project activity and target beneficiaries were considered and categorised across four key phases:

- Preventive Activity (reducing the occurrence of mental health issues before they arise)
- Early Intervention (support aiming to address early issues before they become more serious)
- Management / Recovery (therapeutic or other specialist support enabling young people to manage their condition and/or support recovery)
- Crisis Support (urgent / immediate specialist assistance to ensure safety / stabilise the situation)

Activity was heavily weighted toward preventive and early intervention support.



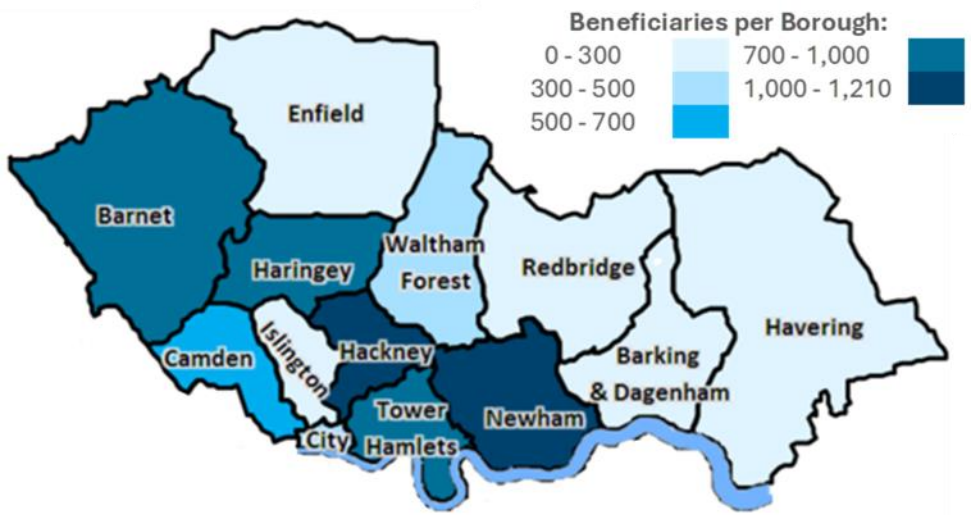
The majority of projects targeted one to four Boroughs with only ten projects targeting more than six Boroughs and only three targeting all 13 Boroughs. Only a small number of projects were able to capture accurate Borough data on all beneficiaries, so the following figures have been derived by splitting each project's beneficiary numbers evenly across their target Boroughs.



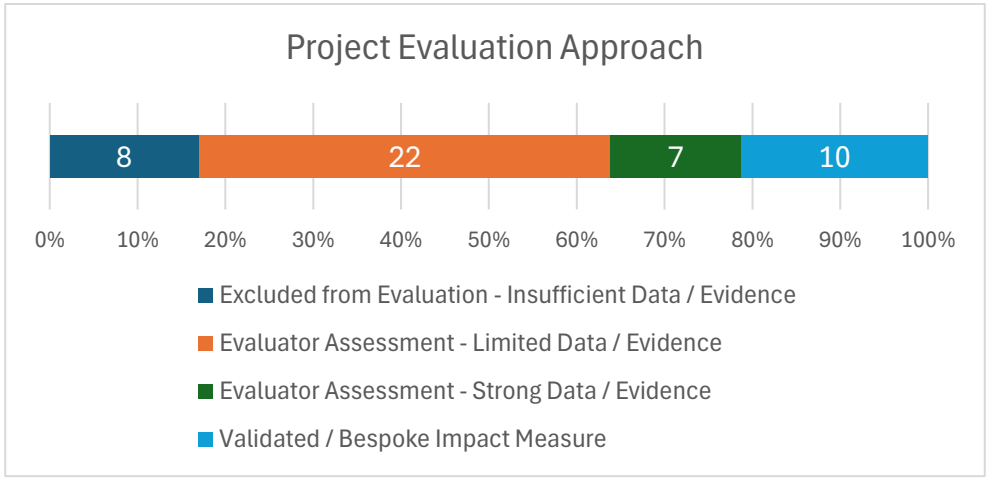
Of all Boroughs, Havering was notable as having the lowest derived figure for beneficiaries. This seems to be the result of three key factors:

- It was a focus Borough for just eight projects
- Those projects each targeted an average of eight Boroughs
- The projects were mostly targeting a small number of beneficiaries

The following chart plots beneficiary numbers on a map of the Boroughs, with darker shades showing higher numbers. As can be seen, the majority of beneficiaries supported were from Inner London Boroughs, with the Eastern and Northern Outer London Boroughs achieving far lower beneficiary figures.



Provider organisations and projects varied substantially in terms of the level of direct engagement they were able to facilitate with their beneficiaries as well as in the quality of their own monitoring data and their engagement with the evaluation process. Unfortunately, with eight of the projects the data and/or engagement was insufficient to be able to include assessment of their impact as part of the programme evaluation.



5. Barriers to Mental Health Support

The evaluation identified a wide range of barriers that young people may experience in accessing mental health support.

Stigma/lack of awareness

Despite growing awareness, there remains a significant stigma attached to mental health issues. It is still hard for people to talk openly about mental health in general, but this is particularly so for some communities. Young people can fear judgement from peers, family or society. Furthermore, many families have less understanding of mental health problems and are unable to recognise the warning signs amongst their children.

> *Most of the young Black men that I speak to are saying no, I don't want that on my record. I don't want mental health on my NHS.*
> - *Provider Interview*

Limited trust

Amongst many communities there can be distrust with health and other statutory services. For some young people this can be the result of negative formative experiences such as racism, misgendering, or failure to provide support at key points in their life from wider public agencies including police, schools and social services. For others, there is a lack of trust in the ability of professionals in the health system to be able to really understand them, their experience and the communities they come from. Sometimes it's an expectation that they won't be taken seriously or won't be offered suitable support.

Seeking support with mental health can be really difficult, it requires the individual to put themselves in a position of vulnerability and if they are then rejected it can cement their existing perception that the system will let them down and create an even stronger barrier to future engagement.

> *But I would never go to the NHS about mental health because I know that they would just be like, here's this drug.*
> - *Beneficiary Focus Group*
>
> *I think also for some young people, some communities, they will know of people within their families or wider communities who accessed statutory mental health services who have not necessarily had a positive experience.*
> - *Provider Interview*

Complex needs

Many of the young people engaged by the providers have multiple and complex needs which can contribute to their mental health problems. Individuals can face issues such as trauma, addiction and homelessness. Individuals are often looking for and in need of non-medicalised support but are worried that CBT or medication may be all that they are offered if they seek support.

> *Feels like everyone's just flung into CBT when they do get it and that you know people have different types of mental health challenges that means that that's not at all helpful...*
> - *Beneficiary Focus Group*
>
> *We have young people with social work intervention in the family, so there are a lot of additional complexities that add to their vulnerability.*
> - *Provider Interview*

Access and Waiting Lists

There are groups of young people who are under the radar of many services, particularly large statutory institutions like the NHS. Young people are not likely to go to their GP to seek a referral to CAMHS independently and can find mental health services intimidating and overwhelming. The significantly increased demand on services also means that waiting lists are long –

individuals who have taken that vital step of coming forward for support can find themselves disappointed by a lengthy wait for help to be provided.

> *with the waiting list, if they weren't so long, maybe I'd be able to get like, diagnosis and then medication and like, feel like not trapped and stuck*
>
> ~~~
>
> *..when you finally get the courage and the motivation to get the things done and then you find out it's like years long waiting lists, it makes it really difficult to want to go through that process.*
>
> - *Beneficiary Focus Group*
>
> *..so when I have worked with the young person and I've sat and I've done a referral with them... Two weeks later I'll say 'Oh, did you hear back from the service?', and they'll say, 'Oh yeah, I did and they said they couldn't help me'. No ongoing referral, no suggestion of additional support, no recognition of the fact that that felt like a closed door, So then I'll say, OK, cool, we'll refer you somewhere else and they'll go, 'No, no, no, I'm fine'*
>
> - *Provider Interview*

Culture and Faith

The target Boroughs are incredibly diverse and made up of many communities with multiple faith and cultural beliefs. These beliefs are integral to individual's perceptions and attitudes towards their health and the ways in which they want to be able to access services and participate in provision. These can be complex and the importance of them incredibly difficult to grasp for many professionals who are not from these same communities.

> *As well as trust, there's the cultural impacts and expectations at home to be the head of the family. There's no space for them to break down, to fail because they're supporting family members and also just that expectation, socially in their peer group to not look soft, to not have that vulnerability. So it has to get to the point of breakdown before they'll seek help.*
>
> - *Provider Interview*

Intersectional Identities

Statutory agencies can often consider inequalities in a one-dimensional sense, grouping individuals as 'BAME' or 'LGBTQ+' or simply by gender but this frequently fails to recognise the complexity of experience and identity that impact on individuals needs and ability to engage with statutory services.

> *Many young people experiencing mental health issues, including those from BAME and LGBTQ+ communities, face challenges accessing appropriate support due to health disparities and the intersection of identities. Existing services can be heteronormative and Eurocentric, leading individuals to feel excluded and disengaged. Additionally, self-criticism, shame, perfectionism, and internalized stigma further complicate barriers to their well-being.*
>
> - *Provider Survey*

Key Findings – Barriers to Mental Health Support:

- **Stigma and Awareness**: Persistent stigma and lack of awareness prevent open discussions about mental health, especially in some communities, leading to a reluctance to seek help.
- **Limited Trust**: Negative experiences and a perceived lack of understanding and support from statutory services result in distrust and a hesitancy to seek mental health support.
- **Complex Needs**: Individuals with complex needs often have an expectation that treatments like CBT or medication may be the only options provided and will not address their unique needs.
- **Access and Waiting Lists**: Long waiting lists and intimidating service environments can deter young people from seeking / navigating help.
- **Culture and Faith**: Culture and faith shape attitudes to mental health, professionals aren't consistently offering culturally sensitive support.
- **Intersectional Identities**: Simplification of identities by statutory services fails to recognize the complexity of individual experiences, leading to feelings of exclusion and disengagement.

Spotlight – Mindful Peak Performance

MINDFUL
PEAK PERFORMANCE

Mindful Peak Performance delivers mindfulness techniques to help improve people's wellbeing. Using these techniques, Mindful Peak Performance has developed a unique programme of non-contact boxing- BAM! This incredible programme targets marginalised young people and teaches them boxing moves and mindfulness approaches that they can do at home to alleviate stress and improve wellbeing. In using this approach, Mindful Peak Performance are able to destigmatise mental health and engage those young people who would find it hard to engage with CAMHS or other statutory services.

Working with Mind CHWF, the project has also co-produced a new practitioner training programme targeted towards Young Black Men and young people who are LGBTQ+. This has been very successful and has led to co-produced sessions and collaborations between two communities who would rarely have chance to work with each other. Practitioners have now been trained and are already delivering BAM! sessions with their own cohorts.



> *I think it is (preventive), but at the same time we had a case study last year from a young person who was suicidal and it was the only thing they were attending and it kept them feeling contained and connected to their body for one hour a week, so I think it's a really good preventative thing but we've also seen for people with quite acute issues that it's really helped people feel safe and contained cause it brings you back into connection with your body.*
>
> ~~~
>
> *School is hard at the moment, I normally feel in a bad mood when I get home but this really helps.*
>
> ~~~
>
> It's helping me to be less angry, because before I'd just be angry and not know what to do but now I can practise boxing or at school i take myself away and do breathing meditation.
>
> ~~~
>
> *I think it provides another way for people to access mindfulness-based principles, as well as encouraging some additional physical activity. I thought the impact of the BAM sessions was profound. It was a simple but very effective way of seeing a change in how the mind operates before and after exercise, which in itself allows individuals to observe how changeable the mind can be and hence the benefits of not attaching too strongly to individual thoughts.*
>
> - *YP and Practitioner monitoring feedback*

Impact:

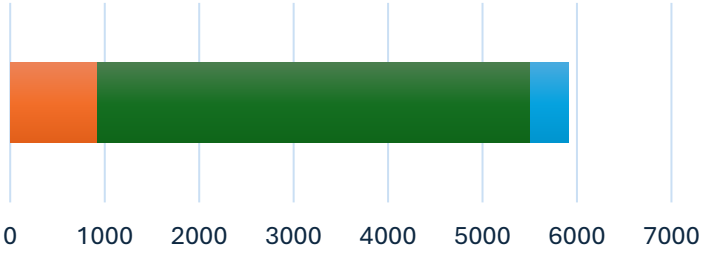
41 Young People engaged in BAM! sessions
18 Mental health workers have accessed practitioner training
88% participants increased regular physical activity by doing the sessions
77% participants reduced their stress and anxiety
100% participants felt less isolated by doing the sessions
77% participants felt confident they could use mindfulness outside of sessions to manage their mental health

6. Outcome: Young People have improved mental health and wellbeing

The evaluation research has reviewed the following indicators and the extent to which the projects have supported young people to achieve:

- Increased confidence and self esteem
- Feel happier / more positive
- Feel listened to
- Reduced levels of anxiety or depression
- Reduced risk of harm / crisis

Impact Analysis - Outcomes for Young People Improved Mental Health and Wellbeing



	Young people have improved mental health and wellbeing
Low Impact	5
Moderate Impact	924
High Impact	4580
Significant Impact	405

Increased confidence and self-esteem

Providers utilised a range of approaches which developed confidence and self-esteem. Some of this was about developing specific skills and broadening horizons. In other cases, providers implemented ongoing mentoring and 1-1 support to help individuals move towards and achieve specific goals. Tailored Futures for example targeted young offenders and supported them to move towards employment. **Scarabeus** meanwhile helped individuals get out of their comfort zone and build their confidence through aerial circus activities.

