



Evaluation of the YPAS Alternative to Crisis Provision

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Executive Summary

This report details the findings from an external evaluation of the YPAS Alternative to Crisis Provision undertaken January – March 2023. At this time, the alternative to crisis provision had been running for just under a year, following a pilot in December 2021- March 2022.

YPAS has for many years offered a drop-in resource from its Liverpool City Centre hub and has considerable experience of working with children and young people in high levels of distress and with complex needs. The transformation funding secured for the financial year 2022-23 allowed YPAS to considerably expand its early support offer through the recruitment of new crisis practitioners, to offer drop-ins from three hubs with extended opening hours; wider marketing of the new provision with services across Liverpool was also facilitated.

The new practitioners work alongside other YPAS staff in delivering a wide-ranging comprehensive support offer, including individual therapy, wellbeing work, advice and guidance, a variety of parenting programmes and work in schools across Liverpool. A comprehensive initial assessment of a young person's needs and safety planning if indicated, are key elements of the alternative to crisis offer.

The intended outcome of the alternative to crisis provision is that children and young people receive a timely response to their mental health crisis via holistic support offered from a community hub close to their home and where they are collaboratively supported through the appropriate pathway depending on the nature and level of their need.

Specific local outcomes set out in the transformation bid were that: (1) Children and young people would be diverted from A&E; (2) there would be an improved experience of children, young people and their families in accessing support, and (3) there would be improved joint working and pathways between NHS, local authorities and third sector agencies.

Whether and to what extent these outcomes are being delivered, has been the focus of the evaluation, alongside exploring the internal impact on YPAS in terms of staff capacity, knowledge and skills, and ways of working. In addition, service costs and effectiveness were considered in benchmarking the provision against a number of comparator services.

Development of the provision

The development YPAS alternative to crisis provision clearly fits with the national policy agenda to improve early access, intervention and prevention of crises, and to diversify the support offer to children and young people with mental health difficulties and their families. Chapter 3 of this report describes this policy environment and provides an overview of how Liverpool/Merseyside has thus far responded to this policy agenda in developing crisis services. The chapter summarises some of the evidence underpinning the need to divert children and young people in mental health crises away from A&E and to appropriate sources of support.

Chapter 3 also presents data concerning the mental health needs of children and young people in Liverpool; these reveal that there are high levels of mental health need and also the risk factors for poor mental health. On many measures, Liverpool compares badly to national (England) averages – for example, rates of deprivation are higher and rates are statistically significantly worse for self-harm hospital admissions of young people aged 10-24, numbers of young people aged 16-18 who are NEET and numbers with Special Educational Needs and Disability/SEND. Adding to this picture, National Audit Office and Department of Health and

Social Care figures published in February 2023, report a significant increase in the rates of probable mental health disorder among children and young people in the period 2017-2022: for 7-16 year-olds, the rate increased from 12% in 2017 to 18% in 2022 and for 17-19 year-olds, an increase from 10% in 2017 to 26% in 2022 is noted.

Given this national context, it was thus not surprising to hear from those interviewed for the evaluation that many were seeing greatly increased demand for their services and that waiting times were growing, including within YPAS. With regard to the alternative to crisis provision, it also provides part of the explanation as to why numbers accessing the drop-ins grew over 2022, as the service became established.

However, this is not the whole story since as revealed in the mapping of local crisis provision and the stakeholder interviews, during the time of the evaluation there was also a loss of local resources. Firstly, in January 2023, a crisis drop-in for young people provided by a local charity and supporting children, young people and families in the Sefton area closed. Secondly, due to pilot funding ending, Life Rooms drop-in provision, offering mental health and emotional support and signposting via the local Children's Centres and libraries, was withdrawn.

Both would have been complementary to the YPAS provision in allowing self-referral and the opportunity to drop-in and be seen in person and their loss is likely to have increased the numbers being seen at YPAS. (Currently it seems that the YPAS drop-ins are one of a very few local services offering children and young people in the Liverpool/Merseyside region an immediate opportunity to see someone in person, with much of the crisis provision requiring initial access via a crisis line and triage). Furthermore, a number of interviewees reported on budget cuts expected in the year ahead which might necessitate service closures.

Evaluation findings

Despite these challenges, the findings from the evaluation suggest that the YPAS alternative to crisis provision is achieving its intended local outcomes, with its unit costs comparing favourably with a range of other services that may support children and young people in crisis:

- Stakeholder interviews indicate generally **good awareness and understanding** of the alternative to crisis provision across the local service landscape and that this grew noticeably in the second half of 2022 as the provision became more established.
- Possibly, this understanding was strongest amongst those services YPAS has long worked with, namely Alder Hey CAMHS and other VCS services; it appeared less so amongst local adult service providers and Liverpool's 0-19 and Children in Care services and this needs further attention.
- Likewise, **partnership working and the embedding of the YPAS alternative to crisis provision into appropriate care pathways** has been achieved in many areas but some gaps and limitations have been identified which warrant attention in the future.
- In terms of **appropriately diverting children and young people with mental health problems away from A&E**, whilst it has not proved possible to gather any 'hard' data, those interviewed were firmly of the view that many of the young people now accessing the YPAS drop-ins would have previously gone to A&E. In addition, some interviewees provided examples of successfully signposting to YPAS young people they were working with and who they knew had presented at A&E in the past.

- In terms of **improving the experience of accessing support**, CHI ESQ and other feedback data routinely collected by YPAS from those using the alternative to crisis provision indicates high levels of satisfaction and ratings on: how well they felt they were treated; how good was the help they received; how easy and convenient it was to access the service/be seen; how well understood they felt their concerns were.
- Information provided by young people and parents for the evaluation reveals high levels of satisfaction with the support and advice offered via the alternative to crisis drop-ins. They had heard of the provision, or been signposted to it, via diverse routes including schools, GPs, CAMHS, various local crisis lines and website searches. They highlighted valuing the immediacy of the response and of being able to see someone straightaway, how helpful this was in reducing anxiety and feeling overwhelmed.
- A number of the external stakeholder interviewees also reported receiving very positive feedback from young people they had signposted to the YPAS provision.

Alongside these findings a prominent issue stood out – namely that those working in the YPAS alternative to crisis provision, as well as interviewees from a number of other local services, reported seeing many young people and/or families who simply did not know where to go for help and who might resort to presenting at A&E as the ‘default option’ for where they could be immediately seen in person. This highlights the need for more communications and awareness-raising activities to ensure that they know what crisis and other support services there are across Liverpool/Merseyside and how to access them.

Conclusions and recommendations

This call for more communication and awareness-raising work to promote the YPAS alternative to crisis provision chimes with the various ideas and suggestions put forward by those who were interviewed for the evaluation and which are detailed in Chapter 6.

A number of other suggestions made by stakeholders also merit further attention as the YPAS provision is sustained and developed. These include: YPAS alternative to crisis operating on an outreach or sessional basis in other service hubs based in different geographic locations, for example, those offered by Liverpool City Council or NHS Mersey Care; practitioners from other local services being based in, or occasionally having a presence in the YPAS hubs, this enhancing multi-agency working/pathways as well as increasing overall staffing capacity; developing a model of alternative to crisis outreach support outside of the YPAS premises, to improve engagement with the highly anxious and isolated young people who would prefer to be initially seen in a familiar environment.

Ways to further develop and strengthen partnership working and consultation between the local NHS crisis lines and the YPAS provision was also mentioned. This was particularly related to the tracking and management of those young people who are repeat users of crisis services or whose engagement and follow through on signposting recommendations is intermittent.

However, alongside such plans, the risks of overload on the YPAS alternative to crisis provision, to the detriment of its other areas of provision, (in particular, waiting times for YPAS therapy or wellbeing appointments) and its ways of working flexibly and holistically, need to be carefully considered. These concerns are explored in the final sections of the report, with acknowledgement that the alternative to crisis service is still relatively new and that further and longer-term monitoring of the signposting patterns and pathways influencing use of the drop-ins will be needed.

1. Introduction

This report details the findings from an external evaluation of the YPAS Alternative to Crisis Provision. The work was undertaken January – early March 2023 at the request of Val O'Donnell, Senior Strategy and Operations Manager at YPAS. At the time of commissioning the evaluation, the alternative to crisis provision had been running for just under a year, following a three-month pilot which ran from December 2021- March 2022.

The pilot provision was funded using non-recurring mental health discharge funding and allowed YPAS to enhance its offer in terms of its hours of operation and also its geographic accessibility by widening the offer beyond Liverpool to take in Knowsley and Sefton. YPAS Central Hub had for many years offered a drop-in for children and young people up to the age of 25 years and parents/carers, with drop-ins being introduced into its North and South community hubs from 2017. The new funding allowed the hub opening hours to be extended to from 9-8pm on weekdays in Central and North hubs; 9-8 from Monday-Thursday and 9-4 on Friday in the South hub, and 12-4 on Saturdays in Central only.

A successful bid to Cheshire and Merseyside Integrated Care Systems (ICS) for transformation funds resulted in funding for a further 12-month period, to be used in the 2022-2023 financial year. During this time, the aim was to develop the sustainability of the new model and to strengthen and embed/integrate the crisis alternative provision within the pathways and partnership working across a range of local health and social care services.

In particular, it was hoped to:

- Enhance collaborative practice between YPAS, local NHS and Social Care providers through greater integration of mental health assessments of children and young people.
- Further enhance the weekly MDTs and existing monthly operational meetings with Alder Hey.
- Strengthen pathways with the local NHS crisis service for children and young people provided by Alder Hey NHS Children's Foundation Trust and the preventative out-of-hours alternatives to crisis service for young people from the age of 18 offered by Mersey Care Liverpool Light.

In addition, the learning from a review of the pilot at the 3-month end point, indicated a need to understand more about variations in demand between the different hubs and options to flex support in order to ensure optimal allocation of YPAS practitioners to the different hubs according to need.

