



Belhaven Service Evaluation Summary

Background

Designed by the Priory Group and Suffolk County Council, the Belhaven service piloted a new type of 5-bed residential home. Four of the beds were funded by the DfE Social Innovation Fund, with the fifth funded by the West Suffolk and Ipswich & East Suffolk CCGs. This evaluation is based only on those young people who have accessed the DfE funded beds.

Aims and objectives

Belhaven aimed to provide a blueprint for similar homes that would provide mental health treatment in a local care home setting to reduce the risk of referral to mental health inpatient services and breakdown of educational and care arrangements for young people. The project aimed to achieve this by establishing a local children's home setting which integrated health, care and education delivery, to provide residential support to young people in, or on the edge of care, with high levels of mental ill health that would otherwise be likely to lead to a CAMHS inpatient admission. Belhaven intended to provide services for young people for placements of between 10 and 26 weeks. However, lengths of stay exceeded original expectations and between the service becoming operational in October 2015 and September 2016, a total of 5 young people had been admitted to the 4 beds being evaluated.

Evaluation

The aim of the evaluation was to assess the impact of the service at Belhaven against its intended outcomes for the young people accessing the service, families and communities, and value for money for the wider health and social care system. The evaluation also explored the process of the project's implementation. The following research methods were used:

- Analysis of strategic and operational documentation and performance management information
- Impact assessment tools were completed by the 5 young people receiving the service and practitioners at 2 points in time
- In-depth retrospective interviews with the 5 young people receiving the new service, and 2 family members/carers
- 15 in-depth interviews with key project stakeholders at 2 points in time
- In-depth interviews with 3 wider professionals with specific knowledge and experience relating to an individual young person who received the service

Findings

The service at Belhaven has been established and has been operating at full capacity for the majority of the evaluation period. The evaluation shows the following challenges to implementation:

- Delays of approximately one month in establishing the service due to delays with Ofsted registration reflecting the novelty of the model
- Getting all partners involved and committed to the service was a challenge initially. However, all stakeholders agreed that partners are now fully committed to the service

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- The service was originally intended to receive referrals of young people in order to prevent an episode of hospitalisation, i.e. from a family or care setting, as opposed to referrals of young people already in a tier 4 inpatient service. However, impact tool data and qualitative interview data, shows that of the 5 young people who have accessed Belhaven, 2 had been referred directly from a secure hospital unit
- There are ongoing concerns amongst stakeholders and wider professionals that there is a lack of appropriate local long-term placements for the young people attending the service at Belhaven, leading to delays in discharging young people from Belhaven

For young people there is evidence that:

- Belhaven has led to fewer episodes of hospitalisation for 3 young people, and of avoidance of admission to CAMHS inpatient service in at least one case
- There have been positive outcomes regarding sustainability of educational placement, no breakdowns in educational placements and improved educational attainment following admission to the service
- Some young people have reported improved relationships with family and friends which they attributed to
 the service. However, there is no evidence regarding impact on likelihood of young people to be
 discharged into the family setting, due to just one young person out of the 5, being discharged during the
 evaluation period
- There have been positive improvements in mental and emotional health and wellbeing during young people's time at Belhaven

For families there was some evidence that where young people are engaging with parents/ carers, there have been improvements in relationships.

Available data suggests that based on intended lengths of stay, the service may offer value for money in comparison with CAMHS tier 4 services in some cases. However, this is reliant on the service achieving shorter lengths of stays for young people than observed during the evaluation period. The service costs and potential savings varied according to the lengths of stay and operational costs (which assume full capacity). The evaluation period was too short to make a judgement on this.

Recommendations

- Ensure strong communication regarding length of stay and establishment of provisional discharge dates at the point of admission to Belhaven, communicated to all professionals involved to ensure a joined-up approach to discharge planning
- Continue to focus on receiving referrals of young people from a family or foster carer setting, as opposed
 to young people arriving directly from hospital inpatient services
- Secure a dedicated family therapist to work with young people both at Belhaven and as an outreach service
- Explore possibilities for the establishment of a family therapy outreach service
- Ensure staffing levels are sufficient to allow for appropriate levels of observation at all times, including when individual young people require particularly high levels of one-to-one observation
- Steps be taken to increase the provision of appropriate discharge destinations
- Embed ongoing evaluation to demonstrate impact and sustainability

This evaluation study was carried out between August 2015 and October 2016 by Cordis Bright.

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