> *Whenever I come here, the more that I do something I thought I couldn't do, it helps my confidence and that in turn helps my mental health because I feel like when I have low self-esteem being able to do something that makes me feel better about myself and more confident*
> – *Beneficiary Feedback*

Feel happier and more positive

The providers have implemented broad and interesting non-clinical approaches alongside therapeutic interventions to help young people feel happier and more positive. For example, **The Running Charity** provided sessions in running, walking, yoga, strength training and mindfulness. **Frames of Mind** have delivered multi-media training sessions which have evidently provided a sense of hope for the future and happiness too.

> *I always used to walk with my head down – now it's always up*
> – *Beneficiary Focus Group*

Key Changes hosted pop up studio on acute wards across the borough, enabling patients to participate in music making and gain the benefits for happiness and positivity thereof. Individuals have been able to rap, sing, and play instruments.

> *TC arrived at the session a bit less bright, with quite flat facial expressions, but as soon as TC got into TC's rapping, of which TC demonstrated excellent flow and rhyme, TC brightened hugely with a big smile on TC's face by the end.*
> - *Staff Feedback*

Feel listened to

A common factor amongst the providers is their ability to enable young people to feel listened to. The individuals they have supported have often very little opportunity to influence the decisions that affect their lives and so being listened to is incredibly valuable to these young people. Providers have approached this through delivering counselling, providing peer support sessions, offering mentoring and key working support.

Open Door have used their funding to continue to deliver 1-1 therapy to young people experiencing poverty, social exclusion and/or trauma and who face barriers to mental health services. Their team of professional, trauma informed and culturally sensitive therapists have provided young people with the time and space to explore and understand their experiences.

> *My therapist really listens to me and I feel like every week I can tell her everything in full detail because I know she'll understand me and help me. I also get to express myself to her and let everything out here which I feel I can't do outside of this*
>
> - *Beneficiary Feedback*

Reduced levels of anxiety and depression

Many young people engaged by the providers already had mental health problems such as anxiety and depression. Some providers such as **Hackney Quest, 4-22 Foundation, She Wise, Bonny Downs, You and Me Counselling** and others have provided 1-1 counselling in community settings. These have been very effective with demonstrable improvements in their mental health. Providers have also used different methods including group therapy, physical activities, mentoring and guidance which have helped individuals to sustain their recovery too.

> *[Counsellor's name] is truly an amazing person and therapist. She lets me be myself and always creates a safe space and environment. I was not doing well before starting therapy however [counsellor] has been very supportive and helpful to guide myself to a better place and also help me to use my own voice and energy to create a positive and healthy relationship with myself and to showcase my love and passion for others. Thank you truly from the Bottom of my heart for your help. Truly appreciate the support and encouragement"*
>
> - *Beneficiary Feedback*

Reduced risk of harm or crisis

Most providers who have responded to the survey or taken part in interviews for the evaluation have highlighted prevention of harm and crisis as a key outcome of their work. This support ranges across the various beneficiary stages with some providers offering help at very early points and others delivering more specific prevention services such as **Body and Soul**. Others such as **Step Forward** and **Wellbeing Connect** have also provided direct mental health support for those young people in or at risk of crisis.

Key Findings – Improved mental health and wellbeing

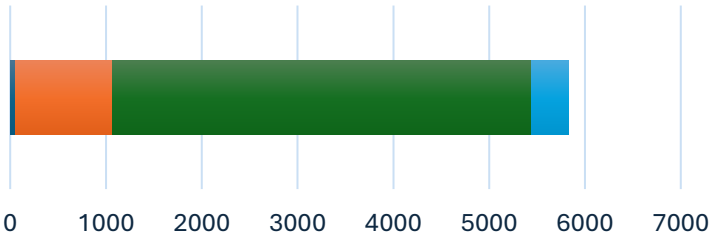
- The data suggests that **5,909** young people experienced at least some impact on their mental health (**4,985** experienced high-significant impact).
- Funded projects have provided a combination of therapeutic and non-clinical interventions which have enabled young people to build confidence and self-esteem, feel happier, feel listened to and reduce the risk of harm and crisis.

7. Outcome: Young People are better able to manage their mental health

This outcome is determined by the following indicators:

- Improved coping strategies
- Increased resilience
- Increased physical health – exercise, nutrition, sleep
- Reduced risky behaviours

Impact Analysis - Outcomes for Young People Better Able to Manage Mental Health



	Young people are better able to manage their mental health
Low Impact	56
Moderate Impact	1015
High Impact	4375
Significant Impact	381

Improved coping strategies

Organisations such as **Body and Soul, Urban Mindfulness, 4 Young Minds** and **Forty Ltd** have purposefully provided their beneficiaries with skills and techniques to help them cope with mental health problems. These have included a range of things such as teaching grounding and mindfulness, delivering peer-support as well as using activities such as journalling, exercise, painting and video making.

> *The most impact that we're having is that the programme is actually based on getting young people to think positive about their future life and about the situations that they're in and being creative in how if I've been given this challenge in life, how can I overcome it without drowning?" It's all giving them that perception that whatever we get in life, everyone has their ups and downs, but we have to have the skills and the technique and the tools to be able to cope with it.*
>
> *- Provider Interview*

Counselling providers have also supported their beneficiaries to utilise their learning from the sessions to better manage their mental health independently too.

> *I was going to have a panic attack last week but then I remembered the grounding technique you taught us in the anxiety session – it worked!*
>
> *- Beneficiary Feedback*

Increased resilience

East London Dance increased resilience among young people by focusing each of their 2-hour sessions on one of 7 C's of Resilience - Competence, Confidence, Connection, Character, Contribution, Coping and Control; to help build awareness of resilience amongst their beneficiaries. Organisations which encouraged young people to get out of their comfort zone and try things they found difficult such as **Higham Hill Hub** were also very successful at improving the resilience of individuals. **Power2** have delivered the Thrive programme which has involved young people providing mentoring support to primary school children which has fostered resilience, self-esteem and confidence amongst the young mentors. However, for other beneficiary cohorts this was also about learning to come forward, ask for and accept help and support. Organisations providing counselling, mentoring and other

therapeutic programmes identified increased resilience amongst their beneficiaries too.

> *These sessions have supported me to feel more resilient and have made me feel free to express myself.*
>
> ~~~
>
> *I feel more resilient, and I feel like my confidence had slightly gone up!*
>
> - *Beneficiary Feedback*

Increased physical exercise, nutrition and sleep

A number of providers used sport and exercise as a means to help people improve overall health and wellbeing as a key component of their overall programme. **Company Drinks** delivered outdoor programmes for families, **Mindful Peak Performance** used boxing and **Scarabeus** used aerial circus activities. Organisations like **Body and Soul** have used wellbeing techniques and workshops which have enabled individuals to value their physical health too, leading to improved sleep and diets. **East London Dance** have used movement and dance to help beneficiaries develop resilience and mindfulness but also to help them understand physical health and its importance in overall wellbeing too.

> *And that helps with the structure and routine and I think it really helps as well with, because I get anxious sometimes and obviously movement of any for...like doing the activity is also obviously physical and that really helps me feel a bit like more ease, a bit less stressed and way less anxious*
>
> - *Beneficiary Feedback*

Resources for Autism used their funding to provide 1-1 support for young people with Autism and enable more individuals to have access to their weekly youth clubs and holiday schemes which included cooking/baking, exercise and sports too. Individuals have improved their ability to sleep, have been able to be more active and eat a better and more balanced diet.

Reduced risky behaviours

Many of the young people supported by the providers were involved in or at likely to become involved in risky behaviours which can include knife crime, risky use of social media, unprotected sexual activity, misuse of drugs and alcohol. Providers have been able to use their funding to provide targeted and holistic provision which helps to tackle these problems. For example, providers such as **Catch 22** and **Bonny Downs** have conducted various activities for young men such as cooking, drama, running, and DJ workshops alongside employment support to give them a sense of routine and purpose.

> *What I know for sure is that once somebody has a community and is involved in the kind of holistic approach, then I know that you will reduce the risk of then going into crisis... and I think this is well researched that if you can help people manage substance misuse and reduce that, that is another way of reducing inpatient admissions.*
>
> - *Provider interview*

Key Findings – Young people are better able to manage their mental health

- The data suggests **5,771** young people improved their ability to manage their mental health (**4,756** experienced high-significant impact)
- Sports and arts activities drew together a number of integrated activities which helped individuals achieve multiple indicators
- Counselling and mentoring support were also effective at enabling individuals to develop coping skills as well as feel and be listened to
- These initiatives show that integrating mental health support within a broader context of community involvement, physical activity, and personal development can significantly enhance young people's ability to manage their mental health.

Spotlight - Reverse the Trend

Neuronimo

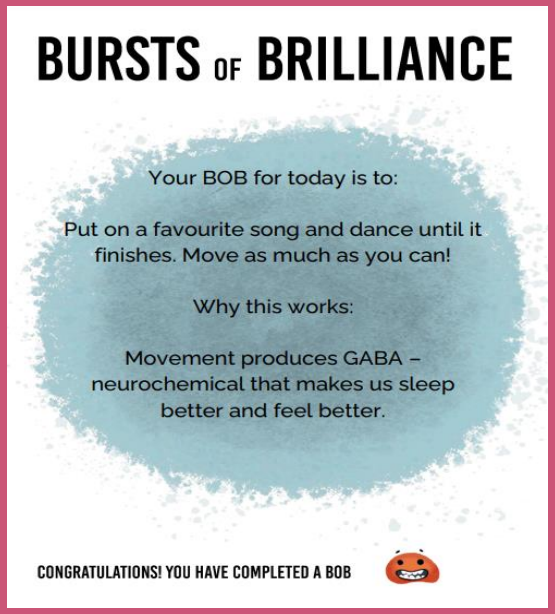
When children really understand what is happening in their brain, they can adjust and manage emotions such as fear, anxiety and worry. The Neuronimo programme helps children and young people create healthy habits around mental and physical health.

Neuronimo uses fun and engaging animated videos, face to face sessions and an online portal to deliver a really innovative and effective learning package for young people.

By leveraging digital technology and the existing infrastructure, reach and capacity of schools, Reverse the Trend have been able to engage an enormous 2,616 young people in their 12 week introduction programme and another 3,036 young people in one-off taster sessions.

The programme includes a daily touchpoint which lasts around 8 minutes and is accessed through schools or online at home. The touchpoints cover neuroscience and the brain, sessions with Mood and Movement Ambassadors, Daily morning resets and Bursts of Brilliance (BOB). Each week has a focus on different themes such as Brain Structure, Powerful Potions (neurochemicals), Anxiety, Anger, Sleep, Nourish, Loneliness, Confidence, Nature, Interruptions, Studying and Habits.





This programme is exactly what is needed for our young people. The children are engaged throughout each session and look forward to the morning resets each day. 10/10
- *Neuronimo Partner*

We have already noticed a huge improvement in regulating behaviours in the classroom after just 3 weeks and an understanding of why those feelings are happening.
- *Neuronimo Partner*

Impact:

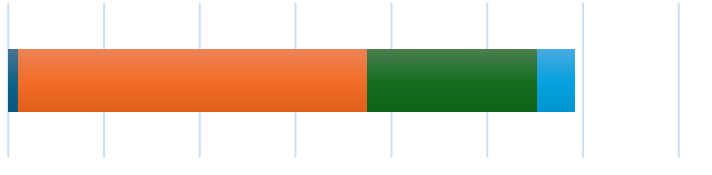
2,616 Young People supported through 12 week programme
Average **86.7%** engagement in all content
78.8% average Health Literacy Increase
51.2% average increase in Stirling Children's Wellbeing score

8. Outcome: Young People have stronger support networks

This outcome is determined by the following indicators:

- Improved relationships with family / friends / wider community
- Improved social skills
- Increased confidence to discuss mental health
- Reduced feelings of isolation
- Increased engagement with school / other services

Impact Analysis - Outcomes for Young People Stronger Support Networks



	Young people have stronger support networks
Low Impact	103
Moderate Impact	3646
High Impact	1778
Significant Impact	387

Improved relationships with family/friends/wider community

A great example of this in practice is found in the fully volunteer-led work of **Leytonstone and Wanstead Synagogue**. This organisation used its funding to resource dedicated support for families of young people with neurodiversity and mental health problems, working with them to help them understand behaviours as well as providing a safe community space where they could feel a sense of belonging and reassurance. Other organisations such as **Khulisa** provided dedicated training and support to parents to help build their knowledge of how best to support their child's mental health and rebuild their relationships.

> *We think that the impact of the grant and the services provided has been life changing for some young people and their carers. They had been isolated from their community, faith, traditions, and culture. The grant has enabled them to be reconnected spiritually and socially.*
>
> *- Provider Interview*

Improved social skills

Encouraging individuals to talk and express themselves positively and constructively was a critical approach embedded in most of the activities. Some providers offered structured peer support such as **CB Plus**, others used alternative and novel approaches such as **Higham Hill Hub** delivered a therapeutic informed project involving bushcraft, mountain biking, orienteering and outdoor cooking.

> *They were all talking to each other in a socially acceptable way.*
>
> *- Teacher Feedback*

Increased confidence to discuss mental health

Many providers sought to empower young people to have open conversations about their mental health. **Hackney Quest** normalised conversations around mental health as young Black men can find it harder to engage in counselling services due to stigma and trust issues around statutory services. **Women's Inclusive Team** similarly providing group coaching sessions for young people

which whilst therapeutic in nature helped to address the stigma that can be attached to things like counselling. Young people supported by **Body and Soul** and **Outsider Music** found a safe space through which they could express their thoughts and feelings and encourage others to do the same too.