Some differences in terms of the ages of those accessing the different hubs (more young people and adults accessing Central, more parents and children accessing North and South hubs) were identified in this reviews, another important consideration for the future planning and development of the alternative to crisis provision.

These and other issues are considered in this evaluation report which was funded through an allocation in the afore-mentioned YPAS 2022/23 transformation funding from Cheshire and Merseyside ICS.

1.1 Overview of the YPAS crisis alternative to crisis service

As noted in the introduction, YPAS has for many years offered a drop-in resource from its Liverpool City Centre, North and South hubs with all YPAS practitioners working on a rota to cover the drop-in sessions. The transformation funding secured for the financial year 2022-23 allowed YPAS to considerably expand this offer through the recruitment of 8 new crisis practitioners, supported by 1 administrative worker, to provide a core team managed by a hub lead, and to extend drop-in opening hours.

This new staffing increased the total number of YPAS staff working in the alternative to crisis drop-in provision to 45, comprised of a mix of full-time and part-time wellbeing practitioners and multi-modal therapists. In addition to work in the alternative to crisis provision, all practitioners have other responsibilities and carry caseloads. For example, some work in the YPAS school wellbeing provision, or the YPAS Youth Justice IAG Service, on certain days each week.

These arrangements are important to bear in mind in appreciating that the alternative to crisis provision is not a standalone service with a dedicated team; rather it is one distinct element of the many-faceted YPAS offer. In developing the new provision, having a well-regarded (by local professionals/services as well as children, young people and their families) and established service base has clearly brought advantages but also challenges in ensuring that local stakeholders truly understand what the YPAS alternative to crisis provision is and who should be signposted to it. As discussed later in the report, this arrangement also poses some implications for any potential wider roll-out of the model into new geographic areas.

Principles of the provision

By its very nature, the YPAS alternative to crisis drop-in provision promotes open access and the option to self-refer, to any child or young person up to the age of 25, and parents/carers, from Merseyside/Liverpool, Knowsley and Sefton. Where indicated, it signposts and supports them to engage with appropriate local services depending on to their needs. In other words, there are no exclusion criteria or referral thresholds and the emphasis is on offering an immediate response to whatever the individual brings to the drop-in.

Upon presentation at a drop-in, the YPAS model aims to offer:

- A prompt, comprehensive and holistic assessment of needs, including safety planning and assessment of risks.
- Wrap around individual support.
- Evidence based group work.
- Parenting/family support.
- Individual evidence based therapeutic and psychological assessment and support.
- Access to planned activities, life skill courses and job search programme.

All of the above are to be underpinned by internal referral routes, external partnership working, external signposting and support to access other services as required, including specialist services for children and young people with learning difficulties and/or neurodevelopmental conditions.

1.2. Intended outcomes

The overarching outcome of the alternative to crisis provision is that children and young people receive a timely response to their mental health crisis via holistic support offered from a community hub close to their home and where they are collaboratively supported through the appropriate pathway depending on the nature and level of their need.

Specific local outcomes identified in the transformation bid were that:

- Children and young people would be diverted from A&E.
- There would be an improved experience of children, young people and their families in accessing support.
- There would be improved access to support that meets their needs.
- There would be improved joint working and pathways between NHS, local authorities and third sector agencies.

2. Evaluation methodology

A mixed methods evaluation approach has been utilised, based on a realistic design that aims to take account of both the national and local contexts in understanding how and why the provision has been developed and how it has been used to date. Alongside this, and referencing relevant research in the children and young people's mental health field, analysis of the strengths, weaknesses and limitations of the YPAS alternative to crisis model and the implications for its future sustainability.

Activities included:

- A brief review of the national policy context supporting the development of alternative to crisis services for children and young people with mental health difficulties, including data concerning costs for services that may be used when young people present in crisis, e.g. paediatric wards, A&E departments and other residential facilities.
- A desk top review of relevant websites providing information about mental health crisis and urgent care services in Liverpool/Merseyside.
- Web-based searches to benchmark comparative alternative to crisis service models in other parts of England.
- Analysis of the first three quarterly progress reports produced in 2022/23 by YPAS and of other referral, activity and outcomes data requested by the evaluator.
- Interviews with 7 YPAS staff and 22 randomly selected professional stakeholders working in partnership with YPAS.
- Gathering of feedback from children, young people, parents and carers via the Barnardo's Young Carers Project and via YPAS practitioners.

2.1 Key Evaluation Questions

In undertaking the above activities, the evaluation explored:

- 1) Is the alternative to crisis provision offered by YPAS meeting local needs? Is it of value to any particular groups of children and young people and their families?
- 2) Is it improving access at any early stage?
- 3) Is it duplicating, complementing and/or replacing existing provision in the Liverpool, Sefton and Knowsley areas? If it is complementing provision, how does it do this? In working collaboratively, what pathways exist or need to be developed or strengthened across YPAS and other relevant services?
- 4) The impact internally on YPAS in terms of staffing and expertise, knowledge and skills; capacity, other areas of work, its systems and processes.
- 5) The external impact – awareness and understanding of the YPAS provision amongst local stakeholders/other services; their views as to whether the provision is needed and suggestions for how it might develop in the future.
- 6) Costing and the financial benefits of the provision in terms of is it achieving its aims to intervene early, prevent or signpost/engage children and young people with services appropriate to their needs? Is there evidence of a reduction in the use of A&E by young people in a mental health crisis?

3. Policy, local demographics and service landscape

3.1 The national policy agenda to improve crisis care

Development of the YPAS alternative to crisis provision accords with the national policy agenda to improve early access, intervention and prevention of crises, and to diversify the support offer to children and young people with mental health difficulties and their families. Within this, voluntary and community sector (VCS) services are identified as playing a key role in providing complementary and alternative models of crisis care (to those offered by the NHS).

These are prominent themes in a number of documents that have set out the vision for mental health services for children and young people in the last decade, for example, *Future in Mind* (Department of Health and NHS England, 2015), the *Five Year Forward View for Mental Health* (NHS England 2016) and more recently, the *NHS Long Term Plan* (NHS England, 2019).

There is an emphasis on the importance of children and young people experiencing a mental health crisis receiving prompt and appropriate support/intervention including access to an out-of-hours mental health service and a “swift and comprehensive assessment of the nature of the crisis” (*Future in Mind*, section 5.16). Building on this, recommendation 18 of the Long Term Plan (LTP) is that “every area should have a community service for children in crisis which is available 24 hours a day, 7 days a week.... This should include 24/7 all age psychiatry in hospitals, crisis services in the community, and 24/7 crisis support teams in all areas. These should have specialist expertise in preventing admissions and supporting children and young people with autism, a learning disability or both”.

The commitment of the NHS is for such crisis care for children and young people to be in place by the financial year 2023-24, with a single point of access through NHS 111 to crisis support, advice and triage. Announcements by the government in January 2023 have subsequently confirmed that £143 million has been allocated to building and improving the existing mental health crisis infrastructure, to include schemes such as crisis cafes, crisis hubs, step-down services and the roll out of improved crisis lines/NHS 111 and health-based places of safety.

In improving crisis services for children and young people, a key imperative is to divert young people from inappropriately accessing Accident & Emergency (A&E) departments or from being inappropriately admitted to paediatric wards, general adult hospital wards and other residential facilities. This is not simply because of the cost implications (which are significant) but also, because a variety of reports have highlighted poor care experiences and long waiting times, reflecting the seriously increased pressures that A&E services are under, not least as a result of the COVID pandemic.

Very recent examples include: *Gridlocked care* (CQC, October 2022, www.cqc.org.uk), *Away from hospital and into the community* (Care Research/Wates Family Trust, January 2023, www.housinglin.org.uk) and *Progress in improving mental health services in England*, (National Audit Office and Department of Health and Social Care, February 2023, www.nao.org.uk). In this picture, children and young people with mental health issues are identified as a group whose needs are especially poorly served (Press release in the Times Newspaper, 9/02/23 “Children in mental health crisis spent more than 900, 000 hours in A&E in England”)

In an earlier CQC report *Right here, right now* (CQC, 2015), analysis of the demographics of those presenting to A&E for mental health-related conditions found that young people aged 15-

19 were disproportionately represented among those admitted via A&E (15.7%). Poor care experiences in A&E are highlighted, including: that people did not feel respected; able to access help in a timely way; listened to with their concerns taken seriously; treated with warmth and compassion; not judged and that the advice and support they were given was right for them. Similar issues are raised in the Care Research/Wates Family Trust January 2023 report.

3.2 Mental health needs in the children and young people in Liverpool

National Audit Office and Department of Health and Social Care figures in the report documenting progress in improving mental health services (February 2023) indicate a significant increase in the rates of probable mental health disorder amongst children and young people in the period 2017-2022, with the COVID pandemic predicted to have played a role:

- For 7-16-year-olds, the rate has increased from 12% in 2017 to 18% in 2022.
- For 17-19-year-olds, an even bigger increase is noted, from 10% in 2017 to 26% in 2022.

The report also documents a 44% increase in referrals (all ages) to NHS mental health services during this time period, from 4.4 million in 2016-17 to 6.4 million in 2021-22. Given this national context, it is very likely that the following summary of data from Liverpool's 2021 Joint Strategic Needs Assessment/JSNA (www.liverpool.gov.uk) and the Children and Young People Health and Wellbeing Profile: Liverpool City Region (Champs Public Health Collaborative and Liverpool John Moores University, update 2020, www.ljmu.ac.uk) significantly underestimates the level of mental health need/the risk factors for poor mental health in 2023.

