



ISLE LISTEN

Because Minds Matter

Service Evaluation - Aug 20 to Jul 21

islelisten.im

Service Evaluation - August 2020 to July 2021

Executive Summary

This service evaluation focuses on the Isle Listen Listening Service during the 2020/21 academic year. Key performance indicators (KPIs), service user data and other data collected from the service is used to assess this year with comparisons being made with the pilot year.

Since the pilot year, the service continues to grow and develop as a direct result from the data and feedback received to ensure the needs of the service users are met. From the current and previous data, it is clear that Isle Listen continues to operate a valuable, clinically reputable and much-needed early intervention and prevention initiative on the Island.

This last academic year has seen Isle Listen's Listening Service expand into a further three of the Island's secondary schools with support now being given to King William's College (KWC), Ramsey Grammar School (RGS), Bemahague, St.Ninian's (SNHS), Ballakermeen High School (BHS) and Queen Elizabeth II High School (QEII).

KPIs

The table opposite shows the KPIs for the 2020/21 academic year and of the 6 KPI's, 5 were met or exceeded.

1RTI - Referrals seen within 10 working days and this KPI was met. There were some challenges around waiting lists to provide support in some of the secondary schools this year, however, when we were made aware of these, we were able to facilitate additional provision. Going forward, any students on a waiting list will be monitored and extra support will be put in place if required.

2MDS - Minimum data set collected within session, was not met and was similar to last year. This was likely due to the Covid-19 pandemic and associated restrictions, and consideration needs to be given to how to improve this in the future.

3SNAP - Whole school snapshot of resilience and wellbeing, **4IMP** - Clinical improvement rate, **5INT** - Interactions with students, parents and teachers and **6PRI** - Number of primary schools interacted with, were all exceeded.

KPI	Target	Actual	Summary
1RTI	100%	100%	Referrals seen within 10 working days.
2MDS	95%	81%	Minimum data set collected within session.
3SNAP	1 school	1 school (twice)	Whole school snapshot of resilience and wellbeing.
4IMP	50%	75%	Clinical improvement rate.
5INT	4000	11265	Interactions with students, parents and teachers.
6PRI	4	26	Number of primary schools engaged or interacted with.

Methods

Results were collated from each Isle Listen listener's data collection from service users. Data included gender, school, school year, reason for referral, number of sessions, outcomes and whether the sessions were impacted by the Covid-19 pandemic, and its associated restrictions. The minimum data sets utilised by Isle Listen were the YP-CORE (Young Persons Clinical Outcomes in Routine Evaluation) and the SWEMWBS (Short Warwick-Edinburgh Mental Wellbeing Scale). These measures have been validated for use with young people (Twigg et al., 2016; Clarke et al., 2010).

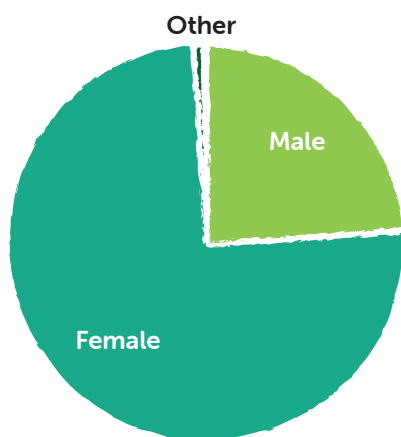


Results and Discussion

226 students were seen for a total of 984 sessions. This is an increase on the pilot year, and reflects the service expansion into a further 3 secondary schools.

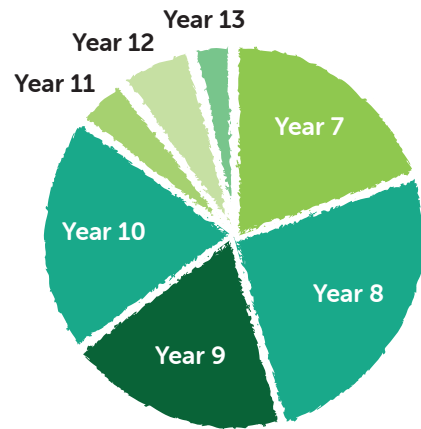
Gender

The gender breakdown is shown below. Similarly to the 2019/20 academic year, and to patterns seen across wider young person's mental health services, females account for the majority of referrals. However, this year we have seen a few young people identify as 'other' – which may reflect increasing discussions around gender identity in wider society. As time goes on, more young people may feel more comfortable to disclose their gender identity, making for more representative statistics. As a service, we continue to work to ensure the service is accessible to all.