> *The normalization of conversations around mental well-being and mental health have enabled people to feel, I would argue, more comfortable...perhaps they're feeling the realization that they're not the only ones with those with those feelings, with those experiences, and it has had an empowering effect on individuals and allowed them to express themselves a bit more openly*
> - *Provider interview*

Reduced feelings of isolation

Throughout the programme young people have been supported to feel a sense of belonging and community with their projects. They have made new friends and developed positive relationships with their peers. As loneliness and isolation can be a common factor in poor mental health providing opportunities for individuals to connect with others has had a powerful effect on a person's wellbeing. Those organisations offering 1-1 support such as counselling also layered additional interventions to help address isolation too. For example, **4-22 Foundation** actively engaged with individuals to help them develop their networks and social connections.

> *The staff are so friendly and everyone knows him so he feels welcomed every time we go there...He doesn't have any friends so this is a wonderful opportunity for him to be with his peers*
> - *Parent Feedback*

Increased engagement with school/other services

Higham Hill Hub found that their mountain biking and bushcraft skills project resulted in the young people having higher engagement in school. Other organisations such as **Bonny Downs, CB Plus** used mentoring and peer support to help those with mental health problems improve their engagement with education. As individuals improved their mental health more generally, often providers would also see a correlation with improved school attendance and learning. Furthermore, organisations such as **Day-Mer** and **St Mary's** used keyworker approaches to connect individuals with relevant services too. Organisations like **Tailored Futures** provided additional support around employability and access to work for young offenders.

> *The program supports the development of relationships between students and staff and explores staff and students interpersonal skills. It can be used effectively to break down barriers to student attendance and school engagement*
> – *Partner Feedback*

Key Findings – Young people have stronger support networks

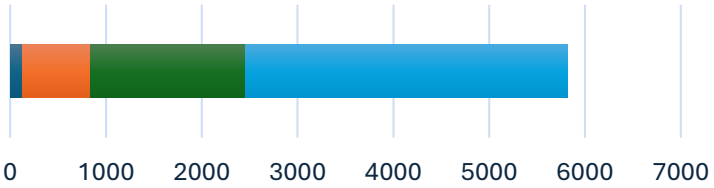
- The data suggests that **5,811** young people now have stronger support networks (**2,165** experienced high-significant impact).
- The projects used a combination of community integration, skill-building workshops, and therapeutic activities to enhance the support networks for young people.
- Activities helped to improve interpersonal relationships of service users and it equipped them with the social skills and confidence necessary to discuss mental health issues openly, engage with educational and support services, and feel less isolated within their communities.

9. Outcome: Young People have improved knowledge and understanding about mental health

This outcome is determined by the following indicators:

- Improved knowledge of nutrition, exercise, sleep and other factors
- Improved understanding of mental health
- Increased ability to express feelings

Impact Analysis - Outcomes for Young People Improved Knowledge and Understanding About Mental Health



	Young people have improved knowledge and understanding about mental health
Low Impact	125
Moderate Impact	712
High Impact	1620
Significant Impact	3358

Improved knowledge of nutrition, exercise, sleep and other factors

A number of organisations were able to improve beneficiaries' ability to achieve and maintain good mental health through improving knowledge about physical health too. Using sports, movement and other physical activities, providers such as **The Running Charity, Company Drinks, Higham Hill Hub** and **Mindful Peak Performance** were able to support individuals to develop knowledge around those factors which can both contribute to and be a result of poor mental health. Other providers such as **Noa Girls** provided young women with 1-1 and group sessions designed to help them address disordered eating as well as providing gym sessions in their premises, facilitated by a coach experienced in working with this vulnerable group.

> *The activity that we do for me, I think that helps me sleep better because physical activity... I think like physical health and mental health are very interlinked anyway and physical activity, if you're exhausted then by the time I get home, I'm tired and I'm more likely to be able to sleep properly and then I wake up feeling better in the morning whereas if I'm constantly not sleeping properly that just is like a downward spiral.*
>
> *- Beneficiary Feedback*

Improved understanding of mental health

The support offered through counselling and therapeutic programmes delivered by **Open Door, Wellbeing Connect** and **Hackney Quest** for example have embedded learning and understanding about mental health.

> *I've learned so much about mental health. Not just about my own. But the mental health of others. I've been telling my family all this stuff and now they are coming to me and asking me questions!*
>
> *- Beneficiary Focus Group*

Organisations such as **Mind in THNR** embraced a peer support model to empower young people to co-produce and develop activities around raising awareness and developing mental health knowledge. Other providers such as **Bonny Downs** and **Project Zero WF C.I.C** have used their funding to conduct various mental health workshops which have provided training on mental health and how to access support to young people and their families.

Reverse the Trend's Neuronimo project utilised technology and media to deliver accessible and engaging learning about neurology to young people at scale. Their 12-week programme included fun animated videos and in person sessions delivered in schools to help young people understand how the different parts of the brain work and why feelings like anxiety occur. Their online platform then provided short daily touchpoints that could be accessed in school and at home and include mindfulness, movement, mood and mind activities.

Increased ability to express feelings

Many young people can find it really hard to express their emotions and be open about how they are feeling. Individuals can worry about peer pressure, appearing vulnerable to others. Some organisations have undertaken targeted work with groups such as young men who can find talking openly difficult. Others have used novel approaches to break down the barriers people can feel such as **Tailored Futures, Outsider Music, Misgav** and **Key Changes** who used video, music and other creative media to empower young people to express themselves.

> *I think it had a positive impact, I think a lot of people really got to express themselves, and it was just quite fun to hear other people's songs as well. they found it quite helpful to know that they weren't alone in how they were feeling.*
>
> *- Provider Survey*

Key Findings – Young people have been supported to improve their knowledge and understanding of mental health

- The data suggests that **5,690** young people now have improved knowledge and understanding of mental health (**4,978** experienced high-significant impact).
- Through activities that implicitly or explicitly teach about the connections between lifestyle factors and mental health, these programs have improved young people's ability to manage their own mental wellbeing.
- Additionally, the projects have provided new tools and vocabulary for young people which they can retain for life, thus sustaining their ability to maintain positive mental health in the future
- This highly preventative form of support has been delivered individually through 1-1 and small group support but can be provided at scale through online and schools-based training sessions.

Spotlight – Noa Girls

Noa Girls was established to provide therapeutic, emotional and practical support to young women from the Jewish community. The support is holistic and designed to be culturally responsive and faith aligned.

The organisation was awarded grants via Lot 1 and Lot 2 and used this funding to continue to run educational workshops delivered in schools as well as develop a new pre-admission service for those on their waiting lists.

Noa Girls is led and delivered by individuals who come from the same communities as the girls they support. As a result, they are able to break down some of the barriers that individuals can face in terms of accessing mental health services. In communities where it can be difficult to talk about mental health, Noa Girls has been able to really turn the dial, with schools now coming forward for help. This has not been easy, and it can take months of dedicated work to build relationships with schools which is time consuming and costly. Critically, mainstream organisations could find it very difficult to engage and work within these communities - Noa Girls is able to reach and support these communities because they have been able to develop a therapeutic programme that is underpinned by faith and cultural responsibilities.



The work is clearly impactful.

Young women who are incredibly vulnerable and facing serious harm as a result of eating disorders and associated mental health problems have been provided with wraparound support which is holistic, and person centred. Individuals have access to 1-1 support delivered by Keyworkers as well as clinical therapy. They have access to a gym, cooking classes, employability programmes, equine therapy, dieticians, art/music therapy. Indeed, Noa Girls' approach is to facilitate whatever is needed to enable a young woman to recover. Young women supported by Noa Girls are even able to have their artwork commissioned and purchased!

> Noa Girls work with a very specific community for us across our footprint and you know they really have been able to deliver a programme to a cohort of young people that I think we would find it really difficult to reach for a whole number of reasons...They were really impressive... I think it's important that we learn from this sector and not be afraid to say, can you come and share that with us?
>
> - *Sheron Hosking, NCEL Provider Collaborative*

Impact:

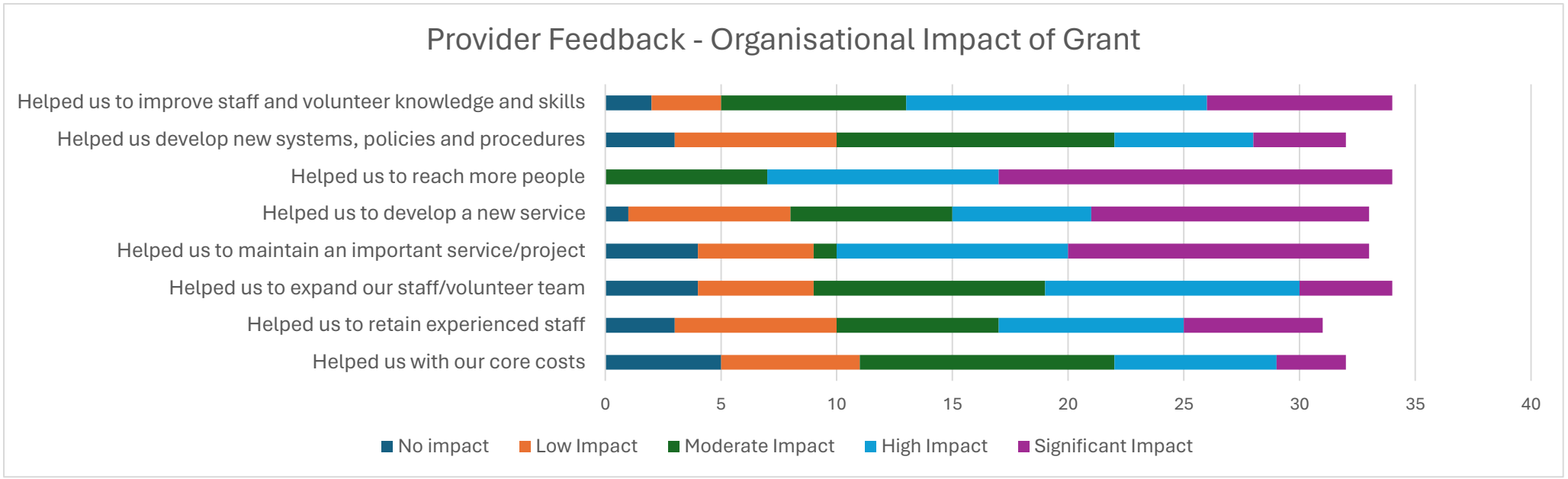
899 young women reached through the eating disorder programme and educational workshops as a result of this funding

50% young women have recovered from or reduced their eating disorder

75% young women have been supported to leave harmful living situations

88% young women reported that they had improved their confidence and sense of self-worth

10. System Outcome: VCSE providers have improved capacity to support the mental health of young people



Sustain and/or develop a service

The funding has enabled providers to maintain much-needed services or launch new programmes and expand on their work. This has ensured that services have been better able to meet demand and reach new communities too. For example, **Sunbeams** were able to use the funding to launch a new targeted service for young people who were more high risk and with more complex needs than their typical beneficiary group. **Wellbeing Connect** reported that they were able to maintain their services for the community. For the **Single Homeless Project**, it enabled them to address a high need for in-house services.

> *This funding has played an absolutely essential part in helping us expand and launch our free activities for young people experiencing mental health challenges who live in the Newham area*
> - *Provider Survey*

The grant evidently provided organisations with increased capacity to deliver their services, giving them time and space to build on existing partnerships and develop new relationships. This included partnerships with other VCSE organisations as well as statutory bodies, as **4-22 Foundation** found. Providers reported enormous benefits in strengthened collaboration.

> *Our collaboration with statutory services has played a pivotal role in amplifying the impact of our initiatives... This network has expanded our reach, connecting us with like-minded organisations, professionals, and community leaders who share a common goal of improving mental health and well-being.*
>
> *- Provider Survey*

Retain experienced staff/recruit new staff

Many providers used the funding to provide training for staff or recruit individuals with specialist skills in order to meet their skills gaps. **Project Zero WF CIC** and **Company Drinks** for example provided all staff with Mental Health First Aid training. **East London Dance** were able to use the funding to appoint professional artists to work with their youth team.

> *All our staff have now received a First Aid Mental health qualification, they have all received training to use mental health resources for their mentoring sessions (frameworks, worksheets, debriefing techniques etc)*
>
> *- Provider Survey*

Improve systems and processes

Although grant funding was targeted at service delivery, a number of providers gained a secondary benefit of project delivery enabling them to improve systems and processes. This included new policies, adapting strategic approaches to ensure greater efficiencies, and improvements to wider service quality and effectiveness.

> *I think it enhanced the quality of some of the other services and their reach that we provide.it's never the case that children and young people and families who have mental health, service access issues will not have either welfare, housing, immigration, health or other issues too.*
>
> *- Provider Survey*

Several providers such as **Suvai Deaf East Community, Scarabeus** and **Misgav** reported that their grant helped them to unlock other sources of funding. Others reported increased skills and confidence to manage grants.

