

An evaluation of 42nd Street's online services



Working in collaboration with: 42nd Street

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Executive Summary

42nd Street is an innovative Greater Manchester (GM) young people's mental health charity with 40 years' experience of providing free and confidential services to young people who are experiencing difficulties with their mental health or emotional wellbeing www.42ndStreet.org.uk Young people co-develop 42nd Street's service, informed by research evidence. Its focus is on inclusion, seeking to overcome conventional service access barriers affecting marginalised groups and communities.

Global evidence suggests that a rapid increase in various forms of electronic communication, principally amongst young people, increases the potential for a shift in services from face-to-face to online, removing constraints on location and time of delivery. In 2019 the Department of Health and Social Care (DHSC) awarded 42nd Street national funding; alongside matched funding and support from the Greater Manchester Health and Social Care Partnership (GMHSCP) and Salford CCG/Local Authority, to scale up online service provision across GM for young people aged 13-25 years. This funding award included a package to evaluate and build the evidence base around impact with a view to disseminating learning nationally, building capacity across an integrated workforce (health, social care, education, statutory and Voluntary, Community and Social Enterprises [VCSEs]), and replicating the model at scale. Funding from Health Innovation Manchester and National Institute for Health and Care Research Applied Research Collaboration Greater Manchester (NIHR ARC-GM) has facilitated independent evaluation of the 42nd Street offer, extending their evidence-base and significantly enhancing their ability to influence the direction of critical digital mental health developments for young people.

42nd Street developed its online service between 2017 and 2021. The online platform can be accessed by young people aged 13-25 in Greater Manchester who self-refer. Forms of online support on offer include asynchronous weekly text messages; synchronous (live) text chat; online drop-ins; online groups which can be text-based, or video-based (Teams); and video-based individual support (Teams).

Methods

Researchers at ARC GM / University of Manchester evaluated 42nd Street's service from October 2019 – February 2022 using a parallel mixed methods design; incorporating a quantitative analysis of routinely collected data on service utilisation and outcomes and a qualitative study using online video interviews, telephone and text messaging with young people using the services and staff involved in service provision.

Analysis of the qualitative data used a blend of pre-set implementation science frameworks: Normalisation Process Theory (NPT) and the Consolidated Framework for Implementation Research (CFIR).

Reflecting the inclusive nature of the 42nd Street service, university researchers recruited and trained two young people as co-researchers to assist with interviewing alongside them. A group of young people within 42nd Street; the Peer Ambassadors, commented on study materials and methods. Prior to the completion of this report, the Peer Ambassadors reviewed and commented on the findings.

The online platform was also assessed in the context of the characteristics of the young people enrolled, compared to young people enrolled in the face-to-face group. Collection of the statistical study data occurred with the assistance of 42nd Street from 1st October 2019 to 31st March 2021. 42nd Street provided data for individuals with a referral date in the study period and data on the young person's service activity-Exit & Recovery, which contained information on the Experience of Service Questionnaire (ESQ [for ages 12-18] & ESQ [for ages 9-11]) and user satisfaction. 42nd Street identified individuals who utilised the online service platform. The number of participants defined as using the online platform was 654.

Results

Quantitative

The number of individuals referred in the study period was 2718, of which 23.6% (641) used the online platform. Sixty-five percent of individuals referred were female. There were no significant differences in terms of gender between those using the online platform vs those using face-to-face services. Of those using the online platform, 26% identified as male and 70% identified as female, compared to 31% males and 64% females using face-to-face services at 42nd Street. 2% of young people identified as non-binary, 0.2% as Trans Female and 1.3% as Trans Male compared to 1.7%, 0.4% and 0.7% using the face-to-face services.

There were no significant differences in the ethnic categories of the users between those those using the online platform and face-to-face services, with 78% of the participants being white. The diversity in service users reflects the general population statistics for Manchester and suggests that as a service, 42nd Street is representative of the geographical area.

Ninety-five percent of individuals who used the online platform had a “Self” Referral to the system, but this self-referral failed to identify who advised or how the young person decided to self-refer into the services. A little more information here would enable more description about the data. Overall, the highest number of referrals were through education services and this was also the most popular route of referral for face-to-face services.

Out of 10,197 scheduled appointments only 12% were did not attend (DNA), with 77% scheduled appointments attended. Both online and face-to-face delivery exhibited similar results in the study period.