These reports detail the following:

- That children and young people aged 0-24 years make up 29.6% of the total Liverpool City Region Population – a total of 1, 559, 320, based on mid-2019 census figures. This is similar to the England average of 29.8%.
- Across the Liverpool City Regional local authorities, Liverpool has the highest proportion of children and young people (33.1%) and Sefton has the lowest (26.4%).
- That among children and young people in the City Region, there are significantly higher levels of deprivation (the JSNA reports that 22% of children in the region live in poverty), lone parent families and children in care, compared to the national/England average.
- Correspondingly, the proportion of children eligible for free school meals is also higher than the national average.
- Rates of deprivation are especially high in Knowsley and Liverpool and are some of the highest in the North West. In these areas, there is also a higher proportion of children and young people in the youth justice system compared to the national average.
- That in comparison to England, rates in the region are statistically significantly worse for: accidental/deliberate injuries resulting in hospital admissions of children aged 0-4; rates of young people with Special Educational Needs and Disability/SEND; numbers of young people aged 16-18 who are NEET; self-harm hospital admissions for young people aged 10-24 and alcohol-specific admission for young people aged under-18.
- Levels of school readiness are also worse in all areas and in Knowsley and Liverpool, levels of educational attainment among 15-16 year-olds are significantly lower.
- That Liverpool has the highest rate of violent crime in England and in excess of 600 emergency hospital admissions each year as a result of violence.

Data specific to children and young people's mental health

- In LCR, 3.45% of all schoolchildren have identified social, emotional and mental health needs; this is significantly higher than the national average of 2.7%.
- Among the 16+ local population, it is estimated that 19.4% of young people have a common mental health disorder; again this is above the national average, with rates in Liverpool and Knowsley being the second and third highest in the North West.
- Rates for severe mental health problems including schizophrenia, bipolar affective disorder and other psychoses) are higher than average across all areas of the region save for Halton where the rate is below the national average.

These data outline the challenging context within which the new YPAS alternative to crisis provision is operating.

3.3 Crisis provision for children and young people in Liverpool and Merseyside

In order to understand the local service landscape within which the YPAS alternative to crisis provision is operating, a brief mapping of local crisis provision for children and young people was undertaken. This identified a number of services within the NHS Cheshire and Merseyside ICS Partnership, offered via two main NHS providers, Mersey Care NHS Foundation Trust and Alder Hey Children's Hospital NHS Foundation Trust.

A number of other agencies also offer provision specific to the local area and these include Liverpool City Council, Liverpool University Foundation Trust/LUFT (A&E for those aged 16+; current provision is a recent merger of departments at the Royal Liverpool University Hospital and the University Hospital Aintree) and a number of VCS services including YPAS, Kooth, St James' Place and Pause.

The range of provision is largely comprised of online support/websites providing advice and information, text and telephone helplines, alongside a small number of services for 18+ that offer the facility to drop-in/self-refer and be seen in person and some that offer emergency assessments but require professional referral, for example, via a GP. The various websites offering information about where to get urgent help (e.g. the NHS Mersey Care website www.merseycare.nhs.uk/urgent-help) additionally provide details of national organisations such as the Samaritans, Papyrus, CALM (Campaign Against Living Miserably) and the Hub of Hope.

In addition, whilst not strictly aimed at providing urgent or crisis help and available only to students within the university, the University of Liverpool (UoL) student support services include **Health Assured**. This is a free, confidential advice line available 24/7 all year round via a freephone number or App. The UoL website also provides extensive information about both local and national organisations that offer support with mental health issues, including those who provide crisis care phone lines.

Other universities within Liverpool provide similar student online advice and support, also student counselling services and all link to **UCOPE** (University Community Outpatient Psychotherapy Engagement Service), funded through a partnership between Mersey Care and the universities. This offers liaison support between local GPs, A&E and secondary mental health care as well as a therapy service. Open Monday-Friday (office hours) all year round, UCOPE is comprised of a team of 7 practitioners and administrative staff; it aims to provide an assessment within two weeks and for therapy appointments to start within four weeks.

Mersey Care

Within NHS Mersey Care, there are separate crisis services for those aged 0-18 and for 18+. The **CAMHS Crisis Response Team** for mid-Mersey, covering Halton, Warrington, St Helens and Knowsley and based in the Knowsley Resource and Recovery Centre, has a dedicated crisis line and accepts both self and professional referrals for people aged under-18. Children and young people calling the crisis line are triaged and if required, seen within 24 hours (the team is working towards the new 4-hour response time, in line with NHS England 2021 mental health access standards), with community follow up within 7 days. This may include two weeks intensive support from Crisis Resolution to try and avoid hospital admission, or up to 12 weeks input from Home Treatment.

The CAMHS Crisis Response Team operates between 9am-9pm every day, with twilight cover until midnight at Whiston and Warrington Hospital (where there is an A&E department); normal consultant psychiatrist on-call cover then takes over from midnight until 9am. The crisis response team works closely with 4 local mental health support teams, again covering Halton, Warrington, St Helens and Knowsley.

Requiring professional referral, the **Mersey Care Urgent Care Team** at Clock View Hospital in Walton offers emergency, urgent and routine mental health assessments for people aged 18+ from North Liverpool, South Sefton and Kirby. The provision is largely telephone based and is the referral point in to the Mersey Care Crisis and Home Treatment Team based at Broadoak Hospital. This is also for people aged 18+ and is comprised of three teams, North Liverpool, South Liverpool and Sefton and is comprised of around 30 practitioners, a mix of bands 5, 6 and 7, mainly with nursing backgrounds, plus one consultant psychiatrist.

The team offers: up to two weeks of intensive home support; signposting to other services and referral on to talking therapies; medication reviews and partnership work with EIP and local CMHTs. Access to the service requires professional referrals from other secondary mental health services such as the CMHTs and A&E mental health liaison. GP referrals are not accepted; their pathway would be via the Urgent Care Team.

Young people aged 16+ can access urgent mental health support via a 24/7 freephone crisis care line. In addition to providing access to telephone support for people in a mental health crisis, Mersey Care offer **Talk Liverpool** (www.talkliverpool.nhs.uk). This offers telephone support (9am-5pm Monday to Friday, with evening appointments if required) and 24/7 online information resources for those who may be experiencing common mental health problems including: depression, anxiety, panic disorder, obsessive-compulsive disorder (OCD), PTSD and body dysmorphic disorder. In addition, Talk Liverpool aims to offer quick and easy assessment and access to talking therapies, practical support and employment advice.

In terms of options for face-to-face/drop-in support (apart from the local A&E), NHS Mersey Care provides **The Life Rooms** (www.liferooms.org) from a number of venues in Liverpool as well as in Southport and Bootle.¹ Available to anyone aged 18+ living in Liverpool and Sefton, the Life Rooms aim to provide person-centred support in a self and welcoming space. Working within a social prescribing model, they are not crisis-focused but offer signposting to appropriate

¹ Funding for 12-month pilot to extend the Life Rooms into Liverpool Children's Centre and libraries recently ended, with the service closing on 01/03/23.

Mersey Care or partner services; in addition, they provide short courses to support people to recognise, understand and self-manage the symptoms of common mental problems.

Bootle Life Rooms has a partnership with Hugh Baird College through which a team of two staff offer the following provision for students aged 16+: a 'Learning Offer' provides low level mental health support, with the student support services often referring students who are thought to be at risk of dropping out of college; a Social Prescribing Service that offers help and advice about practical matter such debt, housing and benefits.

Liverpool City Council

The **Liverpool Light** service is funded through a partnership between Mersey Care, Liverpool City Council and Creative Support, a local charity and not-for profit provider of person-centred care and promoting the inclusion and independence of people with care and support needs. Run by trained mental health staff, including a trainee doctor, psychotherapy and psychology practitioners, Liverpool Light is a preventative out-of-hours adult mental health crisis service for people from anywhere in Liverpool aged 18+. ²

The service accepts both self-referrals and referrals in from external agencies and operates from 6pm – 1am, 7 days a week from a city centre base. It aims to alleviate demand on local A&E services and to offer a more suitable, safe and secure environment for individuals to de-escalate, recuperate and begin their recovery. The service works with GPs (in particular the Brownlow practices which support many students in the city) and is active in the local Health Watch student forums which Liverpool Light regularly attend, to raise awareness of their support offer. This includes signposting to appropriate agencies dealing with issues such as debt, homelessness, domestic abuse, benefits and welfare advice.

A Social Inclusion Worker (new post) will commence work in April, offering Liverpool Light the resource to offer support during the day time in particular, engaging with those who are highly anxious and providing a more structured way of signposting them to appropriate services. This might include accompanying them to an initial appointment to facilitate engagement.

Alder Hey CAMHS Crisis Support

Children and young people (up to 18 years) and parents/carers can access support when in a mental health crisis via a freephone helpline, online and by video call. The 24/7 service is staffed by a mental health multi-disciplinary team (MDT) made up of psychiatry, psychology, social work and nursing practitioners and provides urgent and routine assessments, support and input into A&E for risk assessment and with face-to-face appointments available (at Burlington House or Southport Health and Wellbeing) when clinically indicated.

Alder Hey Hospital provides A&E services for those aged under 16, Place of Safety provision on its wards and where there is an ongoing crisis, up to 2 weeks of support from its practitioners.

² The service has reported that many of the people using the drop-in are students and that it occasionally sees those aged 17+, who may be known to local mental health services but on a waiting list. In addition, parents sometimes bring young people in when immediate support, reassurance and advice is needed. If a young person is deemed to be at a high level of crisis, Liverpool Light staff will support them to attend A&E. In other cases, where ongoing input may be required, they report signposting to local services for children and young people including YPAS. Numbers using Liverpool Light are reported to fluctuate quite considerably, but on average, around 20 people attend each week, some people calling in every evening while they are experiencing a period of crisis/distress.

The service also offers intensive home-based treatment up to three times a week, over an eight-week period to try and prevent hospital admission and there is a CAMHS parent and carer support group open to all parents and carers who have ever attended the service or whose child or young person is on a waiting list.

At the time of the evaluation, information on the Alder Hey website noted while that urgent and routine assessments were being offered, these are subject to a slight delay due to capacity and that new urgent work is being allocated.