> *This funding has helped to improve our profile and financial situation. It also helps other funders to know we are reputable, reliable and able to manage grants, thereby increasing our chances of being awarded funding.*
>
> *- Provider Survey*

Reach more/different groups of young people

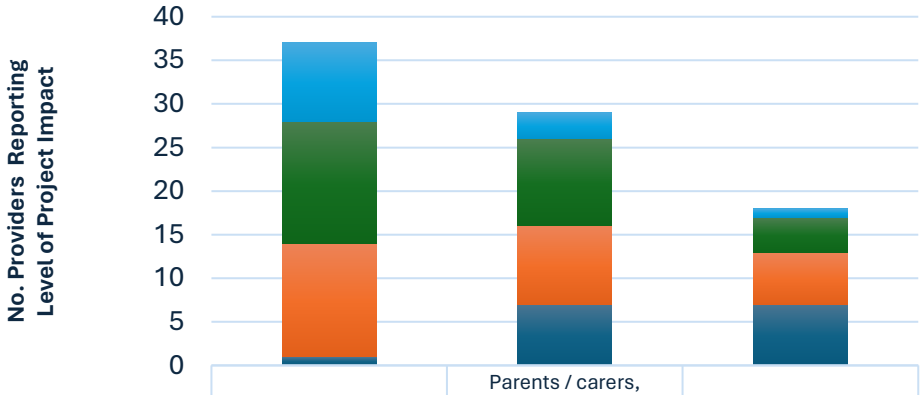
5,914 young people have been engaged and supported by the programme. Overall, **100%** of providers responding to the survey identified that the fund had enabled them to reach more young people from under-represented groups. Providers have repeatedly reported that the fund has enabled them to support those who would not otherwise have had access to support, to be able to reach communities that are often invisible to other services.

> *The funding helped us develop our service provision not just in numbers but also in depth of service...this funding has made us realise that the work we do is life-changing for young people -and we need to do more of it.*
>
> *- Provider Survey*

Key Findings – VCSE organisations improve capacity to support YP's

- Most significant impact on capacity has been on providers' ability to reach more young people – **100%** of providers reported this outcome
- Providers have been able to utilise the funding to develop new services and approaches, recruit new staff
- As a secondary benefit, **69%** of providers found their projects resulted in improved systems, policies and procedures.
- Some providers have been able to access more funding as a result of their grant.

11. System Outcome: Young People from underrepresented communities and groups have improved access to mental health services and support



	Young people from under-represented groups have increased access to services and support	Parents / carers, teachers and other professionals have increased confidence and understanding to effectively support CYP's mental health	Agencies improve their cultural awareness of minoritised groups
Significant Impact	9	3	1
High Impact	14	10	4
Moderate Impact	13	9	6
Low Impact	1	7	7

Young people have increased access to services and support.

As outlined earlier in this report, the young people involved in this programme have typically faced a range of barriers to accessing mental health/wellbeing services across all beneficiary stages. The providers have utilised a range of mechanisms to address these challenges – involving targeted engagement and specific delivery approaches which facilitate access to other services too. For example, many providers such as **Day Mer, Sunbeams** and **St Mary's** provided 1-1 support which connected individuals to other services. This involved trained staff working with young people and their families individually to identify needs, set goals and facilitate access to other services in their own organisations or communities more widely.

Providers have also taken an intersectional approach – for example **Misgav** have delivered activities specifically for young women from Orthodox Jewish communities. **Catch 22** have developed a targeted programme for young men. There have been a range of providers who have focused on other groups too – such as those who are neuro-divergent, young refugees, young offenders and those who are homeless.

Many organisations have stated how the grant has helped them to facilitate essential mental health provision for young people from underrepresented and hard to reach communities. This has enabled organisations to support higher numbers of vulnerable young people and have a greater impact overall.

> *This project has enabled us to connect with existing and potential support networks for marginalised young people across the boroughs, in a way that would not have been possible without the funding.*
> - *Provider Survey*

Parents/carers/teachers and other professionals have increased confidence and understanding to support YP's mental health

Several organisations such as **Women's Inclusive Team** and **Our Voice Enfield** carried out projects involving workshops and educational sessions to raise awareness among parents and teachers about signs of mental health issues to look out for, how to response to those issues and the support available to them. Some of this has been delivered at scale. For example, **Forty Ltd** organised an awareness and training event, engaging 250 parents and teachers and educated them on recognising and handling mental health issues in children and young people. **Suvai Deaf East Community** provided

support for both deaf and hearing parents to build new friendships and help them learn how to better support their children. Other providers such as **Mindful Peak Performance** have delivered practitioner training in partnership with Irie and Rainbow Mind. This has enabled groups to develop and run their own mindful boxing sessions, based on the BAM! Model.

> *"Support for parents is crucial for deaf young people's development, giving parents the tools, ability and knowledge to support their children, as well as linking them with other parents of deaf children*
> – *Provider Survey*

Agencies improve their cultural awareness

This was not a focus for most organisations who were primarily focused on delivering direct outcomes for young people. However, some organisations have/are in the process of working with other agencies to improve their understanding of the cultural and faith needs of their local communities. **Children Ahead** for example are co-producing targeted work for Jewish communities with CAMHS.

> *We have also had a voice in wider structures and ICBs and advocates for the needs of these young people and the need for accessible services across the system. This funding has also helped us to grow that voice, attract more referrals and reach*
> - *Provider Survey*

Furthermore, the **Suvai Deaf East Community** have also worked with statutory agencies such as CAMHS to build their awareness about the needs of young people from the deaf community.

> *We often invited guest speakers from CAMHS and NHS, to present about various issues. Not only was this incredibly valuable for attendees, but also valuable for the organisations themselves, to meet deaf people, find out about their needs and to recognise their place in their services. As a result, these services are becoming more aware, knowledgeable and accessible to deaf young people and will be more informed and capable of working with this client group. We are really proud of this outcome.*
> - *Provider Survey*

Key Findings – Young people from under-represented communities have better access to mental health services

- Most providers (**97%**) have reported that the funding has enabled them to reach and support more under-represented young people
- Whilst developing cultural awareness of other agencies has not been a major aspect of delivery, a number of organisations have been involved in co-production work with other bodies
- Organisations have developed a number of approaches for working with parents, teachers and practitioners – such as through educational workshops and bespoke practitioner courses. As a result, **79%** of providers have reported moderate-significant impact in this area.
- Providers have also been able to utilise their services and engagement with communities to develop new platforms and opportunities for young people to share their experience and knowledge with other agencies

Spotlight – Scarabeus Aerial Theatre



Scarabeus is a performing arts organisation based in Islington but attracting service users from across neighbouring Boroughs. Almost all service users are female or gender diverse and most report that it is the only form of physical exercise they undertake. Although the project is open access over 40% of beneficiaries identify as disabled (with a broad definition including physical and mental health issues, Autism, Learning Disability, ADHD, ADD and others).

The Take Flight project operates two classes every Wednesday and attracts 40 – 50 participants each week. In a focus group with six of the beneficiaries aged 19-25, they reported extensive benefits to their wellbeing....

"I've struggled with Agoraphobia for a while now since before I started doing this and it's been like the one thing that I don't dread leaving the house to do... I wouldn't really socialise as much as I do or leave the house as much as I do if it wasn't for this."

~~~

"it's also the skill of resilience and like, carrying on even when you feel like it's difficult and proving to myself, I can actually do something that I didn't think was possible."

~~~

"it's good having structure cause with ADHD it's hard to do anything and then when I come, I feel like accomplished and less sad."



Not only has it given me a hobby I am super passionate about, it has given me a community. These sessions give me something to look forward to each week & provide me with motivation & clarity in my day to day

~~~

On days where I feel anxious it takes away these feelings by enabling me to get out of the house, socialise, learn new skills and exercise.

~~~

Meeting new people, being able to relate to them. A time in the week where I can switch off from outside stressors and tune into myself.

~~~

I'm building my confidence despite my disability. I'm literally learning and doing what I previously thought was impossible.

~~~

It gives me reason to get out the house, I look forward to it every single week and I feel challenged and also excited to learn new skills every time. I have structure in my life and something to look forward to every week, this has really helped my mental well-being.

~~~

Healthier sleep pattern. Less disordered eating.

- *Beneficiary monitoring feedback*

Impact:

48 Young People engaged for 3+ months

117 Total Beneficiaries

90.7% Beneficiaries report a reduction in stress and/or anxiety from the programme

84.4% Beneficiaries report feeling more optimistic about the future since starting Take Flight

81.3% Beneficiaries report making new friends at Take Flight
~~~

12. Critical Success Factors

A number of key themes emerged through the evaluation which appear to have been important enablers in achieving impact:

Holistic and Integrated Support

Many of the providers offered services which sought to support beneficiaries holistically, working beyond mental health in a narrow sense by addressing linked risk factors such as employment, education and social inclusion.

4-22 Foundation for example, implemented employment support alongside counselling to refugees and carers. **Catch-22** provided a range of activities for young men such as cooking classes, boxing, running and DJ workshops along with employment support.

> *I always say the best mental health is getting somebody a job because if you've got a job, then you've got a sense of purpose and it's building up resilience*
>
> *- Provider Interview*

Hackney Quest added a counselling offer and group mental health discussion to their existing youth centre and employability service.

Noa Girls used an integrated approach to support girls from the Orthodox community through cooking classes, creative activities, 1 to 1 support, and employment support.

Tailored Futures provided holistic support to young people through mental health referrals, employment/educational opportunities, and long-term reintegration of ex-offenders into society.

> *With Tailored futures' involvement, they encouraged that I communicated with my GP about getting therapy and also referred me to a mental health organisation. I also was able to kickstart my working life by having a CV made, and looking at jobs I would want to apply to as soon as I can. It was a 180 turn from how I thought I would have wanted things to go.*
>
> *- Beneficiary Feedback*

These approaches recognise the interconnectedness of various aspects of young people's lives and how practical improvements beyond therapy / counselling can have a big positive impact on their overall wellbeing. The case study in Annex 1 from **The Running Club** showcases the value of taking a holistic and integrated approach towards young people's mental health.

Culturally Sensitive Support and Trust

Cultural sensitivity was one of the most common themes identified by providers as a key factor in their success when working with young people, families or partner organisations from ethnic minority or faith backgrounds. Many providers stated the need to be adaptable when working with these young people as existing cultural stigma surrounding mental health as well as language barriers make these communities more difficult to engage with. This involved providing a culturally competent service, adapting and allowing for consideration of the services user's religion and/or cultural background. It meant allowing time to build dialogue and trust and, in many cases, utilising staff or volunteers with representative backgrounds who the target groups could much more readily build trust with.

A significant number of projects found success by tailoring their services to the cultural, linguistic, and community-specific needs of the populations they served. This was most commonly and most effectively achieved where services were developed by people from the same communities such as **Hackney Quest, Noa Girls, Day-Mer.**

> *The availability of this service within a local community-based project, it's not up the hill to this great Victorian building with scary people in inside and all the rest of it.*
> - *Provider Interview*

Being able to offer multi-lingual services as well as culturally appropriate/faith aligned support was also a strong factor. **Misgav** communicated with beneficiaries in Hebrew for example, **4-22 Foundation** employed an Albanian speaking counsellor to communicate with refugees.

> *There were some clients who dropped off from engaging with their counsellors after 1-5 sessions. We successfully identified that Albanian-speaking refugees were not engaging with our non-Albanian speaking Counsellor. We subsequently recruited an Albanian-speaking Counsellor and all of these refugees engaged to the extent that they are all very close to completing the total course of 20 sessions.*
> - *Provider Survey*

Empowerment through engagement, peer mentoring and youth leadership opportunities

Projects that involved young people with mental health needs in the planning, execution, and evaluation of activities reported higher levels of engagement and empowerment among young people by giving them a voice and active participation. This ultimately led to increased confidence, self-esteem, and a sense of ownership by young people over their mental health journey.

Various providers, such as **Forty Ltd**, implemented voluntary mentoring roles for the young people to create networks and allow them to support each other.

Mind in THNR began their project with a listening campaign to understand what the young people wanted, and they used that to develop their project content.

Catch-22 involved their beneficiaries in designing flyers and advertisements for their projects to allow the young men to be heard and have an input in the service.

East London Dance ran a co-design session with their delivery team, and embedded co-design in each session to give the young people opportunities to be more involved in shaping their own programmes.

CB Plus trained Young People as Mental Health peer mentors, supporting younger peers in their transition to high school. This was then embedded in a school-wide wellbeing ambassador programme, which was an unintended but welcome longer-term outcome of the project.

In implementing co-production and youth mentoring programmes, young people have been empowered to be experts by their own lived experiences. They have been able to use these skills, personalities and knowledge to help shape services, rather than just being passive recipients. This has been critical for achieving transformative and sustainable impact.

Embedding MH support in Recreational activities / interests

Eleven providers used creative (e.g., music and arts) and physical (e.g., sports and dance) activities to engage young people and serve as non-traditional, and embedded pathways to discussing emotions, developing coping strategies, mindfulness, building resilience, and improving self-esteem and confidence. As shown earlier in the report, these providers included: **The Running Club**, **Mindful Peak Performance, Scarabeus**, **Frames of Mind, Key Changes, Wellbeing Connect.**

Implementing interests like music, dance and creative arts allowed the projects to engage young people in mental health interventions through

existing motivations and interests rather than through clinical services. The activities themselves provided benefits such as creative expression, physical exercise, and a sense of community that impacted strongly on improved mental wellbeing.

For many of the providers, the stigma around mental health was a key issue amongst young people and their communities. As a result, this became a key factor which was embedded in the providers' services to build relationships and trust with young people who would often be reluctant to go to statutory services for help. Providers such as **Mind THNR** and **Mindful Peak Performance** embedded mental health support in other activities to support young people who may be reluctant to talk about mental health openly.

> *We tend to find with some young people there is an issue around stigma around mental health. And I think if you approach young people by talking specifically around mental health, you can often get pushback. Whereas I think if you're able to interweave it into activities that they might be interested in doing, that way you're able to get them talking.*
> - *Provider Interview*

Hackney Quest also worked to normalise conversations around mental health with young people to help them feel more at ease and relaxed when discussing any issues they may be facing.