In terms of satisfaction, descriptive statistics indicated that 86% of individuals sampled were completely satisfied with both service delivery options; 95% of online users and 86% of face-to-face users reported being completely satisfied. Due to the

small and limited data from the comparator groups filling in the user experience questionnaires data analysis was limited to descriptive statistics.

Young people are categorised as adults at the age of 18 in the UK and measures used reflect age categories. A range of measures were used to measure mental health outcomes. These were:

- CORS - measures wellbeing for young people aged 6-12
- YPCORE – measures wellbeing for young people aged 13-17 years
- ORS – measures wellbeing for young people aged 13-18 years
- CORE-10 – measures wellbeing for Adults ≥ 18 years of age

306 users exited online services during the period of the evaluation.

For young people whose mental health outcomes were primarily measured using CORS, overall 47 were users of face-to-face services and none used the online platform.

103 (96%) had YPCORE scores within the clinical range of need. At assessment, 80 (75%) young people's scores were within the moderate-severe or severe clinical range. YPCORE outcomes for young people using the online service revealed 14 (15.6%) displayed an increase in symptoms, 3 (3.3%) displayed no change, 21 (23.3%) displayed a reduction [change less than 5 points], 3 (3.3%) a reduction below clinical cut-off, 36 (40.0%) a clinically significant positive change and 13 (14.4%) a recovery.

For young people whose mental health outcomes were primarily measured using ORS. 11 using the online platform, 6 (55%) (2 aged over 18 and 4 aged less than 18) displayed clinical levels of distress. This indicates a greater level of clinical distress than the national average. After intervention, 4 (8%) had deteriorated and 1 (2%) had recovered.

For young people using the online platform whose mental health outcomes were primarily measured using CORE-10, 36 young people's scores were within the clinical range of need, with 29 young people's scores within the moderate-severe or severe clinical range. After intervention, 8 (25%) displayed an increase in symptoms, 1 (3.1%) displayed no change, 5 (15.6%) displayed reduced symptoms, 10 (31.3%) displayed a clinically significant positive change after engaging with the online platform and 8 (25%) were in recovery.

Overall, results of the analysis suggest that 42nd Street online services have a positive impact on the mental health and emotional well-being of young people.

One challenge with the data was that although 42nd Street ensures outcome measures at every session, they failed to use the same baseline measure for young people at entry and exit points; this increased the complexity of the statistical analysis. During the period of the evaluation, 42nd Street's baseline clinical dataset for routine outcomes measures in face-to-face services was CORS/ORS whereas the core dataset for the Online Platform was YPCORE and CORE-10. This was rectified by a 42nd Street team member going through their data to provide a modified exit dataset based for what they considered to be the final exit point. The number of participants in the different categories was too low to carry out a more advanced statistical analysis, which would have offered greater insights into the data.

Qualitative

The qualitative study used a convenience sample of 14 young people and 13 staff members, who self-selected to participate, theoretical sampling also occurred concurrently to ensure a diverse sample. Interviews were either audio-recorded or used recorded text chat.

Working online appeared to reinforce positive experiences, feedback and attending courses, which increased staff confidence and embedded change in their working practices. Benefits of the online platform were that some staff felt their

communication skills had increased by focusing on the written word during asynchronous (time lag of responses between 42nd Street staff and young people) interactions and then carefully constructing a response. They felt it facilitated reflection and depth, simultaneously arriving at the issue quicker than face-to-face interactions. Young people reinforced this perception and implied that asynchronous made them think more about identifying and describing their main problems. In contrast, other staff members felt that online working challenged their skill set because of the reduced level of interpersonal interactions. However, this depended on type of worker; counsellor, CBT therapist, psychosocial worker and so on. Two young people perceived that face-to-face interactions were superior to online, but admitted that they had not meaningfully engaged with the online platform. Those using the online platform admitted to scepticism from the outset, but were pleased with the outcomes and felt they had helped.

The online platform appeared to exhibit a wider reach than face-to-face services in terms of diversity, physical and geographical boundaries and took into consideration a range of circumstances for young people. There were successful examples of 42nd Street working online, guided by community elders, with groups of young people who lived in cultures preventing wider societal interactions. Young people interviewed indicated that they felt more positive, able to discuss more and received beneficial independent support from 42nd Street. This was also reflected with working online alongside groups of young people with gender or sexuality differences. Young people indicated that online interactions were of benefit because they were supportive and assisted with being able to discuss issues that were often difficult in face-to-face encounters.

Some staff felt that mental health conditions such as bipolar disorder or obsessive-compulsive disorder were unsuitable for online work, however, this was recognised and integrated into the screening process for online referrals.