Voluntary and community sector (VCS)

In addition to YPAS, up until the end of January 2023, **The Star Centre** part of the **Venus** charity based in Sefton/Bootle, offered a crisis-drop for 5-18-year-olds on Monday and Wednesdays from 3-7pm. The service, which opened in 2017, provided mental health advice and guidance to children, young people, parents and carers.

Data provided by Venus indicates the service received 1069 referrals in 2021 and 972 referrals in 2022, just under half of which were self-referrals, with GPs and Health Visitors often referring in. From January-December 2022, the drop-in service offered 170 appointments. Analysis by Venus indicates that 65% of attendees were new to the service; some young people returned multiple times and 42% of drop-in attendees were assessed as having prioritised risk. The Star Centre drop-in closed in January 2023 due to a lack of funding.

A new crisis service for children and young people, to be run by the **YMCA in St Helen's** was reported to be in development at the time of this evaluation.

4. Benchmarking: how the YPAS alternative to crisis compares with A&E and other areas of mental health crisis or early response provision

The YPAS alternative to crisis provision was funded in 2022-2023 by transformation funding totalling £292, 000 and with a unit cost per drop-in appointment of **£331**. The data that follow in this section suggests that the YPAS provision compares well against a range of other services that may work with young people with mental health needs/crises.

4.1 A&E and hospital admission costs

The YPAS unit cost is slightly lower than the estimates provided in a variety of reports for attendance at an A&E department, e.g., in work by Tsiachristas et al (2017) *General hospital costs in England of medical and psychiatric care for patients who self-harm: a retrospective analysis*, which gives a figure of **£392** for a biophysical assessment (as recommended in NICE and NHSE guidance relating to children and young people) in A&E and a mean cost of **£809** for the treatment of self-harm in general hospitals.

King's Fund estimates for A&E costs in 2021/2022 are provided in *Key facts and figures about the NHS* (2022, www.kingsfund.org.uk) which notes that investigation and treatment costs start at **£359** (although for those who attend an urgent care centre and receive the lowest level of investigation, the average cost in 2021/22 was **£77**). The King's Fund also estimate an additional cost of **£292** if an ambulance is required.

Attendance by a young person at A&E is well-known to often result in admission to a paediatric or general adult hospital ward, especially if the local protocol recommends admission prior to follow up by the local CAMHS, mental health liaison team or crisis team. Modelling by NHS England in *Making the financial case for community crisis resolution and home treatment services. Support pack and case study examples* (Yorkshire and Humber Clinical Networks, www.yhscn.nhs.uk) and based on 2018/2019 figures details the following:

- That 50-70% of admissions would be subject to the short stay (0-1 days) tariff, ranging from **£499-758**
- That 30-50% of admissions would be subject to the full tariff applicable for stays of 2+ days, **£1664 – 2525**.

This document details that mental health attendances at A&E have risen rapidly in the last decade: official data suggests that between 2011-12 and 2015-26, these attendances (for all ages) rose by nearly 50%. Furthermore, it is reported that between 65-75% of the most frequent attenders at A&E are likely to have mental health needs.

It is also noted without a 24/7 core liaison mental health service that is able to promptly assess on the day of admission or the following day, the proportion of admissions subject to the full tariff is likely to be higher. That it is possible to avoid this situation is evidenced by the fact that in some areas of the country, it has been shown that community crisis services supported by, "relatively low cost alternatives to admission have led to significant reductions in mental health attendances to A&E, as well as reductions in hospital admissions."

Away from hospital and into the community (Care Research/Wates Family Trust, 2023), presents the findings of research into the experiences of young people in mental health crisis, the services currently available to them, how these could be improved and the alternative styles

of mental health crisis provision that might be developed. Findings from this research highlights that “A&E was unintentionally playing a front door role for accessing mental health services for many parents and young people, something it is not set up to do.”

It is noted that the research interviews indicated that where young people attended A&E and the primary concern was their physical health, for example, as a result of overdose or serious self-harm, young people were often admitted for ongoing monitoring if a bed was available, whilst waiting for the on-call crisis mental health team. The interviews with parents/carers revealed that on-call crisis teams are often under-staffed, resulting in long delays before a young person may be assessed. Such delays again heighten the risks of hospital admission and in turn, increased costs.

The Care Research/Wates Family Trust research provides some general comparisons for the costs of provision that young people in a mental health crisis might be admitted to, comparing these to a community-based alternative. Table 4 is from the report.

Table 1: Costs of different residential options

Type of service	Weekly cost	% cost of community-based alternatives @ £2000 per week
General admission (CAMHS)	£4, 200	47.6%
Secure unit (CAMHS)	£4, 567	43.8%
Unregulated mental health placement	£9, 650	20.7%
Semi-independent high needs placement	£4, 550	44%

4.2 Other comparator services and costs

The *Briefing: Children’s Mental Healthcare in England* produced by the Children’s Commissioner in 2017(www.dera.ac.uk) presents a variety of data that illustrate the cost benefits of early intervention and alternative provision when compared to NHS costs:

- **£229** per child – the cost of delivering six counselling or group CBT sessions in a school.
- **£2, 338** – the average cost of a referral to a community CAMHS service.
- That a targeted therapeutic school-based intervention derives an average lifetime benefit of **£7, 252**; this is a cost-benefit-ratio of 31-1.

Making the financial case for community crisis resolution and home treatment services. Support pack and case study examples (Yorkshire and Humber Clinical Networks, www.yhscn.nhs.uk) provides some useful financial and outcomes data to compare the YPAS alternative to crisis provision against, in the following two case studies:

Aldershot Safe Haven

Launched in 2014, the service provides a safe place for individuals to drop in without an appointment, operating all year between the hours of 6pm-11pm Monday to Friday and 12.30-11pm at weekends. Based in five town centre locations across Surrey and north east Hampshire. Annual running costs for the service in 2018 are given as **£237, 000**

Independent evaluation of the service notes that 13% of people attending the safe haven were in crisis, 56% attended to prevent themselves for escalating into crisis and 23% attended the service for social reasons. Analysis of local psychiatric admissions suggest that there was an average reduction of 16% to acute beds in the Safe Haven area over the period 2013-2017.

The evaluation also calculated that to cover the annual running cost, the service would need to prevent 15 hospital admissions per year (or just over one admission per month). Furthermore, other costs related to the NHS might be avoided, for example, GP and A&E attendances.

Cambridge & Peterborough First Response Service and Sanctuary (all ages)

Offers 24/7 MH point of access telephone triage with clinical supervision, with early intervention and signposting to facilitate access to appropriate 'pre-crisis' services including the Sanctuary run by the mental health charity Mind, as well as more appropriate referrals to secondary mental health services.

Average of 450 referrals per week, with: 80% being triaged to support, advice and signposting, referral to the Sanctuary or to community MH services; 17% referred for an emergency face-to-face assessment; 3% referred to the ambulance service and/or police.

Service costs are given as **£3.2m** of which **£3.1m** is for the First Response Service and **£360, 000** for the Sanctuary provision. Savings arising from implementation of the service are given as **£4m** including a £2.8m reduction in tariff payments to NHS acute services.

Activity in the first 6 months is reported to have resulted in:

- 25% reduction to A&E for mental health attendances
- 19% reduction in emergency admissions
- 26% reduction in the use of ambulance services
- 39% reduction in use of out-of-hours (OOH) GPs
- Reduction in mental health demands for police intervention
- 20% reduction in home treatment caseloads.

In terms of patient experience, 72% of people reported a good or excellent experience of using the service, compared to CQC 2015 figures noting that nationally, only 14% of people report a positive experience of crisis services.

5. YPAS alternative to crisis drop-in activity data

The evaluator was provided with three of the quarterly activity reports produced by YPAS, covering the period 01/05/22 (when the alternative to crisis provision became fully operational following a 3-month pilot) – December 2022. In addition, the YPAS Clinical Admin Team produced various bespoke data for the evaluation in order to illustrate the range of the partnership working with external stakeholders.

Overall, these reports indicate that the provision has been growing busier as time goes by, with the number of referrals increasing quarter on quarter. Throughout, the Central/city centre Hub has been by some margin the busiest, with the peak time for use falling between the hours of 1-6pm. Those presenting at YPAS have come from all local areas, however, in Quarter 3 (October- December 2022), a steady increase in children, young people, parents and carers from Knowsley is noted, alongside a smaller increase from Sefton.

The client group appears to be predominantly White, heterosexual and with females outnumbering all other gender groups. In all quarters, children and young people in the age range 12-17 years made up most of referrals, followed by those aged 18-25 years.

Table 2: Quarter 3 summary demographics children, young people, parents/carers presenting in the alternative to crisis provision

Ethnicity	Gender	Sexuality
White: 211 Asian or Asian British: 6 Black or Black British: 8 Mixed:12 Not Stated:4 Other ethnic groups: 6	Female: 129 Male: 98 Non Binary: 12 Trans Female: 5 Trans Male: 3	Heterosexual: 118 Prefer Not to Say: 26 Not Known: 33 Questioning: 22 Gay: 18 Lesbian: 15 Bisexual: 12

5.1 Number of people seen and needs presented

Over this 8-month time period, a total of **728** people were seen in the YPAS alternative to crisis provision; all received a comprehensive assessment and safety plan if required. In terms of the needs presented, the quarterly reports highlight YPAS seeing high numbers of children and young people with a neurodevelopmental diagnosis or on the pathway.

In the Quarter 3 activity report, the top 5 presenting issues are identified as: **homelessness, anxiety/low mood; parent support for children and young people with ADHD/ASD; trauma and isolation.**

5.2 Referral/signposting in to YPAS alternative to crisis provision

In considering the range of partners that may work with the YPAS alternative to crisis provision, the evaluation explored data concerning the referral source to the drop-in; these are presented in the table below, for the time period mid-November 2022 – mid-February 2023 and suggest that after parents/carers, Alder Hey FRESH CAMHS is the source of most referrals to the YPAS provision. (One limitation of these data is that, in particular with reference to the young person

and parent carer self-referrals, they do not identify if another agency such as Barnardo's, UCOPE or ADDvanced Solutions may have originally signposted them to the YPAS provision).