> *The normalisation of conversations around mental well-being and mental health have enabled people to feel, I would argue, more comfortable...perhaps they're feeling the realisation that they're not the only ones with those with those feelings, with those experiences, and it has had an empowering effect on individuals and allowed them to express themselves a bit more openly.*
> - *Provider Interview*

> *I feel proud that I pushed myself to dance when it really scares me.*
> ~~~
> *This activity has helped me to focus more.*
> - *Beneficiary Feedback*

Flexible Services for young people

Many providers offered flexible services, including adapting to the needs of young people, offering services outside of traditional hours, and using a mix of in-person and digital formats.

Some providers stated how statutory services offer limited services for a short period of time, often with a high threshold/criterion. Instead of young people having to fit a rigid service model, these projects adapted their models to flex around the realities and preferences of the youth they served. This was key to reaching and effectively supporting a wider audience whilst minimising common access barriers such as strict attendance requirements, clinical settings, lack of transportation etc.

Catch-22 for example were patient with individuals who found it hard to attend set appointments and worked around their needs.

> *In the NHS services if someone hasn't shown up to three appointments then they'll just be discharged but we don't do that here.*
> - *Provider Interview*

Hackney Quest had counsellors physically present and accessible multiple days a week within the youth centres to be used by the young people flexibly when they needed them, rather than having set appointments elsewhere.

Community Networks and Stakeholder Collaboration

Many providers are embedded within local communities and the projects are run by people from those communities meaning they are able to reach out to young people who may be overlooked by statutory services. The projects worked in partnership with other organisations, schools, and community groups to broaden their reach and enhance the support network available to young people. This has allowed the providers to act as an early intervention to mental health support whilst also reaching out to vulnerable young people in crisis who may be reluctant to go to statutory services for support.

Noa Girls carried out educational workshops in Orthodox schools, helping to raise awareness among young women, parents and teachers about eating disorders and mental health which has been very impactful as this is a subject that is not openly talked about within the community. In addition to offering important learning about mental health, these sessions also acted as a gateway into their other services.

Leytonstone and Wanstead Synagogue carry out their project within the synagogue to engage young people within the community:

> *. We think that voluntary community-based organisations, especially those that operate within well-established communal structures, such as a Synagogue, are uniquely placed to offer a genuine sense of belonging and inclusion which significantly contributes to mental wellbeing.*
>
> *- Provider Interview*

Suvai Deaf East Community provide services that support deaf young people and their parents, and all their staff members are deaf or fluent in British Sign Language to create a sense of community for this group who often experience high levels of isolation in wider society.

East London Dance, CB Plus and **Higham Hill Hub** partnered with schools to identify and deliver interventions for students needing mental health support.

Rather than expecting young people to come to a separate clinical space, meeting them in familiar environments where they already felt comfortable was key. Having that context of a trusted community partner helped overcome stigma and initial hesitancy around mental health services, whilst leveraging pre-existing relationships with young people and their communities.

Adaptability and Learning

Some of the providers faced unexpected challenges but were able to adapt their approach to ensure they could still achieve positive outcomes. For example, Key Changes and East London Dance adapted their original project designs to a group format.

> *Our delivery model was altered slightly when introducing the project to inpatients in CAMHS tier 4 settings. Many of the young people were reluctant or nervous to participate in one-to-one mentoring sessions (as originally suggested), so we adapted the format to increase confidence and familiarity in a more informal, group setting.*
>
> *- Provider Survey*

Another provider experienced a similar issue to **Key Changes**, time limits made it challenging to develop relationships with young people. This was resolved through group coaching sessions instead.

> *Due to the limited time scale, it was challenging to establish strong relationships with the young people within the first term. Noticing consistent themes of confidence and coping challenges within the young people, resulted in the 1-2-1 sessions transitioning into group coaching sessions... this helped identify specific support needs of each individual within the group.*
>
> *- Provider Survey*

Tailoring support to intersectional identities and needs of young people

Many of the projects provided tailored support focusing on the intersectional identities of the young people involved including race, ethnicity, gender, sexuality and neurodivergence. A one-size-fits-all approach that can sometimes be found in statutory services fails to address the intersectional needs of young people and can miss the nuances of experience required for authentic and effective support. By deeply understanding the intersectional lived realities of their participants, the projects designed services that were relevant and responsive to each young person's unique situation and identity.

Mindful Peak Performance had two dedicated projects (Ire Mind and Rainbow Mind) to deliver their practitioner training tailored for young Black men and LGBTQ+ youth.

> *We are guided by the shared values, which are a lot to do with understanding and honouring and respecting intersectionality and the different parts of identities, including the health element of our identities and our age, our nationalities, our race, ethnicities, sexuality, gender identity, and really having deep rooted respect and ways of working with those.*
>
> *- Provider Interview*

Key Findings – Critical Success Factors

- Providers offering holistic and integrated support delivered a range of services that tackled both mental health and the wider determinants of health inequalities such as employment, education and social inclusion.
- Those organisations successful in working with minoritised communities were delivering culturally appropriate and/or multi-lingual services, often designed and led by people from the same communities themselves.
- Services which utilised co-production and peer mentoring models were able to empower young people to be experts by their own lived experience and to shape and deliver services rather than just being passive recipients
- Organisations which embedded mental health support in recreational activities / interests rather than in clinical settings found they were able to reach those young people that felt uncomfortable about accessing mental health support, it was also an important route to developing trust and building support networks
- Flexible service models contrasted with typical statutory offers. They proved very effective and enabled organisations to adapt to YP's needs and preferences
- Providers were able to leverage community networks and partnerships to enhance reach and support
- Organisations demonstrated adaptability, iterating project design or making other changes to address challenges and respond rapidly to learning and feedback
- Recognising the diverse needs of the beneficiaries, providers tailored support to intersectional identities and needs based on ethnicity, gender, faith, sexuality, disability and neurodivergence – this ensured they were able to engage and retain participation of under-represented groups

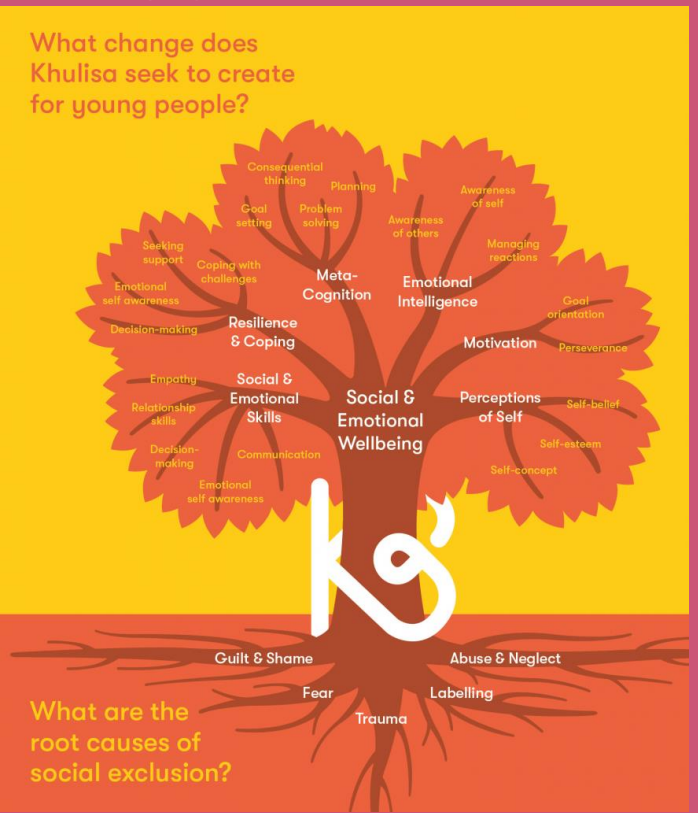
Spotlight – Khulisa

Khulisa is an award-winning social justice charity. Founded in 2007 in order to support marginalised young people whose behaviour is deemed by others to be challenging or antisocial.

Khulisa delivers therapeutic support delivered in schools to small groups of young people. The organisation also provides training to parents and teachers to enable them to better provide a nurturing environment, which is safe, and trauma informed. The programmes combine therapeutic support with creative approaches so that young people can explore and articulate their emotions, thoughts and feelings in ways which feel comfortable to them.

"We work hard to create a programme that is not limiting in our ambitions for young people, where they have time to build peer and teacher connections. Our programme also chooses to use art, drama and debate to explore emotions and challenges without words. Often young people have neither the words, not the safe space to talk about their emotions and expecting that of them can be damaging. Young people tell us that they like our programme because it is fun, they learn a new language of emotions and they learn that they 'are not their behaviour' and they can address any shame they feel."

- *Provider Survey*



Enrolling onto the Khulisa programme was a big step for me. Bullying at school had resulted in me experiencing panic attacks, acute anxiety, and a great loss of confidence, so participating in weekly group sessions to highlight the issues we were experiencing, and then taking action to overcome them, felt quite daunting initially. My nervousness was so dominant at the start of the programme, I honestly felt too shy to even announce my own name in the room, when asked to confirm our attendance. I also physically showed signs of discomfort with the trembling of my legs, which thankfully subsided during my first week. Just answering questions verbally was something I didn't feel comfortable with – I absolutely didn't want to draw any attention to myself – however the support I received from the facilitators of the programme was incredibly reassuring. Slowly but surely, as the days went on, I quite literally began to find my own voice. I started to share my thoughts in group sessions; would participate in social games; and grew more accustomed to being out of my comfort zone. This is something I really do feel proud of, as it felt near impossible before I started the programme. I still struggle sometimes, but I do feel as though I'm growing in confidence and have learnt the importance of not only taking strides forward at my own pace, but to trust in myself more, and to confide in others. The charity, Khulisa, reminded me that I'm not alone – everyone has insecurities – and it's just finding the courage and support to make positive changes.

- *Beneficiary Feedback*

Impact:

51 young people have accessed support

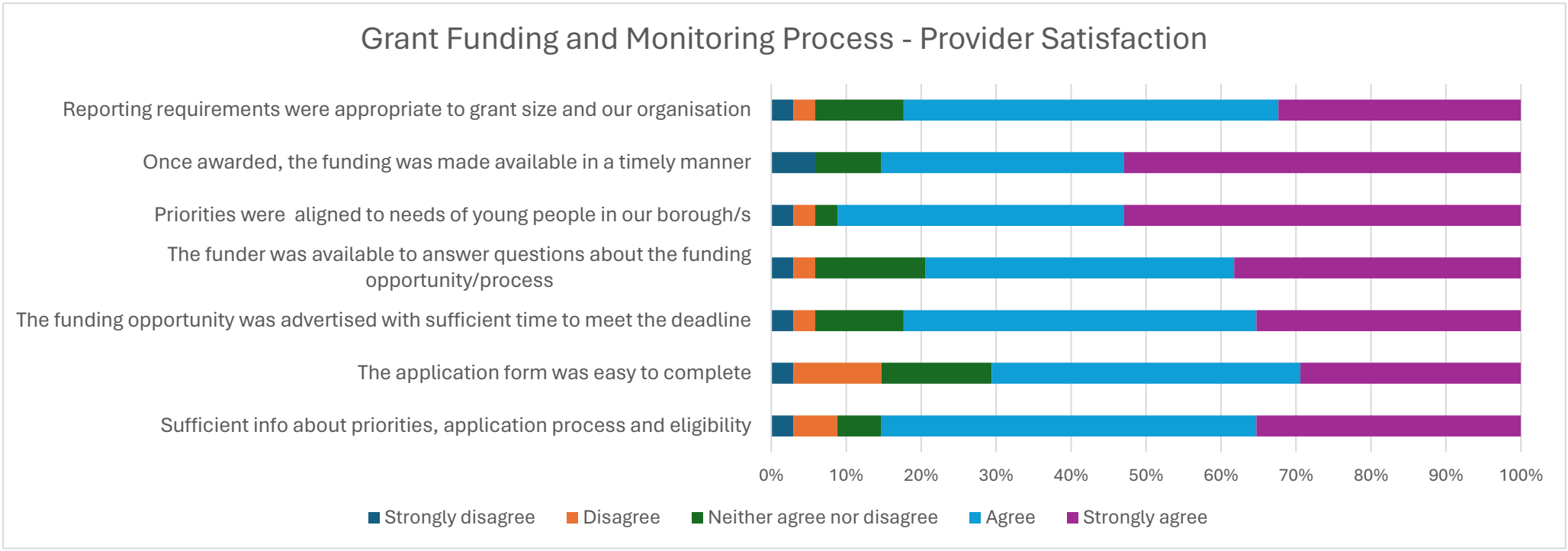
73% young people have increased resilience

65% young people have improved their emotional regulation

88% have used coping skills developed through the programme

120 staff accessed Khulisa's trauma-informed training programme

13. Grant, Delivery and Evaluation Process



13.1. Providers Experience

Overall, the vast majority of providers were very satisfied with how Compass Wellbeing administered the funding programme. They felt that the process was straightforward, and they valued the proactive support and quick responses to queries. They also valued the flexibility of designing their projects to meet the needs of their beneficiaries as opposed to meeting prescriptive criteria.