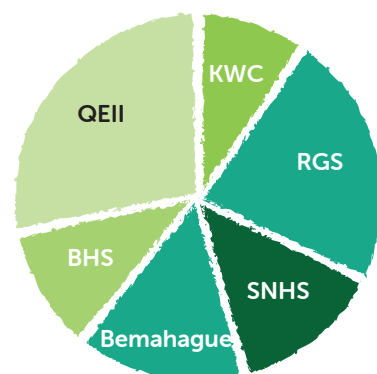
School year

The breakdown for school year is shown opposite. This is a very similar pattern to last year, with the majority of referrals being in the younger year groups. This is likely due to older students either having been picked up by services or learning effective strategies to manage their mental health. It also makes clear the need for preventative work in primary schools.



School

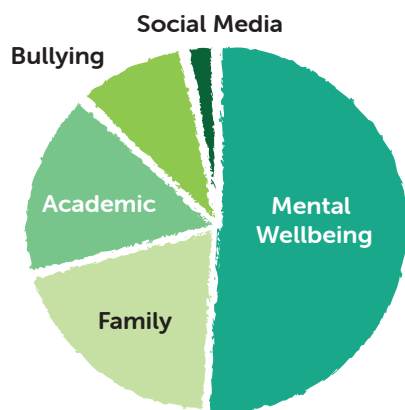
The breakdown of schools attended by service users is shown below. QEII is significantly over-represented given the respective sizes of schools – which may highlight a greater need for earlier preventative work in primary schools and earlier in secondary school. The number of students seen at QEII across the school year has fallen significantly since the pilot year, while the number of students seen at KWC have remained within expected parameters. This may suggest that the accessible support offered at QEII is working, however, it is taking time to see the full effect. It is also important to note that support at QEII and KWC began much earlier than other schools due to existing relationships, and this will have likely affected the number of referrals.



Service Evaluation - August 2020 to July 2021

Reason for referral

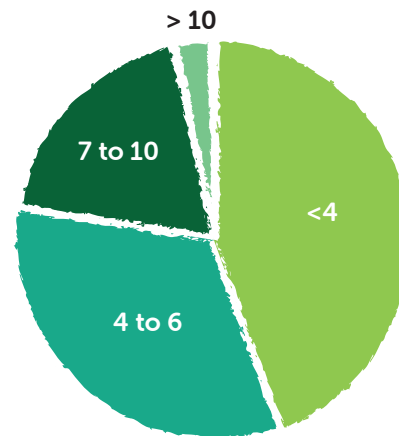
One of the biggest changes to the service was the change in referral categories. We introduced a mental wellbeing category which encompasses a mixed set of problems affecting overall wellbeing, and discontinued use of the social media category, instead including that within the social category. This was worthwhile, as this referral category has been the largest this year. The proportion of academic-based referrals has fallen significantly. This may be due to more preparedness around the pandemic, and how this would affect schooling.



Number of sessions

The vast majority of young people seen by our service were handled with 10 or fewer sessions. This is in line with Isle Listen's positioning as an early intervention and prevention initiative.

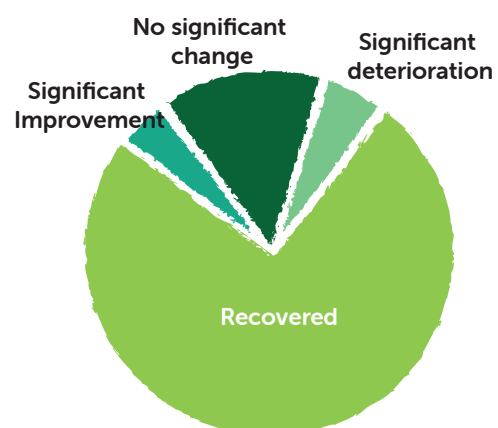
We are aware that sessions have likely been affected by the pandemic, and with certain schools starting support much later. Going forward, we will continue to develop whilst keeping in line with a brief intervention session target.



Outcomes

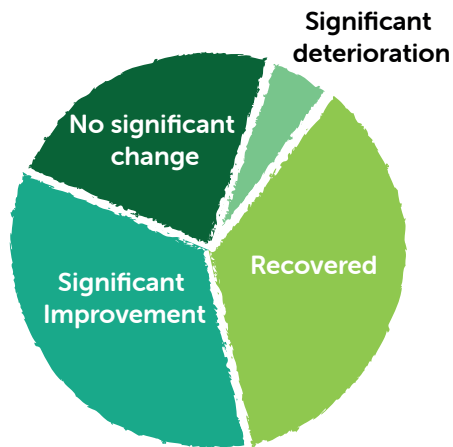
A one-way ANOVA analysis showed no significant effect on post YP-CORE or SWEMWBS score in terms of gender, school, school year, reason for referral, number of sessions or listener. This is very important as it means that our service is consistent across each service user. There were statistically and clinically, significant differences in the pre- and post- YP-CORE (21 vs 13) and SWEMWBS (20 vs 24). The breakdown of scores is shown below, and these translate to an approximate 75% improvement rate.