Table 3: Source and number of referrals (Nov 22- Feb 2023)

Referral Source	Number of Referrals	Number that Attended Drop-in
Alder Hey FRESH CAMHS	18	4
Alder Hey Paediatrics	8	4
Education Service	6	2
GP	2	0
LA/Social Services	5	1
Secondary care (e.g. Mersey Care)	8	2
Parent/Carer	4	1
Self	15	5
SPA – original referrer other	4 (2 signposted by SPA)	1
SPA – original referrer parent	66 (15 signposted by SPA)	16
SPA – original referrer self	6 (2 signposted by SPA)	0
Other	2	0
Total	144	36

5.3 Outcomes of YPAS crisis assessment

In all three time quarters reviewed, the majority of referrals seen were reported to be stabilised but with a small number requiring stepping up to secondary mental health care:

- In **Quarter 1**, 3 young people aged 16+ were identified as needing a mental health assessment from Mersey Care. This resulted in 2 young people being supported by YPAS to attend A&E and onward referral to Mersey Care Core 24. The third young person, a complex neurodiverse presentation, post A&E attendance, had a safety plan put in place, with an online mental health assessment and MDT referral.
- In **Quarter 2**, 4 referrals required an urgent mental health secondary care assessment; 1 young person was stepped up via Alder Hey 24/7 crisis line, 2 were stepped up via Mersey Care 24/7 crisis line and 1 via consultation with Knowsley CAMHS

- In **Quarter 3**, 26 young people required stepping up – 8 via the weekly MDT to either CAMHS or AMHS; 10 via Alder Hey crisis line and 8 via Mersey Care crisis line. In this quarter, a safety plan was put in place for 48 young people.

What is most striking from these data, however, is the high numbers of internal referrals to other YPAS services, notably its therapy services, wellbeing services and parenting service, generated by the alternative to crisis provision and also, how few referrals have needed only a one-off session.

As the narrative in the quarterly reports acknowledges, this has undoubtedly created some internal pressures within YPAS to manage this demand, in particular as noted earlier, the high level of referrals of young people with neurodevelopmental disorders.

Table 4: Internal Referrals

Quarter 1	Quarter 2	Quarter 3
88 referred to therapy service	112 referred to therapy service	112 referred to therapy service
78 referred to wellbeing service	82 referred to wellbeing service	139 referred to wellbeing service
32 referred to parenting service	52 referred to parenting service	28 referred to parenting service
14 referred to LGBTQ+ service	22 referred to LGBTQ+ service	34 referred to LGBTQ+ service
17 children/young people required more than one YPAS service	6 referred to therapy service for young refugees (Spinning World)	8 referred to therapy service for young refugees (Spinning World)
	20 referred for information, advice and guidance	38 referred to Advice on Prescription

5.4 Experience of service data

CHI ESQ data summarised in the Quarter 1 and Quarter 3 activity reports indicates high levels of satisfaction from those using the alternative to crisis provision in terms of, for example: feeling that it was easy to talk to the person they saw; that their views and were worries were taken seriously; that they were given enough explanation about the help they might be offered and that the person they saw knew how to help them.

In **Quarter 3**, 217 young people, parents and carers out of the 247 seen, completed the CHI ESQ (89% completion rate) out of which:

- All (217) reported that they were treated well by the people who saw them.

- 215 responded as ‘certainly true’ that the help they had received was good.
- The same number responded as ‘certainly true’ that they would recommend the service to a friend, that their appointments were at a convenient time and they felt that the people who saw them listened to them.
- Similar or very slightly lower numbers responded that it was ‘certainly true’ that it was easy to get to the service and that appointments were at a convenient time.

YPAS also offers those using the service an online avenue to share feedback - *Compliment, Comment and Complain (CCS)*. Comments received via this route highlight:

- The skills of YPAS staff to put highly anxious young people at ease when attending the drop-in.
- How attendance had helped the young person in learning coping strategies, positive self-talk and relaxation techniques.
- Communication that made the young person feel comfortable and safe throughout.

5.5 Activity in the first 3 months of 2023

During the evaluation, it became evident that practitioners working in YPAS alternative to crisis provision were seeing significantly increased numbers of young people in the months January – March 2023, after reporting receiving lower numbers than predicted in the Christmas period.

In this first part of 2023, the numbers of young people seen totalled 1111, with staff providing 2564 individual sessions, that is, many of those accessing the provision required follow-up sessions rather than a one-off session. This number quite clearly exceeds by some margin the total number seen in Quarters 1-3 (N 728), an increase in excess of 45%.

This could possibly be a ‘post-Christmas blip’ (as often seen in CAMHS and other children’s and young people’s services after time periods or events that are known to be stressful for many families, e.g., public holidays or school exams). Alternatively, it might reflect the increases in rates of probable mental health disorder reported by the National Audit Office and Department of Social Care (2023), or the pressures emanating from the difficult economic conditions/cost of living crisis currently affecting the UK. The loss of local services detailed earlier in the report in Chapter 3, section 3.3, and/or increasingly long waiting times and high service thresholds in the NHS and Children’s Social Care, may also be playing a role.

Whilst the specific reasons may not be clear, indeed it may be a combination of all of the above, managing such a substantial increase will require careful management in terms of staffing capacity within the drop-ins and any knock-on effects in other areas of YPAS provision. This is further discussed in Chapters 7 and 8.

6. Stakeholder interviews

29 interviews were undertaken with staff from YPAS working in or managing the alternative to crisis provision and with a range of external stakeholders. These included: Liverpool City Council, a number of different services provided by the two main NHS providers, Mersey Care and Alder Hey and a variety of local VCS providers.

VCS providers included: ADDvanced Solutions, Barnardo's Young Carers, Venus Charity and Merseyside Youth Association (MYA). With specific relevance to the university student population in Liverpool (where there are 6 universities and around 70, 000 students), a senior staff member from UCOPE (University, Community, Outpatient, Psychotherapy and Engagement) was interviewed.

Seven young people from the Barnardo's Young Carers drop-in group and 18 young people and 16 parents and carers from YPAS shared their views via the practitioners working with them.

Interviews were undertaken via Teams, Zoom or telephone and followed a semi-structured format that allowed interviewees to raise the issues they thought important. The interviews aimed to gather data on:

- Understanding and awareness of the YPAS alternative to crisis service; experiences of working with the provision.
- The perceived need for the service in terms of the sorts of issues young people from the locality might be experiencing/present in the drop-ins and also whether there were other services able to meet these needs.
- Where interviewees thought young people might go if the YPAS alternative to crisis provision was not there.
- What was working well in the current operation of the YPAS alternative to crisis provision and also in the pathways to or from the alternative to crisis drop-ins.
- What was working less well or needed to be improved; any gaps or areas needing further development.

For YPAS staff, perspectives on their ways of working and their workload as a result of providing the alternative to crisis drop-ins, their training and support needs and any impact on other areas of YPAS provision, were also explored.

6.1 YPAS Staff

Seven YPAS staff were interviewed, including the three hub leads. The majority of these practitioners had been employed by YPAS for some years, however, one was recruited in May 2022 when the new alternative to crisis provision became fully operational.

General views about the alternative to crisis provision

All interviewees were highly positive about the new alternative to crisis drop-in provision, describing it as working well and that in their opinion, it was significantly widening access through delivering what one interviewee described as “initial and immediate relief through a friendly and flexible welcome.” Another described its ethos of “come in and be heard even if goes no further” alongside its non-clinical, destigmatising and young-person focused environment, as key to its success in attracting young people and families to engage with services early and at the pre-crisis stage.

A number of the interviewees explained that whilst it had always been possible for young people to drop-in at the YPAS city centre hub, the new provision had not only widened the geographic reach to three locations with extended opening hours, the transformation funding had allowed the drop-in to somehow become more established and something more defined to promote.

One interviewee suggested that the work done on offering immediate assessments, improved referral paperwork and strategic MDT processes to step up or down young people, had also sped up and streamlined the processes for young people to access immediate help and advice. In turn, this could significantly reduce the young person’s anxiety about having to wait and had encouraged signposting from a wider range of services than previously.

Another noted that the alternative to crisis provision had started from a firm base and that YPAS’s extensive and well-established links to other local services and a trusted reputation, among professionals as well as children, young people and their families, had aided the provision becoming fully operational in 2022.

Meeting local needs and addressing gaps in local provision

All seven YPAS interviewees described ways in which they felt the new alternative to crisis provision was meeting local needs, in particular, addressing an apparent significant increase in local mental health needs amongst children and young people but where their level of need was unlikely to meet the referral thresholds for NHS CAMHS (Alder Hey) or AMHS (Mersey Care). Interviewees also highlighted that the difficulties many young people present with are increasingly complex, with histories of trauma and domestic violence and where there was a high potential for situations to escalate into crisis if there was no intervention.

Reference was made to the long waiting times within many services (including YPAS’s own therapy/counselling services) and in their opinion, how crucial the immediacy of the drop-in support offer (and assessment of needs/safety planning) is. This is because, as has been well-documented in research and national policy documents/the evidence base (e.g. *Future in Mind*), many young people are deterred from seeking help if they have to wait or go through a number of gateways/formal referral routes before seeing someone.

In terms of who the interviewees thought was benefitting from the alternative to crisis provision, whilst all age groups were represented in those attending the drop-ins, and with the period immediately after school being a popular time, various specific groups were identified:

- Young people who “simply did not know where to go for help” or who felt they would not ‘fit’ into the local NHS mental health service provision, but needed some early advice.