> *We felt supported every step of the way and questions were quickly answered by a member of the team. We were also invited to events to showcase our work so it really didn't feel like 'funding was awarded and then we will just read the impact report at the end'. I personally spoke with a member of the team at length who was so invested in our work and encouraging. We have been included in seminars, offered training and supported throughout the year.*
>
> *- Provider Survey Response*

> *The organisation really appreciated that we could actually present our programme the way we felt it was needed to tweak it around to our beneficiaries, rather than being told this is the criteria 'do you fit it or not?'*
>
> ~~~
>
> *I think Compass have been excellent... the application stage has been probably the most proactive funder I've ever seen.... there was a lot of personalized engagement, which is very unusual in the sector.*
>
> - *Provider Interview*

A couple of providers, however, mentioned challenges due to a delay in the grant decision timing:

> *The date that we anticipated the results of the funding to be announced was significantly delayed without communication which meant we didn't think we had been successful and resulted in us refocusing our attention.*
>
> - *Provider Survey Response*

Furthermore, a deaf-led organisation highlighted the issues they faced when completing the grant applications, in particular the time-consuming task of having to work with interpreters to translate the applications into BSL and then into written English.

Key Findings – Providers Experience:

- Providers really valued the role of Compass Wellbeing including the personal approach and proactive support offered.
- The grant and monitoring processes were straightforward and accessible to most providers.
- Delays to grant decisions could have been communicated better.
- Consideration should be made around options to improve accessibility in future to those with communications challenges.

13.2. Project Delivery Challenges

Building trust

Some providers were extending new services to existing beneficiaries but the majority were targeting new beneficiaries. For these projects a theme emerged on the time required to build trust and rapport with the young people. The providers found this was often a prerequisite to fully engaging young people in the projects, however, for many this was a process that took longer than anticipated.

> *We had anticipated that users would talk about change and goals setting at an earlier stage than most did which showed us that it is important to allow users to build trust and relationship with their support worker before they can speak about goals etc, and this may take time.*
>
> - *Provider Survey*
>
> *Due to the limited time scale, it was challenging to establish strong relationships with the young people within the first term."*
>
> - *Provider Survey*

High demand for services

Another challenge that the organisations faced was a high demand for their services from young people. A number cited their view that this was in part a result of a lack of availability of statutory services due to long wait times and increased demand, which in turn placed an increasing demand on VCSE organisations to provide mental health support to young people.

> *The young people in this project were supported but there are many more who need us and have to wait for support.*
>
> ~~~

There is a dearth of high-quality young people's short-term counselling provision across the area, and an ever growing demand for support. We were substantially oversubscribed with referrals.

- *Provider Survey*

Challenges engaging with schools and other partner organisations

Some organisations expressed challenges engaging with planned partners, particularly those seeking to work with or accessing referrals from schools. This was typically identified as due to limited resources within schools to effectively engage and/or challenges in reaching the right people and navigating systems and procedures including safeguarding.

We found it really difficult to get schools to sign up to our programmes. We were very surprised by this - usually we have a waiting list of schools desperate to work with us. We are not sure of the reasons beyond standard school issues (lack of time by teachers etc) or whether they were specific to the borough (Islington). We do now have full sign-up, but much later than we expected.

- *Provider Survey*

In addition to this, **Mindful Peak Performance** found challenges in building trust with statutory health services to gain referrals:

It was more challenging than we anticipated to reach young people through the CAMHS structures...building trusting relationships with different CAMHS organisations and personnel proved very time demanding and requires a longer-term, sustained effort to keep new referrals coming in..... In some instances, it took four months to meet with some CAMHS workers plus an additional period for CAMHS to assess information about the services before referrals could take place.

- *Provider Survey*

Several providers faced challenges with planned delivery locations no longer being available, which caused delays to projects starting.

Funding Sustainability

A number of providers identified the challenge of winding down services when the grant funding ends and the possible detriment to young people where they have come to depend on support. Likewise, many providers are finding the broader funding environment ever more challenging:

Often, I find funders give a grant and we grow this beautiful project and it's such a success and then it comes to the end. There isn't that transition of slowly weaning off, it's finished, and this is what I don't want, to have that negative effect on the young people that they should feel suddenly Oh, OK, so there isn't funding now to get the support.

- *Provider Interview*

I think it's longer-term chunks of money like it's great to do these one-year projects, how do we access 3/4/5 year longer term pieces of money that where we can really build.

- *Provider Survey*

Key Findings – Project Delivery Challenges:

- A number of projects supporting new cohorts of young people found it took longer than planned to build trust and rapport with beneficiaries.
- Some providers faced much higher demand for support than they could meet.
- Some organisations expressed challenges engaging with partners, particularly those seeking to work with schools.
- Many providers struggle to achieve financial sustainability and provide consistent longer term support for those who need it. They would really value longer term funding opportunities where possible.

In most cases, the reported challenges delayed the realisation of individual project aims and outcomes rather than prevented them. Providers demonstrated flexibility in addressing and overcoming these challenges.

13.3. Reflections on the Evaluation Approach

Participatory and inclusive approach

The approach to monitoring and evaluation undertaken by Compass throughout the programme has enabled providers to describe their achievements, impact and learning in ways which were relevant to them. Overall, **82%** of providers responding to the survey felt that the reporting requirements were proportionate to the size of the grant and organisation.

In designing the programme evaluation, Charity Fundraising Ltd sought to ensure that it was as participatory and as inclusive as possible. From the outset, providers were engaged in the planning of the evaluation through a questionnaire and 1-1 interviews. Throughout the evaluation, the team has sought to respect and respond to the capacity of providers, in terms of data collection and the coordination of interviews, site visits and focus groups. This has been highly valued by the providers who have appreciated that this has given them the opportunity to be able to demonstrate the impact of their work through this process.

Engagement

Engaging young people in this evaluation process has not really been possible. Whilst some providers have been able to facilitate focus group sessions with their beneficiaries, in most cases providers have not felt able to facilitate direct engagement with young people. There are a number of reasons for this:

- Safeguarding concerns – some providers were concerned the mental health of their young people could be impacted by direct engagement
- Issues around trust – a number of providers felt that they were still building trust with their cohorts and worried that this could be disrupted by additional direct engagement with an outside service. Additionally, some providers felt that their cohorts already felt "over-consulted"
- Provider capacity was also an issue for some organisations
- Some services involved young people in fairly intensive therapeutic support and counselling – in these instances it was not felt appropriate by the providers or the evaluation team to undertake direct engagement with these individuals.

Many providers were very generous with their time, providing feedback to plan the approach as well as arranging focus groups, participating in interviews and sharing their data and information. However, some providers did not engage at all and others in only a very limited way. This may well be a result of their own capacity constraints, although it is understood too that some providers were not anticipating the programme evaluation – not having advance notice has meant that organisations have not been able to plan ahead for their involvement.

Timescales

The timescale for the evaluation was incredibly challenging both for the delivery team, the providers and the stakeholders. The evaluation process would have been improved had it commenced at programme start and planned to end after all projects we complete. In some cases, projects had not ended during the research phases and this mean that total impact was not fully captured. Furthermore, although unavoidable, the research phase of the evaluation coincided with half-term which meant that many providers and certainly young people were not available to participate.

Data Collection

The range of organisations involved in this programme is very broad. The programme has included large, very well-established organisations with significant staff teams as well as relatively new, wholly volunteer-led community groups. Some providers had very well-established monitoring and evaluation approaches and systems, others had minimal systems and capacity. In addition, the activities provided, and the size of beneficiary cohorts have been incredibly broad ranging too. As has been shown throughout this report, activities have included sports, arts, counselling, mentoring, educational workshops, practitioner programmes and everything in between.

Whilst this breadth of delivery has clearly been impactful, it has presented some challenges for monitoring and evaluation. Providers had different approaches to data collection and in many cases experienced their own challenges in capturing this consistently and in standardised formats. With lots of different activities, delivered at varying levels of intensity and to diverse beneficiary groups, capturing standardised quantitative data was not feasible. Furthermore, existing monitoring requirements have been mainly focused on activity and outputs, with very little focus on monitoring outcomes and impact. The potential development of this is explored further in section 14.2.

For this evaluation, as a result of the data collection challenges, quantitative outcomes were measured as follows:

- Providers were asked to self-assess the level of impact that their projects achieved for individuals against each outcome area.
- The Evaluation team used provider monitoring data, case studies, interviews, focus groups and project visits to moderate impact levels in line with evidence from the combined methods.
- Projects with insufficient evidence were excluded from the outcome measurement process.
- Project level impact measures were applied to beneficiary numbers to date for each provider.

Key Findings – Evaluation approach:

- Providers have found the monitoring approach proportionate to their organisations
- Taking a participatory and mixed methods approach to evaluation has been effective and valued by providers
- Whilst every effort was made to directly engage with young people, this has been limited due to provider concerns about trust, mental health and suitability of service
- Timescales have been incredibly challenging and this has had an impact on the ability of providers to participate in the evaluation
- The range (size, activity, intensity, capacity) of providers and their projects has meant that there have been highly variable approaches to monitoring and evaluation which has had an impact on data collection.

A further round of the grant programme was in process during the development of this report. NCEL is seeking to address these findings within this current round.

Impact of Evaluation Challenges

Although there have been a number of challenges in delivery of this evaluation, the findings were supported through a range of methods. Challenges in direct access to young beneficiaries and the inability of some organisations to engage in the evaluation mean that not all of the programme impact has been measured and reported and quantitative impact measures should be considered as a guide; however, the broad findings as reported and particularly the qualitative findings can be regarded as robust.

Spotlight – Body and Soul

Body & Soul©

Transforming childhood adversity

Body and Soul have been delivering trauma-informed therapy and support to young people for over 27 years. Around 85% of their beneficiaries are from racially minoritised communities.

The Hospital Admission Avoidance Fund was used to support the expansion of their suicide prevention programme – You Are Not Alone (YANA). This programme uses Dialectical Behavioural Therapy accompanied by workshops in movement, somatic body mapping, dance and other wellbeing activities and creative workshops. In addition, beneficiaries are also supported to address more practical issues such as employment and housing.

Co-production is an incredibly important aspect of the programme too. The YANA team have been working with the graduates to develop online content and videos, as well exploring mechanisms for decolonizing the Dialectical Behavioural Therapy model and ensuring its suitability for young people from all walks of life.



> *Do we feel listened to? Yeah, Id say so…I've been involved in the workshops around how we change DBT for the better, how we decolonise it – I can't think of a better example of being listened to than that!*
> - *Beneficiary focus group*

Impact:

270 young people have accessed support in total

95% of YANA beneficiaries had not made any further attempts at suicide since joining the project

93.5% young people reported increased confidence

100% report having more skills and strategies to cope when life gets hard

92% report being more able to manage difficult relationships

84% have not required crisis support since joining the project

> *You have saved my life, thank you.*
>
> ~~~
>
> *The fact that Body and Soul offer so many services and different kinds of support is amazing. They provide classes that help in all aspects of life, and I think the work they do to support people is very unique to any other charity or organisation that I have ever come across. Body and soul have helped me so much and I couldn't be more grateful!*
>
> ~~~
>
> *I've learned so much and have so much more control over things now. Most importantly, I have been able to come to accept things in my life and kind of move past them. I get on so much better with my family now. I have stopped taking drugs and drinking. I actually sleep which is amazing*
>
> ~~~
>
> *I came to the Yana project after attempting suicide. I don't feel like that any more. I feel loved and safe. I even come in on other days as well!*
> - *Beneficiary feedback via questionnaires and focus group*

14. Systems Learning

14.1. Supporting the aims of NCEL

The programme has effectively contributed to the priorities of the NCEL Collaborative by addressing critical gaps identified in the SHNA, particularly in enhancing access to mental health services for underrepresented groups and reducing inequalities in mental health provision for the local population. The SHNA in turn aligns with broader NHS policies aimed at improving mental health outcomes, promoting early intervention, and ensuring equitable access to care.

The programme directly supported the first of NCEL's six priority areas:

- Develop a prevention programme of work
  - Working with our community partners to develop a prevention offer that address health inequalities
  - Understanding the whole pathway and identify opportunities to intervene earlier

The programme and this evaluation also have the potential to feed in to learning and planning in relation to NCEL's other priority areas.

Another key aim of the funding programme was to enhance the strength and capacity of the local voluntary sector. The funding has enabled many of the small providers (which often survive hand to mouth on small grants) to expand their services, improve staff skills, and develop new interventions. A number of them have also built or strengthened partnerships with schools, CAMHS services and other agencies. This has enhanced the overall capacity of the community to support children and young people's mental health in the near term. To sustain this impact, however, the programme would ideally need to become a permanent feature of the local VCSE funding environment.

Finally, through the programme, NCEL were seeking to build closer relationships with local VCSE partners, enabling increased dialogue and trust and to learn from them – bringing their voice and expertise into the collaborative's clinical strategy and ongoing quality improvement.

The funding programme has seen examples of this. NCEL met with **Noa girls** for example, to understand their work in more detail. Their focus on eating disorders links closely with NCEL's clinical priorities and there is discussion about engaging them in NCEL's clinical quality group to share some of their ways of working, how they operate in the community and the way they flex their services.

Over time there is scope for the grant programme to identify and kick start more of these opportunities for closer partnership and shared understanding. The evaluation identified an immense asset in local VCSE providers knowledge, experience and understanding. Further opportunities to learn from them could be extremely valuable to the ongoing development of NCEL's clinical strategy.

Key Findings – Supporting NCEL's Aims:

- The programme effectively contributed to the priorities of NCEL by addressing gaps identified in the SHNA, primarily in enhancing mental health service access for underrepresented groups and reducing inequalities.
- The funding strengthened local voluntary sector capacity, enabling service expansion, skills improvement, and new interventions, crucial for supporting youth mental health. Sustainable impacts, however, depend on the future of the programme.
- NCEL was able to build closer relationships with local VCSE partners, enhancing dialogue, trust, and with potential to feed into clinical strategy.