SWEMWBS Post

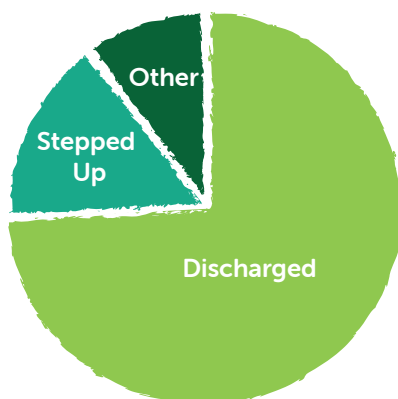




YP-Core Post

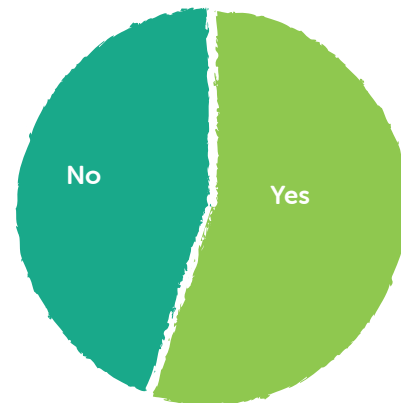


The breakdown of ending outcomes for sessions is shown below. Approximately 14% were stepped up for a higher level of support, which is in line with the approximate percentage in the UK of young people with a diagnosable mental health condition. A slightly higher proportion of service users are continuing sessions over the summer 2021 period which is likely due to the impact of the pandemic on in-school sessions.



Affected by COVID-19

This year, we asked listeners to collect data on whether their sessions had been impacted by any coronavirus restrictions, including lockdowns and isolation periods resulting in missed sessions. Nearly 50% of service users had been impacted by some of these factors, which explains much of the missing minimum data set from sessions.



Other data

As in the 2019/20 pilot year, supervision for listeners exceeded accrediting body recommendations.

There were approximately 11,265 interactions with students across 26 primary and all 6 secondary schools on the Isle of Man, equating to roughly 190 hours of PSHE, workshop and assembly time. Resources were provided to schools during the COVID-19 pandemic and during school holidays. Support was provided to parents and staff at various schools around the island through delivery of 9 sessions. This is significantly more than the pilot year, and clearly shows improvement of the service. The engagement and involvement of staff and parents is critical for long-term support of young people.

Service Evaluation - August 2020 to July 2021

Conclusions and Recommendations

Based on the data presented in this service evaluation, Isle Listen has continued to develop and grow its service provision and reach since the pilot year whilst continuing to maintain excellent standards for service users. Given the continuing need for the service, and continued success, it is crucial that Isle Listen continues to develop and expand its reach to a wider school population.

Our recommendations are:

1. Increase the collection of a minimum data set, with investigation of alternative measures for the next academic year (2021/22).
2. Implementation of strategies to support teams to deliver a maximum number of sessions.
3. Work with schools to facilitate appropriate levels of provision.
4. Continue to assess overall wellbeing of young people within a school context.
5. Continue service evaluation and implement a service user feedback policy.
6. Continue development of a stepped care model within Isle Listen, and work with statutory services to build relationships.
7. Focus on development of work within primary schools, whilst maintaining good involvement with secondary schools.
8. Facilitate the involvement of staff and parents with dedicated sessions.
9. Begin to work with the wider community to facilitate a wrap-around model for children and young people, including social prescribing.

References

Clarke, A., Putz, R., Friede, T., Ashdown, J., Adi, Y., Martin, S., Flynn, P., Blake, A., Stewart-Brown, S. & Platt, S. (2010). Warwick-Edinburgh mental well-being scale (WEMWBS) acceptability and validation in English and Scottish secondary school students (The WAVES Project). NHS Health Scotland.

Community and Mental Health Team, NHS Digital. (2018). Psychological Therapies: Annual report on the use of IAPT services, England 2017-18. Leeds: NHS Digital.

Lifestyles Team, NHS Digital. (2020). Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. Leeds: NHS Digital.

Twigg, E., Cooper, M., Evans, C., Freire, E., Mellor-Clark, J., McInnes, B., & Barkham, M. (2016). Acceptability, reliability, referential distributions and sensitivity to change in the Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE) outcome measure: replication and refinement. *Child and Adolescent Mental Health*, 21(2), 115-123.