- Highly anxious and isolated children and young people, often with histories of school refusal, self-harm or suicidal ideation, who find service engagement highly challenging and thus require supported signposting to achieve this.
- Parents of children and young people with neurodevelopmental disorders, ASD, ADHD and SEND (where a significant increase in numbers was noted) who need advice, information and support and who again, are unclear where to go or who require immediate help whilst their child is on a waiting list.
- Parents of children and young people who won't talk to or engage with, or who have disengaged from, statutory services.
- Young people of transitional age who fall into the care gap between child and adult services, especially if their mental health difficulties are mild to moderate.

In the opinion of these interviewees, the role of YPAS in information sharing and signposting to appropriate services was vital. **They were also of the view that if the YPAS alternative to crisis provision was not available, it was likely that quite a few of the young people and families they were seeing in the drop-ins would have presented in A&E (if they went anywhere at all).**

Understanding of the YPAS alternative to crisis provision

Views were somewhat mixed as to how well some external stakeholders/agencies understood what the alternative to crisis service offered and in particular, that in the early days of the service becoming operational, there had sometimes been confusion that a young person had to be in a full-blown crisis if they were to access a YPAS drop-in. Some signposting of young people who needed physical treatment in A&E had also resulted in attendances at the drop-in which then necessitated YPAS staff supporting the young person to attend A&E. However, as the service had become more established, and in the last six-month time period in particular (roughly late Summer 2022 onwards), it appeared that awareness and understanding had increased across different local professional groups/services – and that this was evidenced by an ongoing increase in the numbers of children, young people and parents/carers either self-referring or being appropriately signposted to the drop-in.

Awareness of the new provision was thought to be good in Liverpool schools (where YPAS has offered a schools programme for some years) and across Alder Hey CAMHS. One interviewee, from the YPAS Clinical Admin Team (responsible for triaging all referrals into YPAS, including via the SPA/Alder Hey online platform) reported that in young people's CAMHS discharge plans, the option of the YPAS alternative to crisis drop-in for support, was being more frequently mentioned than previously.

Groups where it was thought that understanding was more limited included GPs, social care (hampered by a lack of or frequent turnover of social workers, this also impeding any partnership working with social services) and foster carers. Parents presenting at the YPAS drop-in for help their own mental health needs, as opposed to seeking advice and help with their child's mental health needs was also a frequent problem; this was thought to reflect both

a misunderstanding of what 'parent support' meant, but also, the lack of provision for this group elsewhere in the locality.³

Various suggestions were noted regarding the need for wider publicity/communications work to improve awareness of the service in these groups. Furthermore, given the constant problems of high staff turnover and of services changing or closing, this needed to be an ongoing activity.

Partnerships and pathways

A prominent theme of the interviews concerned the importance of partnership working and of pathways to link young people into the most appropriate local services. In particular, the ability to step young people up to secondary mental health care was seen as crucial if the YPAS alternative to crisis model is to work as intended.

Overall, findings detailed in the interviews suggest that the weekly MDT arrangements are working well. Partnership working and signposting between Alder Hey CAMHS and YPAS concerning young people on the CAMHS waiting list who might prefer to be seen in YPAS was also reported on positively. This was seen to give young people more choice (although it was also acknowledged that it could occasionally cause some tensions if the parent held different views as to where their child should be seen). Likewise, the interviewees highlighted the value of the alternative drop-in to 'hold' young people while they waited (for either CAMHS or therapy at YPAS).

Several interviewees reported partnership working with the Mersey Care Crisis Line, the Life Rooms and with some of the mental health hubs where if the young person was accessing therapy, YPAS might offer help with benefits or other practical matters. Alternatively, if a young person was in contact with a Mersey Care mental health hub solely for the purposes of medication management, YPAS might work in partnership to offer therapy to the young person – that is, care was taken to avoid any duplication of input.

Signposting of young people to YPAS by the Mersey Care liaison mental health practitioners in A&E, by some GPs, schools and youth services, was described. One interviewee explained how the YPAS alternative to crisis practitioners might input into the Early Help Assessments (EHAS) by the Family Support Workers in the Early Health Team.

Capacity and managing high levels and fluctuations in demand

Overall, the YPAS interviewees felt that the level of staffing capacity within the alternative to crisis provision was satisfactory, although some comments were noted about the unpredictability of demand and ongoing variations between the three hubs in terms of how busy they were. As noted earlier in the activity data summary in Section 3, the Central Hub is the busiest. However, it appears that the North and South Hubs are seeing greater numbers of younger children and parents, in comparison to the Central Hub. It was suggested that possibly this was because both the North and South Hubs were easier to drive to and less accessible by public transport. For young people, dropping in at the Central Hub was easy with its proximity to Liverpool Lime Street station and other city centre facilities used by young people.

³ One interviewee described a new YPAS service, Flourishing Families. Due to start later in Spring 2023, this will offer wraparound support for families including family therapy and with an adult mental health therapist able to work with parents on their own mental health needs.

A general view was that as the alternative to crisis provision is still relatively new, further tracking of the levels of demand, and of likely surge or pinch points will be needed. Likewise, the complexity and wide-ranging needs presented by those accessing the drop-ins requires ongoing review in terms of ensuring practitioners in the drop-ins have the requisite skills, but also, that the pathways to any external specialist provision that might be needed, are in place.

Whilst staff indicated confidence that they had the requisite assessment and therapeutic knowledge for work in the drop-ins, (with several highlighting the commitment of YPAS to their training and the provision of high quality Continuing Professional Development/CPD opportunities), the need for robust staff support and supervision was highlighted. Likewise the provision of debrief arrangements given the “uncertainty of what might come through the door.” There were a number of comments about the invaluable role played by the Hub Leads and also the YPAS Senior Management Team in managing pinch points and ensuring that the staff rota arrangements ensured that work was equally shared across the team. Reference was made to this being difficult at some points during 2022, but interviewees reported that the recruitment of new staff had addressed this problem. However, one question posed in terms of addressing these workload demands was whether YPAS needs to have some dedicated alternative to crisis practitioners (i.e., who do not work in other YPAS programmes or carrying caseloads for the therapy or wellbeing services).

A new ‘Welcome Pack’ for the alternative to crisis drop-in was introduced in February 2023), to aid children, young people and parents’ understanding of what to expect when they attended a drop-in and also to ensure a consistency of approach across the three hubs. This was viewed positively as helping to manage people’s expectations. One interviewee explained that whilst it was good that the drop-ins were so flexible in their approach, on the other hand, it could be quite daunting to just turn up – that for some people, it was reassuring to have an appointment at a set time with a named therapist. The pack, by explaining about the privacy of the space offered in the drop-in, that they would be seen individually and so, went some way towards addressing this.

A number of amendments to the Alder Hey online platform and triage paperwork were also implemented in February 2023, to improve the signposting to either the YPAS drop-in or to the therapy or other YPAS services. (Again duplication is avoided in that young people cannot be on both CAMHS and YPAS therapy waiting lists at the same time).

The closure of the crisis drop-in at the Star Centre (Venus charity) was commented on: the impact of this had been quite quickly felt in YPAS in terms of the drop-ins seeing an increase in signposting by Sefton GPs. This also highlights local demand for crisis provision that provides for face-to-face contact without professional referral.

Suggestions for developing the service

Further widening access to the alternative to crisis provision was a recurrent theme in the suggestions made by the YPAS interviewees which included:

- The YPAS provision operating on an outreach or sessional basis into other service hubs based in different geographic locations, for example, those offered by Liverpool City Council. This was suggested to be both a cost-effective way of expanding but also strengthening multi-agency partnerships.

- Other agencies being based in, or occasionally having a presence in the three YPAS hubs. The example was given of CAB which already has a base in the Central hub; could something similar be offered in the North and South Hubs?
- Outreach support outside of the YPAS premises, to improve engagement with the highly anxious and isolated young people who would prefer to be initially seen in a familiar/known environment.
- Group-based activities, including wellbeing sessions and other learning opportunities that people could drop into in the hubs.
- More awareness-raising activities – although with the caveat that there were clear risks of other services signposting children, young people and parents/carers inappropriately to YPAS drop-ins (given their open access) as a way of managing their own increasing demand/service pressures and long waiting times. Thus, it would be crucial for YPAS to be vigilant in monitoring this.

Plus, as noted earlier, some interviewees raised the questions of whether dedicated alternative to crisis practitioners might be needed, also more staff in the Central Hub, if demand for the service/the numbers attending the drop-ins continued to grow.

6.2 Professional stakeholders from other local services

Twenty two practitioners from across local NHS, City Council and the VCS were interviewed. Some were introduced to the evaluator by YPAS; others were identified via the interviews or through the web-based review of the crisis services available to children and young people in Liverpool and Merseyside/Knowsley and Sefton.

Awareness and understanding of the YPAS alternative to crisis provision

Considerable variation was apparent in terms of external stakeholder understanding of the YPAS alternative to crisis provision. A number of those who were interviewed reported that whilst they knew YPAS well and had in the past referred young people to it for therapy, until contacted by the evaluator, they had not known about the new alternative to crisis drop-in provision, or they had gone on the YPAS website to find out about it before their interview.

Awareness was most evident amongst the interviewees from Alder Hey CAMHS, which supports the perspectives of the YPAS interviewees. Others with good awareness (and who reported signposting young people and families to the provision and/or receiving people signposted to them by YPAS) included VCS agencies who are members of the local CAMHS Partnership or who attend the VCS Leads Meeting and some agencies working with the local student population - where one interviewee reported attending the weekly MDT and had heard of the alternative to crisis provision via this avenue. According to another interviewee, knowledge of the service was largely absent in Liverpool's 0-19 and Children in Care Services.

Interviewees from Alder Hey including practitioners working in the Crisis Line/Service and the FRESH CAMHS support team. They described both strategic and operational links between their different services and YPAS; in their opinion, this facilitated both a good understanding of the alternative to crisis provision but also helped to ensure that there was a dovetailing of provision in order to provide what one termed, "a really comprehensive offer for the city."