Access to the online platform itself appeared unproblematic because it exhibited functionality, but it simultaneously lacked digital accessibility for all users, which would appear vital if 42nd Street wishes to scale-up services.

42nd Street worked with a variety of external organisations, but the service could be more firmly embedded within other child and adolescent mental health services, to assist organisations with reducing the challenges of service delivery and scaling-up the online offer for 42nd Street. Closer interactions with other organisations may assist in alleviating fears and enabling reciprocal working relationships, ensuring young people receive more focused and joined up services alongside continuity of care. This however may be a long process. The research did identify that there had been some positive steps forward with 42nd Street willing to engage.

42nd Street values are clearly young person-centred and reviews throughout the process of engagement enabled the young person and staff to collaboratively modify the service received. Statistics in the quantitative data support this perception in terms of satisfaction, although there is no significant difference between face-to-face and online support, with both receiving a similar level of satisfaction from young people. 95% of young people reported being satisfied with online support and 86% with face-to-face services.

The supportive culture at 42nd Street and level of positivity is obvious from some of the statements made by staff. This increased the level of commitment and willingness to internalise the organisational values and ethos. Staff reported that face-to-face services are not necessarily better than the online platform and both work equally well.

The majority of young people self-refer and follow-up screening is currently in use, but this relies entirely on the young person to give an accurate picture of the reasons for self-referral. This is, of course, no different to any other self-referral pathway. Although, having enough staff who can effectively implement follow-up screening may be a barrier to online delivery for 42nd Street.

Young people felt that they needed to know more about the type of support they receive to enable them to make an informed choice and reach a decision about what was best for them. At present, there is an implicit assumption that the young person

somehow knows what type of service they will receive and understands the differences between the types of online support. They also felt they needed to know more about the background, qualifications and interests of the staff member supporting them. Sometimes the young person was unaware of the role and level of competence of the staff member, sometimes it was the gender of the staff member and expressing surprise when they realised the name was gender neutral, having built up an image whilst interacting over time.

Staff realise that the online platform can reach a wider audience of young people and that this enables some young people to 'lurk' until they feel ready and able to engage. Staff perceived that the level of knowledge about mental health gained from the experience of working with young people over time is not evenly distributed. Whilst there are frequent "Connect and Collaborate" and "Practitioner Led Meetings" to facilitate shared learning, more experienced staff suggested that less experienced staff members would benefit from interactions to learn more about mental health and different ways of working. This relational work would enable more experienced staff members to facilitate development and retain a community of practice around the online offer. One area that may need more consideration is in terms of what 42nd Street aim to deliver online. For example, if it is counselling and not psychosocial support then staff need focused training by accredited trainers recognised by the BACP.

Staff discussed the problems of rapid expansion with an example from another organisation, whom they felt had decreased in the quality of their provision. Expansion of the online offer should therefore proceed with enough resources so as not to erase the obvious gains that 42nd Street has achieved.

Recommendations

Following analysis of both quantitative and qualitative data, the report offers a number of recommendations:

- 42nd Street need to use a standardised baseline measure at entry point to the service and this should match the exit measure, this would be helpful for future analysis. Currently, the outcome measures are captured at each session, which complicates analyses. However, measures used need to be appropriate for the target population.
- 42nd Street need to clarify the referral variable to enable accurate analysis of data collected. For example, 46 different areas involved young people before they self-referred into 42nd Street. Identifying how and why young people decided to self-refer (e.g., self-referral after visiting primary care and so on) prior to self-referral would offer greater insight.
- 42nd street could implement an online data collection tool which could indicate and remind practitioners to ensure all data is collected uniformly especially at exit so that the data size could be improved and the impact can be quantified.
- 42nd Street could scale up their service by embedding their offer within other local services for young people.
- 42nd Street may need to decide what the online offer constitutes and be clear about the offer. For example, if they are including counselling, then specialised training on online work from a BACP accredited provider needs to occur for qualified counsellors.
- The online platform lacks digital accessibility for all, which is vital if 42nd Street wishes to scale up services. Improving the visual appeal and accessibility of the online platform could utilise current software for accessibility and include more clarity and signposting to facilitate engagement.
- 42nd Street could construct avatars of staff with names, qualifications, job roles and interests to enable young people to have insight about whom they are interacting with.
- 42nd Street could organise informal discussions, perhaps badged as continual professional development (CPD), to increase knowledge about mental health and different ways of working. More experienced and qualified staff members could facilitate this development.

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The information in this report/brochure is correct at the time of printing.