14.2. Lessons in partnering with VCSE

The programme has demonstrated the substantial value of partnering with VCSE organisations. The projects have facilitated reach into communities that are traditionally underserved or face barriers to accessing statutory services, thereby complementing existing NHS provision.

The grant funding programme was demonstrably a very effective way to build collaborative working with local VCSE. To build on and refine this, NCEL could consider the following in developing the funding programme….

Timeframes and Duration

As seen in the project delivery challenges, a number of providers working with new cohorts found more time was needed than anticipated to build trust and relationships with beneficiaries before they could achieve their intended impact. Other providers identified that continuity of support was difficult for those who needed long term condition management support and many providers also highlighted the challenge of their overall financial sustainability when relying heavily on short term grant funding.

Given these factors it would clearly be beneficial to providers if there were opportunities to extend the grant duration period or develop separate routes to longer term funding.

In assessing funding applications, those proposing untested services or models, and/or where the applicant has a limited track record working with the target group should be given extra consideration to ensure the plans are feasible.

Compass Wellbeing has demonstrated flexibility with providers who have faced challenges. This has been an important and valued factor and should continue in any future funding rounds.

Targeting Service Users

The evaluation raised a question around targeting of service users. Many providers have been very effective at reaching minoritised communities and those who face barriers in access to support, which was a key aim of the programme, however it is important to also consider how overall impact can be maximized in future.

In the overview of projects section, we saw that the vast majority of beneficiaries were reached at a preventative stage – defined as reducing the occurrence of mental health issues before they arise.

At this end of the support spectrum, impact requires very high reach in volume to achieve systems level impact. Given the overall population of young people in NCEL Boroughs, there is a reasonable argument that preventive / open access work should perhaps have an increased emphasis on volume – **Reverse the Trend** being a prime example of a provider that managed to deliver preventive impact at scale. There is likewise a reasonable argument that some increased targeting of activity on those closer to or already in need of or accessing statutory MH services would also enable stronger systems impact, particularly in relation to the aim of reducing inpatient demand.

Although most of the services working with small cohorts were targeted and providing effective intensive support, several projects were open access / untargeted and also working with small cohorts and this may not be the most effective way to access those in greatest need.

Impact Focus

An enhanced focus on impact across all stages of future grant programme development, guidance, assessment and monitoring would be really beneficial.

This programme evaluation saw the retrospective development of an outcomes framework aligned with the programme aims and the combined aims of the provider projects.

An improved approach would ideally start with a Theory of Change and Outcomes framework around which potential providers could be given a clearer view of how projects are expected to support programme aims. This is not necessarily a case of being more prescriptive about the types of activity NCEL may wish to fund, but more about giving providers a better understanding of the impact you want to see achieved and asking providers to demonstrate how they will deliver against one or more of the outcomes and how they will measure this.

The monitoring requirements on providers are currently predominantly focused on activities and outputs. Building increased impact focus into this area would likewise be valuable in ensuring that providers are focused on impact and proactively ensuring their systems are developing to enable them to report on it. A programme outcomes framework would also support standardised reporting on quantitative outcomes.

Many of the providers acknowledged that they had limited knowledge and understanding around measuring impact, and this may be an area of capacity building that Compass Wellbeing could seek to provide additional support through training / workshops.

Compass Wellbeing has recently implemented a CRM, although it is understood that this is currently being used just for organisational contact details. If there is scope to also use this or other database systems to manage programme and project monitoring it may be beneficial. Existing monitoring data capture hasn't strictly been using structured data, which makes analysis challenging. Categorisation of data also needs to allow for providers that can't always record the relevant metrics. For example, beneficiary ethnicity was not always recorded by providers, who instead included all beneficiaries in the 'other' category. Overall, this represents just under 40% of beneficiaries and skews the data that has been recorded accurately.

The critical success factors identified through this round of funding should be considered in defining the priorities of future grant rounds and potentially also in future grant assessment. Likewise, evidence of prior impact and capability to deliver impact should be a key criterion in assessing future grant applications.

Grant Size and Process

Whereas Lot 2 was titled 'Hospital Admission Avoidance', the criteria for it were much broader than the title implied and there were limited projects that directly sought to address the implied aim. This has already been acknowledged and addressed in the current funding round with a more appropriate title.

The funding scheme offered grants from £5,000 to £50,000, which represents a wide spectrum. NCEL could consider revising the Lot model to two value-based strands such as £5-10k and £20-50k. This could help to balance size of grants to the strength of provider systems and processes and enable more limited and proportionate monitoring requirements at the lower grant level.

The grant application process included an expression of interest (EoI) and main application phase, however the EoI stage wasn't used to filter applications. This resulted in 399 funding applications needing full assessment by the panel (including Patient Participation Group representatives).

A more typical VCSE grant funding approach, is to use a two-stage application process to filter outline applications by eligibility and core alignment with funding aims. This can help reduce the assessment to a more manageable pool of applications and it can also save VCSE applicants the time and cost of preparing detailed funding applications where there is a very limited chance of success.

This approach is typically used for larger grants and probably wouldn't be appropriate for grants under £20,000, so it would only really be suitable alongside a revision to two value-based strands, for the higher value element.

An alternative could be for Compass Wellbeing to undertake initial internal scoring, filtering out lower scoring applications and only presenting the strongest opportunities to the full service user led assessment panel.

Networking and Partnership

Compass Wellbeing could offer things like networking opportunities to facilitate connections and learning between providers. There is an appetite for providers to learn from each other and support one another. There is also scope for partnerships to deliver holistic services (such as counselling providers joining up with sports / arts providers). Compass Wellbeing could play a great role in facilitating this.

A number of providers faced challenges in building their intended partnerships with schools and CAMHS providers. Support to providers in navigating and establishing these partnerships could prove valuable and enhance overall impact.

Providers are keen to develop their approaches to impact monitoring and in some cases just need guidance and advice in how to do this.

Key Findings – Lessons in partnering with VCSE:

The programme demonstrated the substantial value of partnering with VCSE organisations and the grant programme was a very effective method to do so. Potential developments to the funding programme could include consideration of...

- Potential for longer grant duration to meet providers objectives of building trust with YP's, sustaining support for those who need it and to support service and organisational sustainability.
- Targeting Service Users: Maximising impact requires either preventative work at scale to reach a higher volume of young people, or more targeted approaches reaching those already impacted by poor mental health, or a combination of the two.
- Impact Focus: An enhanced focus on impact across all stages of future grant programme development, guidance, assessment and monitoring would be really beneficial.
- Grant Size and Process: The current Lots could potentially be replaced with a two-tiered grant size to help balance grant sizes to the strength of providers systems and capacity. For larger grants a two-stage application could reduce the burden of assessment and the time and cost for providers in developing detailed providers.
- Networking and Partnership: Compass could take a stronger role in building networks and partnerships between VCSE providers and between VCSE and statutory agencies.

14.3. Future role and potential of VCSE

Complementing existing systems and addressing gaps in statutory provision

The evaluation has identified that VCSE organisations offer a broad and flexible toolbox for supporting young people in a personalised and targeted way. The strengths in flexibility and adaptability mean that VCSE organisations can rapidly test new approaches, pivot if necessary and share learning. This would be much more challenging within the structures and regulations of NHS providers.

The programme has seen many providers already complementing existing systems and addressing service gaps. There is clear scope for this to grow and evolve as long as mechanisms like the grant programme can continue and develop.

The grant scheme can also provide a testing ground for new engagement approaches, such as longer term funding or specific service commissioning.

Reducing demand for CAMHS inpatient and emergency services

The majority of activity in this round of the grant scheme was focussed on prevention and early intervention. As mentioned in section 14.2, this potentially creates a risk to maximising impact by not necessarily reaching sufficient volume to deliver a systems level outcome, or by not targeting those young people that need support the most.

The evaluation has shown how holistic support can be highly effective in achieving change for young people and therefore a more direct role for VCSE organisations in supporting more young people that are closer to or already accessing statutory services could be a valuable development.

A couple of the providers, **Key Changes** and **Outsider Music** showed that there is a role for VCSE in this kind of support for inpatients. Others such as **Noa Girls**, **Misgav**, **Relate LNEE** and **Open Door** worked with many young people in the community but at high risk of potential admission/readmission. Their work showed how holistic social and creative support can be effective in adding to statutory medical provision in stabilising, building resilience and accelerating young people's journey to improved mental health.

Although this evaluation was not able to directly consider the potential quantitative impact on admission / readmission avoidance or length of stay, 16 of the providers identified that their project supported young people at imminent risk of requiring inpatient CAMHS services and many were targeting those known to be at higher risk of hospitalisation.

> *The project has addressed specific needs of the ethnic communities in NCEL local populations... including young men from ethnic minority backgrounds. This group are the least likely to seek support at an early point and are seven times more likely than other demographics to be detained in hospital for mental illness.*
>
> *- Provider Survey Response*

There is potential for direct and measurable impact on key quantitative metrics for NCEL through the combination of more targeted funding in this area, alongside facilitating stronger partnerships between suitable VCSE providers and inpatient / community services.

Can VCSE support improve mental health care pathways for young people?

As seen in the aims section, partnering with VCSE has already seen an example of bringing one organisation in to engage with them in refining NCEL's clinical strategy for eating disorders.

VCSE organisations can offer the nuance and flexibility to work with and really understand the intersectional needs of local people. Whereas the SHNA identified a clear challenge in even accessing inequalities data beyond broad demographic categories, local VCSE organisations are already working with very specific and targeted communities and are willing to share their understanding on improving accessibility and care pathways.

Offering culturally aligned support was a critical success factor for many of the providers. There is a lot that NCEL can benefit from continuing to develop VCSE partnerships, including improved reach, co-production, better access to data and qualitative intelligence.

To date NCEL has identified one off opportunities for providers to feed into the development of care pathways. There may be value in the future in developing a more formal and sustainable structure for input. This could potentially take a format along similar lines to the existing Patient Participation Group.

Key Findings – Future role of VCSE:

- Flexibility and adaptability mean that VCSE organisations can rapidly test new approaches, pivot if necessary and share learning.
- The programme has seen many providers complementing existing systems and addressing statutory gaps and there is strong scope to develop this further within the existing or new mechanisms.
- There is potential for VCSE to achieve a meaningful impact in CAMHS inpatient demand and providers demonstrated routes such as holistic support within inpatient settings and high impact support in the community, however this will need a more targeted and integrated approach to scale effectively.
- VCSE organisations can offer the nuance and flexibility to work with and really understand the intersectional needs of local people.
- Continued and structured VCSE engagement could further refine NCEL's clinical strategies and care pathways.

15. Acknowledgements

The team at Charity Fundraising Ltd would like to thank the small grants programme VCSE providers, their service users and the staff of North Central and East London CAMHS Provider Collaborative, Compass Wellbeing, East London NHS Foundation Trust and North East London NHS Foundation Trust for their participation, support and input in the development of this evaluation.

This external evaluation was undertaken by:



Charity Fundraising Ltd.'s mission is to support the development of charities and other voluntary sector organisations in order to maximise their positive impact on society. We do this through providing expert strategic and practical consultancy services in fundraising development and impact measurement.

Charity Fundraising Ltd
The Brew, Eagle House
163 City Road
London
EC1V 1NR

T: 020 3923 2291

E: enq@charity-fundraising.org.uk

W: https://www.charity-fundraising.org.uk

Registered Company: 05762492

Annex 1 – Case Studies

Case Study: Body & Soul

Carmen*

Carmen is a young White British woman living in Camden and was referred to YANA at the end of 2022. She had attempted suicide in September 2022, and reached out to her local Talking Therapies service for support but unfortunately did not meet their criteria due to her suicidality and co-morbidities. At the point of assessment with Body & Soul, Carmen was less than two months sober. Prior to this, she had been drinking to excess every day, using substances, and had been self-harming daily for nearly 10 years. She experienced a difficult childhood, and her teenage years were strewn with traumatic experiences, culminating in an abusive relationship with a man 10 years her senior. She was desperate when she came to us.

Carmen joined our Dialectical Behaviour Skills Group in February 2023, quickly becoming one of the most willing members who would often cheerlead and support others. When she finished her initial 6-month therapy, Carmen's DERS (Difficulty in Emotional Regulation Scale) score had dropped from 170 to 70 – a drop of nearly 60%. We began planning her graduate pathway – including a second round of DBT, an option that is open to YANA members as repetition can be of great benefit for consolidating and maintaining skills. Additionally, Carmen began volunteering with our MindSET team at this point in her journey.

It has now been over a year since Carmen attempted suicide, and she is nearly 6 months sober since her last relapse. In her graduation speech, she listed a multitude of things she had gained in her new life of recovery, including: "*The will to live; courage over my fears and anxiety; feelings of connections to other humans and the universe; trust; a sense of purpose; the ability to move on and be present; peace in my heart",* to name but a few.

Case Study: Noa Girls

Rivka*

"'Rivka', a 14-year-old who has ASD, was brought to the attention of Noa Girls following a session in school which discussed healthy boundaries. A group of Rivka's friends reported to the school that for many months, Rivka had been physically and emotionally bullied. Rivka was too scared to talk to anyone and was initially angry and distressed with her friends for reporting the bullying.

Noa Girls met with Rivka, and using interventions that are geared towards those with ASD, helped her to process the bullying and reflect on how this has impacted her. The team also supported the schools pastoral lead to put practical support steps in place, and worked with Rivka's parents to refer them to an external therapist. This timely support proactively prevented Rivka's deterioration into risky behaviours."

Case Study: Mindful Peak Performance

One young person for six sessions left his camera off and didn't say anything during the open 'check-in' time. For the next couple of sessions, he put his camera on for the boxing part and said 'hi' when the group were checking in. We knew he had extreme social anxiety and was not confident to go to the local boxing gym, and this engagement was a big step forward.