However, one interviewee raised concerns about how well people understood the “overall mental health landscape” and where the YPAS provision sits within this. They cautioned that it is important that there is understanding of the quite fundamental differences between the Alder Hey crisis service, which can support those in acute mental health crisis, and the YPAS alternative to crisis offer, with its emphasis on early intervention, assessment, pre-crisis work and stepping up if required. This is important in order to avoid confusion as to where children, young people and families should seek help, or be signposted to. Another highlighted that it was also crucial to ensure that the YPAS alternative to crisis provision offer was properly understood and was not just being used to fill gaps elsewhere and/or because other services were not offering the support to their clients that they should, for example, while on waiting lists.

Within NHS Mersey Care, the majority of interviewees were from adult mental health services, working in secondary level services requiring professional referral in and no options for self-referral. From discussions as to what these services offered and who they worked with, the impression was gained that their client group was quite a bit older than that supported by YPAS. This may be one of the reasons why they had less awareness of the YPAS alternative to crisis provision. With regard to the Mersey Care crisis services for those aged under 18, including Crisis Resolution and Home Treatment, whilst interviewees reported they were aware of the YPAS provision, there seemed to be currently very limited signposting or partnership activity.

Perspectives as to the need for YPAS alternative to crisis provision

There was widespread recognition and strong support for the YPAS alternative to crisis provision from all of the external stakeholders who were interviewed. In particular, the offer to parents/carers was seen as especially helpful since nothing similar was offered by other local services. Many comments were noted to the effect that locally, there was a huge and growing level of mental health need affecting all ages, in part, attributed to the COVID pandemic and its aftermath. Whilst there was an array of different mental health services, and considerable expertise within the local workforce, overall, the resource across Liverpool/Merseyside was seen as inadequate and over-stretched – and likely to become increasingly so as the expected budget cuts or non-renewal of recurrent funding and service closures took effect.

One interviewee reported that their service was dealing with roughly double the number of referrals it was commissioned for and suggested that this was likely to be the case elsewhere. Another noted that their therapy service was currently closed to new referrals due to burden and risk of supporting those on the waiting list which had reached 14 months. Interviewees were quite clear that long wait times were affecting many services for children and young people, thus making the **immediacy** of the YPAS offer especially valuable – one commented, “being able to go in and see someone straightaway is really important... it offers a first port of call to those who are struggling and can get them to the right place quickly.”

Furthermore, apart from Liverpool Light and the Life Rooms (both 18+ services), and the local A&E, (and following the closure of the crisis drop-in at the Star Centre/Venus),⁴ several explained that there were no other options for a young person to self-refer/drop-in. Rather, their route into services if they were in crisis, or heading in that direction, lay in the various crisis care lines from where they might then be triaged into a service or seen in person – although there was also acknowledgement of the high referral thresholds operating in NHS/statutory

⁴ Several interviewees drew attention to recent evening closures of police stations across Liverpool, also that some stations only offer emergency phones and/or are no longer open to the public. Examples of how this had removed an important ‘Place of Safety’ option for young people were highlighted, also what the implications might be for the Mersey Care ‘triage car’.

services that many children and young people will fail to meet, despite having complex needs which had clear potential to escalate into a crisis, or where parents would struggle to manage.

One interviewee also highlighted the loss of resource in terms of signposting support as a result of the 1-year pilot to offer Life Rooms in the local Children's Centres and city libraries coming to an end and not being renewed; not only had this signposting support helped to link people into the services most appropriate for their needs, it had allowed capacity for front line staff to focus on their areas of work.

Similar to the interviewees from YPAS, the external stakeholder interviewees reported seeing increasing numbers of isolated and anxious young people, young people with SEND, ASD and neurodevelopmental disorders, (or their parents) many of whom seemed to have no awareness of what might be available locally/where to go for help. In addition, they were seeing higher numbers of:

- Marginalised and vulnerable young people with histories of serious trauma including rape, domestic violence and child on parent violent assaults (CADVA).
- Young people with difficulties in emotional self-regulation, poor self-esteem or expressing views of self-hatred.

It was also noted that since the pandemic, these issues appeared to be affecting children, young people and families across the whole economic spectrum, including professional families who services would not have seen in the past.

In answer to the question as to whether the YPAS alternative to crisis provision was helping to divert children and young people with mental health issues from presenting at A&E, a number of the interviewees responded that they thought it was but that this was hard to quantify. Again, they highlighted the value of the immediacy of being seen and young people having the opportunity to tell their story in a safe and trusted space and to be listened to, how this could prevent escalation into a full-blown crisis.

Two interviewees offered examples of successfully signposting young people to the alternative to crisis provision who they knew had used A&E in the past; one was a young carer known to Barnardo's who had experienced bereavement and a family suicide; another was the parent of a young person with suicidal ideation and also previously seen in A&E. Several interviewees reported that the feedback they had received from those they had signposted to YPAS had been very positive.⁵

Partnership working and pathways

Positive comments were noted with regard to the expertise and commitment of YPAS in being involved in local initiatives, strategic forums for sharing information across the locality and developing partnership working. A number of the interviewees also referred to the well-established, respected and trusted reputation of YPAS in the locality and expressing the view that this had given the alternative to crisis provision a firm foundation from the outset, as well as widening and strengthening the YPAS offer.

⁵ With regard to young people presenting at A&E, the interviewee from UCOPE described hearing of university students presenting in crisis and then walking out due to the long wait times in A&E, leaving Halls of Residence staff to deal with highly distressed young people. In these situations, often the Mersey Care Triage Car was then called to assist.

For the under 18s, partnership working and pathways to and from Alder Hey CAMHS and VCS agencies appeared to be most strongly established; this is not surprising given that these services were already working together prior to the development of the alternative to crisis provision. The MDT arrangements, the CAMHS partnership and its associated communications/newsletters and the VCS Leads Meeting, plus the various multi-agency programmes in Liverpool schools, were viewed as effective avenues for supporting services to link together and avoid duplicating input. The MDT was reported to be working well in terms of stepping up children and young people when required and online information as to where to go for urgent help/advice and guidance provided by Alder Hey crisis line was reported to include YPAS as a possible option. Nevertheless, some important gaps were identified by interviewees, namely with the Liverpool 0-19s and children in care services.

With regard to young people in the 18-25 age group, the picture for adult services, in particular, NHS Mersey Care, has been much harder to gauge, although this is partly due to difficulties identifying interviewees for the evaluation from these services. A number of interviewees highlighted the complex service arrangements across Liverpool and Merseyside, a split between services for those aged under or over 16 years or 18 years of age and significant variations in contracting and funding arrangements. This makes it hard for services to work together and can hinder the seamless delivery of continuity of care. It was also reported to show itself in variations in the ethos of care as well as practical matters such as safety plans, referral forms and other paperwork. Such circumstances make it difficult to assess who is working with which client group (i.e., are they seeing young people aged 18-25?) and which services they might appropriately link with. For the purposes of this evaluation, it made it hard to ascertain which services the YPAS alternative to crisis provision might work in partnership with or signpost to.

Despite the above, a number of interviews were successfully undertaken with practitioners from adult services and some reported signposting to the YPAS provision and or that young people had been signposted to them from YPAS; for example, this was reported by Liverpool Light who reported seeing young people who had just passed the upper age limit for YPAS (25 years). Those who had no direct experience of working with the alternative to crisis provision, or had not heard of it prior to their interview, stated that they saw a need for the provision and indicated a willingness to forge partnerships with YPAS if this was appropriate. Again the detrimental impact of high service pressures and long waiting times on pathways between services and of working in partnership, was raised by a number of these interviewees.

Developing the provision

In terms of developing the YPAS alternative to crisis provision, many of the suggestions from external stakeholder interviewees were about YPAS more widely promoting and communicating about what the provision offered (acknowledging that perhaps this had been quite carefully controlled and limited in the first year of the provision becoming fully operational). A number of interviewees commented very positively about information and also wellbeing sessions YPAS had run in their service in the past and suggested more of these would be welcome in the future.

Another suggestion was the possibility of YPAS working out of and offering alternative to crisis drop-in sessions in other venues such as the local children's centres (which are seen as trusted by families) on a rotational basis. A number of interviewees thought this might further improve access, geographic spread, and in particular, help to address a perceived imbalance in provision in the more deprived parts of the north of Liverpool compared to the south, also the

Knowsley and Sefton areas. In addition, it was highlighted that the cost of living crisis and financial pressures facing many families meant that travelling any distance was too costly. Being able to access support close to home was noted to be especially important for young carers who could not spend long time periods away from home due to their caring responsibilities.

Alternatively, rather than YPAS practitioners going out and working from different venues, several interviewees suggested that perhaps practitioners from their service could have a sessional presence in the YPAS hubs. They suggested that this would not only facilitate the sharing of expertise from different services, but might help young people or families being signposted to YPAS to feel less anxious about attending the drop-in, if a practitioner that they already knew would also be in the drop-in.

Ways to further develop and strengthen partnership working and consultation between the local NHS crisis lines and the YPAS provision was also mentioned. This particularly concerned the tracking and management of those young people who were repeat users of crisis services or whose engagement was intermittent.

Not just specific to the YPAS alternative to crisis provision, several interviewees called for more health promotion and mental health awareness raising work to address mental health stigma and also a distrust of services, especially those in the statutory sector. Findings from an ongoing Task & Finish group were noted; these indicate that people from BAME communities are not accessing services and that reaching out and engagement work is needed.

A final cautionary note was also made by several external stakeholder interviewees that it was important that YPAS, in further developing and embedding the alternative to crisis provision in different pathways, kept their focus on their areas of expertise and the particular way in which they work flexibly with children, young people and families. This is well-respected professionally and could be compromised if demand on the service was not kept under careful review and resourced appropriately.

6.3 Children, young people, parents and carers

Those with direct experience of using YPAS alternative to crisis provision

Eighteen young people and sixteen parents/carers provided feedback about their experiences of using the alternative to crisis provision, providing information on: how they had first heard of it; if they used YPAS previously; what help they were looking; where else/what other services they might have tried; what they liked about the service, and how and if attendance at the drop-in had helped them.

Young people accessing the alternative to crisis drop-in reported that they had heard of it via a number of different routes including: GYRO, Brownlow GP Practice, education welfare, school counselling, an EHCP caseworker and also word of mouth.

For 8 young people, their attendance at the alternative to crisis drop-in was the first time they had been to YPAS. Other places where they had previously tried to get help included the following: Google, YoungMinds text crisis line, CAMHS, Talk Liverpool, CAMHS, Access Sefton, NHS 111, a local LGBT group, a local bereavement service, Heads Together and their GP.

In terms of what the young people who had used the alternative to crisis service liked about the provision, a number highlighted the immediacy of the response (and not having to wait), the safe environment, feeling respected and the approachability and knowledge of the YPAS staff. For example, one young person noted: "I liked how I didn't need a referral and how easy it was to get support and how it was open nearly every day. It felt like a very comfortable and safe environment and all the staff were very supportive and understanding."

Asked to rate the service where 5 was very 'very good', 3 was 'OK' and 1 was 'not good', 9 of young people gave a rating of 5 and 3 gave a rating of 4.

In answer to the question as to how the drop-in session had helped them, young people talked of being given a clear idea of the steps they might take to address their difficulties; some talked of how being able to talk through their worries had helped them to feel less anxious or that they had been given the tools to help them towards a positive resolution.

One reported that they had been signposted to other sources of support and that the drop-in had, "provided a space to express myself fully." Other comments included that it had helped them feel less alone, that it was very helpful for the hubs to be open in the evenings and that this was invaluable for those with full-time roles.

Parents and carers had also heard of the alternative to crisis provision via an assortment of diverse routes including: their GP, their child's school, CAMHS (where their child was on a waiting list), the YPAS website, by calling YPAS and on the advice of a Family Support Worker. They reported wanting help and advice concerning a number of mental health issues, including their child having anxiety, feeling low, having suicidal thoughts and general problems with managing their emotions. Prior to attending the YPAS drop-in, they reported trying: their GP; CAMHS; school pastoral services and Seedlings. One also reported trying self-help books.

Like the young people who gave feedback, the parents and carers highlighted the value of the YPAS provision being easy to contact and of being seen quickly by staff who were welcoming and who listened. One noted, "all the staff are lovely and don't judge. It's a safe space and they make you feel welcome and at ease." Another noted that it had, "really made a difference when we were feeling overwhelmed and unable to cope."

They also valued receiving clear communication, information about techniques to try and immediate support from people who seemed to understand the situation they were presenting with. In addition, one parent highlighted how well the YPAS practitioner had included her daughter in the conversation, making both the parent and the young person feel comfortable.

In terms of rating their experience, the majority of parents and carers gave a rating of 5 (very good).

Answers to the question about how attendance at the alternative to crisis drop-in had helped them included one description of the provision as a "life jacket" and that "when you're drowning could not put a price on the help and reassurance this brings." Other comments included that attendance at the alternative to crisis drop-in had: made the young person less anxious; had helped the child to deal better with their thoughts and emotions through giving excellent advice; made the parent feel there was "hope that there was support available and there were various routes to this." There was also reference to receiving help with coping strategies and also that despite difficulties engaging with one young person, the YPAS staff had persisted to achieve this.

Barnardo's Young Carers Project

At the February 2023 meeting of the Young Adult Carers Group, 7 young people provided feedback about the YPAS Alternative to Crisis Service. The following comments were noted:

- I do think there is a need for this service.
- Although I have not used the YPAS alternative to Crisis Service, I do think it's a great idea!
- I have heard about the alternative to Crisis Service but have not used it
- Yes, I have heard about the YPAS alternative to Crisis Service through my Counsellor whilst I was there at YPAS. I have found YPAS to be supportive and have also attended other groups/activities.
- I have nothing but amazing reviews for YPAS, specifically a therapist called xxx who literally supported me through some of my most challenging times being a carer and the potential of moving cities and being away from my mum for Uni. I have had counselling since, and nothing was as good or worked for me like this. I was just devastated it ended early as I moved to Birmingham for Uni.

7. Discussion and conclusions

7.1 Summary of data gathered

From the data gathered through the various evaluation activities and inquiries (mapping of local provision; benchmarking and costs comparisons with other services; review of YPAS activity data and stakeholder interviews) there is strong and consistent evidence that the YPAS alternative to crisis provision is making an important contribution to supporting the mental health and wellbeing of children and young people, and their families and that it is doing this by engaging with these groups at an early stage.

The **mapping of local crisis provision** revealed that the YPAS drop-ins are one of a very few local services offering young people an immediate opportunity to see someone in person, with much of the crisis provision requiring initial access via a crisis line and triage. Other local services offering the facility to drop-in and be seen in person are technically for those aged 18+, although some flexibility around those just below this age was apparent from the information shared. This finding indicates not only that the YPAS provision is not duplicating services elsewhere, but also, as one interviewee described, it complements and “in tandem with the crisis line offers a really comprehensive offer for the city.” This is a major strength of the offer.

Benchmarking and cost comparisons indicate that the YPAS alternative to crisis costs compare favourably with a range of other services that may support young people in mental health crisis, or at risk of becoming so. These data also illustrate the costs benefits of intervening early to prevent as much possible inappropriate presentations at A&E and in turn, situations wherein an admission to hospital or another residential facility may result.

Stakeholder interviews with a wide range of practitioners from both within and external to YPAS indicated strong support for the model. Informants overall, were quite clear that the alternative to crisis provision is meeting local needs, is not duplicating provision elsewhere and they identified a number of specific groups as especially benefitting from the provision. These include young people who “simply did not know where to go for help”; highly anxious and isolated children and young people, often with histories of school refusal, self-harm or suicidal ideation, who find service engagement highly challenging or who will not meet the threshold for CAMHS or AMHS and young people of transitional age who fall into the care gap between child and adult services, especially if their mental health difficulties are mild to moderate.

What also emerged in the interviews is that many services are seeing increased numbers of highly anxious and isolated children and young people with low self-esteem or expressing self-hatred, low capacity to self-regulate their emotions. Post the pandemic, these issues appear to be affecting children and families across the whole economic spectrum, not just certain more disadvantaged sections of the population. This has significant implications for future levels of demand for services offering mental health support, especially in the low-moderate range.

In the opinion of those interviewees, the role of YPAS in information sharing and signposting to appropriate services is proving to be highly effective and its MDT processes are working well to step children and young people up to secondary care when this is indicated. Likewise, risk and safety planning, and safeguarding protocols appear to be a core part of the routine assessment practice within the YPAS hubs/the MDT arrangements, with no concerns being reported about these. Overall, it appears that the provision is well embedded within relevant local pathways (another strength), including the management of high risk cases, and from examples provided, is helping to appropriately divert some young people from A&E.

However, alongside this very positive picture, it was apparent that awareness and understanding of the YPAS provision is somewhat mixed, possibly less developed in some areas of adult services and largely absent in some key areas of children's services. This in turn would suggest that partnership working/agreed care pathways with these sectors, and signposting from them, is currently limited. Even in those services reporting a good knowledge of YPAS, a more limited understanding of the new alternative to crisis provision was sometimes evident. Possibly this reflects the fact that it is not a distinct, standalone service, but also because more extensive communications and awareness-raising activities are needed.

Also of concern is the possible overload on the other parts of YPAS, namely its therapy and wellbeing services. This risk (and potential weakness of the model) is evident in the quarterly activity reports produced by YPAS, with the narrative acknowledging that this has created some internal pressures with YPAS to manage this demand and has resulted in longer waiting times for the YPAS therapy and wellbeing services. Chapter 5, section 5.5 which details the demand experienced by YPAS in the first three months of 2023, highlights this will clearly need careful monitoring, and potentially, that more resourcing of the provision may be needed in the future.

Similar points about potential overload, including inappropriate signposting, were raised by some of the external stakeholder interviewees. They cautioned that the open access offered by the YPAS alternative to crisis provision might be used by other services trying to manage their own increasing levels of demand and that YPAS would need to be vigilant to this.

7.2 Conclusions

The evaluation findings indicate that in its first year of full operation, the YPAS alternative to crisis provision is achieving its intended local outcomes. Stakeholder interviews indicate generally **good awareness and understanding** of the alternative to crisis provision across the local service landscape and that this grew noticeably in the second half of 2022 as the provision became more established. Likewise, there is evidence of robust **partnership working and the embedding of the YPAS provision into appropriate care pathways**, although this does vary across the local service landscape.

Whilst it has not proved possible to gather any 'hard' data, those interviewed were firmly of the view that many of the young people now accessing the YPAS drop-ins would have previously gone to A&E. In terms of **improving the experience of accessing support**, CHI ESQ data routinely collected by YPAS, alongside feedback gathered for the evaluation from those using the alternative to crisis provision reveals high levels of satisfaction and positive outcomes. In particular, these data indicate the value attached by both young people and parents to both the immediacy and face-to-face aspects of the drop-in offer.

A wide variety of suggestions have been made with regarding to further widening access to the provision and increased promotion and awareness-raising work. YPAS working in different locations and developing an outreach component to its alternative to crisis model are other ideas and there is interest in a wider roll out of the provision to other geographic areas. All of these options look feasible since the model appears to be robust, but possibly, not now whilst demand is so unpredictable but apparently increasing, alongside quite major changes in the local service landscape where the impact is unclear. The integrity of the YPAS offer and ways of working, which underpin the successful delivery of the alternative to crisis provision thus far, could easily be compromised without careful monitoring and resourcing for what could be potentially significantly increased levels of demand in the immediate future.