Case Study: The Running Club Supporting YP's Journey to Wellbeing

YP experienced childhood trauma and was sent to the UK at 15 where he was under the care of a guardian whose extreme religious beliefs were forced upon him in what he described as attempted brainwashing, after fleeing these circumstances at 17 YP found himself homeless. During this time, YP lived in night shelters and hostels, he sought assistance from a local Camden housing service, who referred him to The Running Charity to support his physical and mental health.

YP has struggled with PTSD, anger management, depression, suicidal thoughts, and a sense of isolation. The Running Charity has provided a range of support services, first he was supported by their coach Claude to build trust over a long but consistent time-period, and to reduce his isolation further he was paired up with a volunteer mentor. Whilst providing YP with their running and mentoring services YP expressed not only his struggles but also his passions, which included creative writing, film and anime. This became a focus not only of his mentorship and personal development but also his running and exercise journey where he was supported to run in a Pokémon Virtual Race.

Further to that YP has been supported into appropriate community groups, The Running Charity paid for a creative writing course, he has attended cooking lessons to bolster basic life skills, he's attended specific men's groups and has been a member of The Running Charity's 1:1 and running group sessions. He has also been supported into Dialectical Behaviour Therapy (DBT) sessions. These sessions were instrumental in helping him process emotions and develop coping strategies.

YP has now run a variety of events including The Big Half and aims to run The London Marathon. Now living in supported accommodation, YP is employed by Marks & Spencer and has ambitions to become a script writer.

Annex 2 – Projects Summary

Lot 1 Projects

Organisation	Locations	Project Summary	Category
4-22 Foundation	Enfield, Haringey	Counselling services for care experienced young adults and families, and refugees.	Counselling
Bonny Downs Community Association	Newham	Mental health education workshops - incorporated into youth clubs. 1 to 1 mentoring - partnership with Eko Pathways local special education provider, group meditation, group fitness work outs, group sports activities, healthy cookery workshops.	Targeted Workshops
Catch22	Camden	Mental health support for young men aged 16-24, delivering 1-1 services, creative/arts/music therapies, social activities.	Arts / Sport Activities, Targeted Workshops
Children Ahead	Hackney	Improving access to MH services for the Charedi community, co-delivering culturally tailored projects to Charedi communities.	Targeted Workshops
CB Plus (formerly CommUNITY Barnet)	Barnet, Enfield	Schools based, peer mentoring, counselling/therapies, psychoeducational support, focus on transition from primary to secondary school. Using nationally recognised THRIVE model.	Targeted Workshops, Counselling
Company Drinks	Barking and Dagenham	Well and Wild - Outdoor educational / recreational activities. Access to nature, foraging, community lunches, intergenerational / family activities, crafts.	Targeted Workshops
Day-Mer	Enfield, Haringey, Islington, Hackney	Welfare support, MH training for parents, community development (forum), focus on Turkish, Kurdish and Cypriot communities, some drop-in support for mental health; Provides a culturally appropriate service for accessing mental health support.	Targeted Workshops
East London Dance	Newham	Dance charity providing MH support in schools, MH training for artists, inc focus on SEND through youth group dances.	Arts / Sport Activities
Forty Limited	Haringey, Hackney	1-1 and group therapy, mentoring for girls and young women psychosocial training for parents; Supporting young girls with severe mental health issues, working to reduce stigma in targeted communities through education and trust building.	Targeted Workshops, Counselling
Hackney Quest	Hackney	1-1 counselling, peer group sessions, wellbeing activities, volunteer support, and therapeutic group sessions.	Counselling

Organisation	Locations	Project Summary	Category
Higham Hill Hub	Waltham Forest, Newham	Bushcraft and other wellbeing/therapeutic/psycho-social interventions for young people. Supporting at risk CYP (before they develop crisis interventions) through outdoor activities.	Arts / Sport Activities
Key Changes	Barnet, Enfield, Haringey, Islington, Camden, Tower Hamlets, Newham, City, Hackney	Music therapy for 13–25-year-olds, culturally tailored support, inc early intervention but also inpatients as well. 5 week 1:1 music mentoring sessions and community sessions.	Arts / Sport Activities, Targeted Workshops
Khulisa	Barnet, Enfield, Haringey, Tower Hamlets	Counselling and art and drama therapy for young people both pre-post diagnosis, trauma training for parents/teachers. Intensive, therapeutic programmes to improve emotional wellbeing to at-risk groups.	Counselling, Targeted Workshops
Manor Gardens Welfare Trust	Barnet, Enfield, Haringey, Islington, Camden, Hackney	Culturally responsive mental health training for children and young people, parents and professionals (targeted towards refugee communities).	Targeted Workshops
Mindful Peak Performance	Waltham Forest, City, Hackney	Train the trainer programme for delivering BAM - mindfulness and sport for minoritised communities, non-contact boxing, focus on involving young Black men and LGBTQ+ communities.	Arts / Sport Activities
Misgav	Barnet, Haringey, Hackney	Mental health support for Orthodox Jewish young people, peer support, inc focus on learning disabled users, clinically led.	Counselling, Targeted Workshops
MITHNR Young Minds Redbridge	Redbridge	12 weeks of 1-1/group peer led mental health support for young people, targeting minoritised communities.	Targeted Workshops, Mentoring
Noa Girls	Barnet, Haringey, Hackney	Culturally sensitive support around eating disorders for girls from the Jewish community, education and raising awareness for schools and youth groups, direct support as well; The project involves educational talks with schools to raise awareness of EDs, reduce stigma and provide support to girls who are struggling.	Targeted Workshops
Open Door	Haringey	Trauma informed therapies for young people from minoritised and vulnerable groups.	Counselling
Our Voice Enfield	Enfield	Focus on children with SEND, project targets parents to build their skills around supporting mental health of children. 'Healthy Parent Carer' training courses designed to improve parent's emotional wellbeing, resilience and ability to support their children.	Targeted Workshops
Power2 Ltd	Islington, Tower Hamlets, Newham, Hackney	Group reflective sessions, volunteering, peer support/mentoring, wellbeing toolkits for minoritised communities.	Mentoring

Organisation	Locations	Project Summary	Category
Project Zero	Waltham Forest	A focus on young people traumatised by things like knife crime. anger management classes, mental health support, focus on minoritised communities; The project provides an anger and emotional management support for young BAME people and young people who have first experience of psychosis.	Targeted Workshops, Mentoring
Scarabeus	Haringey, Islington, Camden	Circus and aerial theatre sessions for young people to engage them in physical exercise and support their mental health.	Arts / Sport Activities
Shewise	Tower Hamlets, Newham	Mental health awareness, psycho education workshops, creative therapies, working with schools to deliver projects supporting young girls' wellbeing, build self-esteem and resilience.	Targeted Workshops
Single Homeless Project	Islington, Waltham Forest	Preventative mental health support, 1:1 psychotherapy and groups sessions for young people in hostels/supported housing, experiencing homelessness as prevention for crisis mental health issues.	Targeted Workshops, Counselling
St. Mary's Centre Community Trust	Barnet, Islington, Camden	Psycho educational support to YPs in PRUs + keyworker support to help families access practical help re housing, benefits etc.	Counselling
Step Forward	Tower Hamlets	Emergency Mental Health support for young people in crisis. Engagement with young people and their families to help them understand how they can access services and offer tailored support. Co-production with YP including group work activities alongside individual CBT, counselling or personal development support, and group sessions.	Targeted Workshops, Mentoring
Suvai Deaf East Community	Barnet, Enfield, Haringey, Islington, Camden, Waltham Forest, Havering, Redbridge, Barking and Dagenham, Tower Hamlets, Newham, City, Hackney	Mental health First Aid training for Deaf community, activities and workshops to promote mental health, support group for parents of Deaf children, Deaf awareness sessions, preventative wellbeing and activity workshops.	Targeted Workshops
Tailored Futures	Camden, Havering, Barking and Dagenham, Tower Hamlets, Newham, Hackney	Practical keyworker support (housing, benefits, employment etc) + promotion of mental health, focus is on wider determinants that impact MH, target group minoritised communities/young offenders.	Targeted Workshops
The Running Charity	Islington, Camden, City, Hackney	1-1 coaching and group sessions. keyworker support, running/walking/yoga for wellbeing for young people who are homeless or with complex needs; 1:1 and group mindfulness projects, and providing clinical and non-clinical mental health services.	Arts / Sport Activities, Mentoring, Targeted Workshops

Organisation	Locations	Project Summary	Category
Women's Inclusive Team	Tower Hamlets	Supporting BAME children and young people (11-25) in Tower Hamlets, who experience MH issues and exclusion. Conduct school-based programmes, group therapy, community connector, information workshops for parents, support for those waiting for CAMHS or who have been refused support from CAMHS.	Counselling, Targeted Workshops
You and Me Counselling	Waltham Forest, Havering, Redbridge, Barking and Dagenham	counselling support for CYP, from minoritised communities; Early intervention counselling for those who do not meet the threshold for NHS-funded counselling, preventing escalation of mental health problems.	Counselling, Targeted Workshops

Lot 2 Projects

Organisation	Locations	Project Summary	Category
4YoungMinds	Barnet, Enfield, Haringey, Islington, Camden, Waltham Forest, Newham, Hackney, Tower Hamlets	group workshops and 1-1 mentoring to promote wellbeing and mental health, targeting minoritised communities, address stigma; The project uses both 1:1 mentoring as well as group workshops.	Targeted Workshops, Mentoring
Body & Soul	Barnet, Enfield, Haringey, Islington, Camden, Waltham Forest, Havering, Redbridge, Barking and Dagenham, Tower Hamlets, Newham, City, Hackney	The 'You Are Not Alone' (YANA) suicide-prevention programme suicide prevention for YPs, early intervention psychotherapy, Dialectical behaviour therapy (DBT), practical support (finance, housing education), resilience building for graduates.	Counselling, Targeted Workshops
Frames Of Mind	Newham	3 x 8-week, multi-media training-programme for young people and young adults aged 16-25 experiencing/at risk of experiencing MH issues, focus is on use of creative media to develop skills, promote MH and wellbeing etc; The Ozone programme uses film and media workshops to those experiencing, or at-risk of mental health problems.	Arts / Sport Activities
Leytonstone and Wanstead Synagogue	Waltham Forest	Focus on ensuring young people are able to access healthy Kosher meals, through delivery of food, weekly Friday night meals for CYPs, weekly calls to isolated CYPs social opportunities.	Targeted Workshops
Mindful Peak Performance	Barnet, Enfield, Haringey, Islington, Camden, Waltham Forest, Havering,	Mindful boxing sessions (inc non-contact) - BAM! for young people on CAMHS waiting lists, young Black men and LGBTQ+ communities.	Arts / Sport Activities

Organisation	Locations	Project Summary	Category
	Redbridge, Barking and Dagenham, Tower Hamlets, Newham, City, Hackney		
Noa Girls	Barnet, Haringey, Hackney	Interim support to girls from orthodox Jewish community on a waiting list for mental health services. They aim to prevent crisis and escalation of need whilst individuals are waiting for clinical services to prevent further deterioration and escalation.	Counselling
Outsider Music	Waltham Forest, Havering, Redbridge, Barking and Dagenham	Using music to engage and provide therapeutic support for young people with MH, targeting minoritised communities, preventing hospital admissions and creating a sense of community.	Arts / Sport Activities
Relate LNEE	Enfield, Haringey, Waltham Forest, Havering, Redbridge, Barking and Dagenham, Tower Hamlets, Newham, Hackney	Provides counselling and drop-in support for young people and their families who are 'below the radar', and to prevent the escalation of mental health problems	Counselling
Resources for Autism	Barnet, Enfield, Haringey, Islington, Camden, Waltham Forest, Tower Hamlets, Newham, Hackney	Weekly clubs and 1-1 support for young people with autism, holiday play schemes, family support. 1:1 support and leisure and developmental activities designed for neurodivergent individuals.	Targeted workshops
Reverse The Trend Foundation	Camden, Barnet, Tower Hamlets, Newham, City, Hackney	Neuronimo is a 12-week interactive behavioural programme helping young people aged 4-18 understand how their brain works and how that translates into physical feelings and emotions. Use animations, group sessions and 1-1 sessions to engage young people, implementing techniques which young people can adopt to increase resilience.	Targeted Workshops, Mentoring
Sunbeams London	Haringey, Hackney	Intensive support targeting girls from Orthodox Jewish community at risk of severe mental health & providing clinical guidance for parents.	Counselling
Urban Hope	Islington, Hackney	School youth worker to provide trauma informed support to children and young people to reduce admissions, including for those waiting for CAMHS/at higher risk of hospitalisation; 1:1 mentoring, groups work and activities supporting wellbeing, social skills and self-esteem as early intervention.	Mentoring, Targeted Workshops
Urban Mindfulness Foundation	Tower Hamlets, Newham, City, Hackney	Mindfulness training - focused on addressing harms associated with racism and inequalities - 4 courses for young people aged 16-25 from minoritised communities, BAPOC drop-in sessions (online).	Targeted Workshops
Wellbeing Connect Services	Enfield, Haringey	1:1 Talking therapy / Art Therapy / Counselling and group sessions for young people, especially BAME communities.	Counselling, Arts / Sport

Organisation	Locations	Project Summary	Category
			Activities, Mentoring
You and Me Counselling	Waltham Forest, Havering, Redbridge, Barking and Dagenham	Counselling and peer support to individuals at risk of hospital admission, with a focus on minoritised communities.	Counselling, Targeted Workshops