

A man with dark hair, wearing a dark blue t-shirt, is shown in profile, looking out of a window with white blinds. The scene is dimly lit, with light coming from the window, creating a contemplative mood. The blinds are partially open, showing a grid pattern.

braininhand

Closing the Support Gap

Direct Engagement, Digital Delivery

The support gap is putting autistic people at greater risk of crisis

Autistic people face unacceptable inequalities. The average life expectancy for an autistic person is 25 years less than the population average¹, nearly 80% of autistic people experience mental health difficulties², and 66% of autistic adults have considered suicide³.

Support is often either too difficult to access or not suited to autistic needs. A lack of support to help with transitioning into higher education, employment, or independent living puts people at greater risk of crisis throughout their lives.

Many are unemployed (only one in five autistic adults is in work, the lowest rate of any disabled group), disconnected from the world, and isolated. They have the greatest difficulty accessing services and often fall through the support gap: their needs are not identified and supported until they reach breaking point. By then, it is too often too late.

Levels of unmet, undermet, or wrongly met needs are increasing, and the situation is getting worse.

The Brain in Hand model: innovating with preventative self-management

At Brain in Hand, we are dedicated to finding new ways to reach people, preventing them from falling into crisis. Our work with health and social care services across the UK strives to embed more accessible models of support that can help before things go wrong.

Our system is a combination of digital tools and human support, proven to help increase confidence and independence. It makes it easier to solve problems and do the things that matter to each user. It's easy to access via mobile 24/7 and extra human support is available when things get a little difficult.

According to ADASS, more than half a million people are now waiting for an adult social care assessment, for care or a direct payment to begin, or for a review of their needs⁴ - people need support and aren't getting it.

- 1 Facilitates user self-referral through an easy-access digital pathway
- 2 Supports and encourages self-management skills
- 3 Addresses the needs of those who are too often overlooked
- 4 Focuses on prevention and promotes wellbeing and independence



1 Hirvikovski et al, 'Premature mortality in autism spectrum disorder', 2016

2 <https://www.autistica.org.uk/downloads/files/Mental-health-autism-E-LEAFLET.pdf>

3 Cassidy et al, 'Suicidal ideation and suicide plans or attempts in adults with Asperger's syndrome attending a specialist diagnostic clinic: a clinical cohort study', 2014

4 <https://www.adass.org.uk/media/9215/adass-survey-waiting-for-care-supportmay-2022-final.pdf>

Case Study: Identifying the need for targeted support in Somerset

Case Study: Identifying the need for targeted support in Somerset

Somerset County Council and Somerset CCG recognised that more needed to be done to support the adult autistic population in their area, which is estimated to be around 5,000 people.¹

They aimed to launch a pilot project designed to support those whose needs were not being met, those who were having difficulty accessing mental health services, and those who did not 'fit' the current criteria

for support. Their target demographic was therefore those with low-level anxiety or mental health difficulties and members of the autistic community.

Brain in Hand worked with the teams in Somerset to develop a new model of support delivery: a more engaging, accessible, and visible way of encouraging citizens to sign up for the Brain in Hand support system.

Project Aims

- Target people whose needs are currently not being met
- Reach those who don't 'fit' current assessment criteria
- Focus on prevention and early intervention
- Reduce avoidable inpatient admissions
- Self-directed care for independence: enable education, employment, and independent living
- Reduce burden on health and social care teams

Key performance indicators

- Reduced reliance on services and impact on resources
- Reached those who would traditionally fall into the support gap
- Increased users' ability to independently self-manage
- Supported users to achieve:
 - ✓ Reduction in anxiety
 - ✓ Increase in confidence
 - ✓ Improvement in self-care
 - ✓ Greater independence
 - ✓ Access to or return to work



“I’m overwhelmed as I have never had support like this. I have always had to manage on my own when things were difficult. I am so happy to have this opportunity to use Brain in Hand”

Autistic User - Somerset

A new model for accessing support: direct digital engagement

By reaching the unsupported demographic in their own community and spaces, we can provide a quick and simple route to getting help.

The model we developed with Somerset is much more direct than current support: a digital marketing campaign using social media and search advertising to reach people on their own terms.

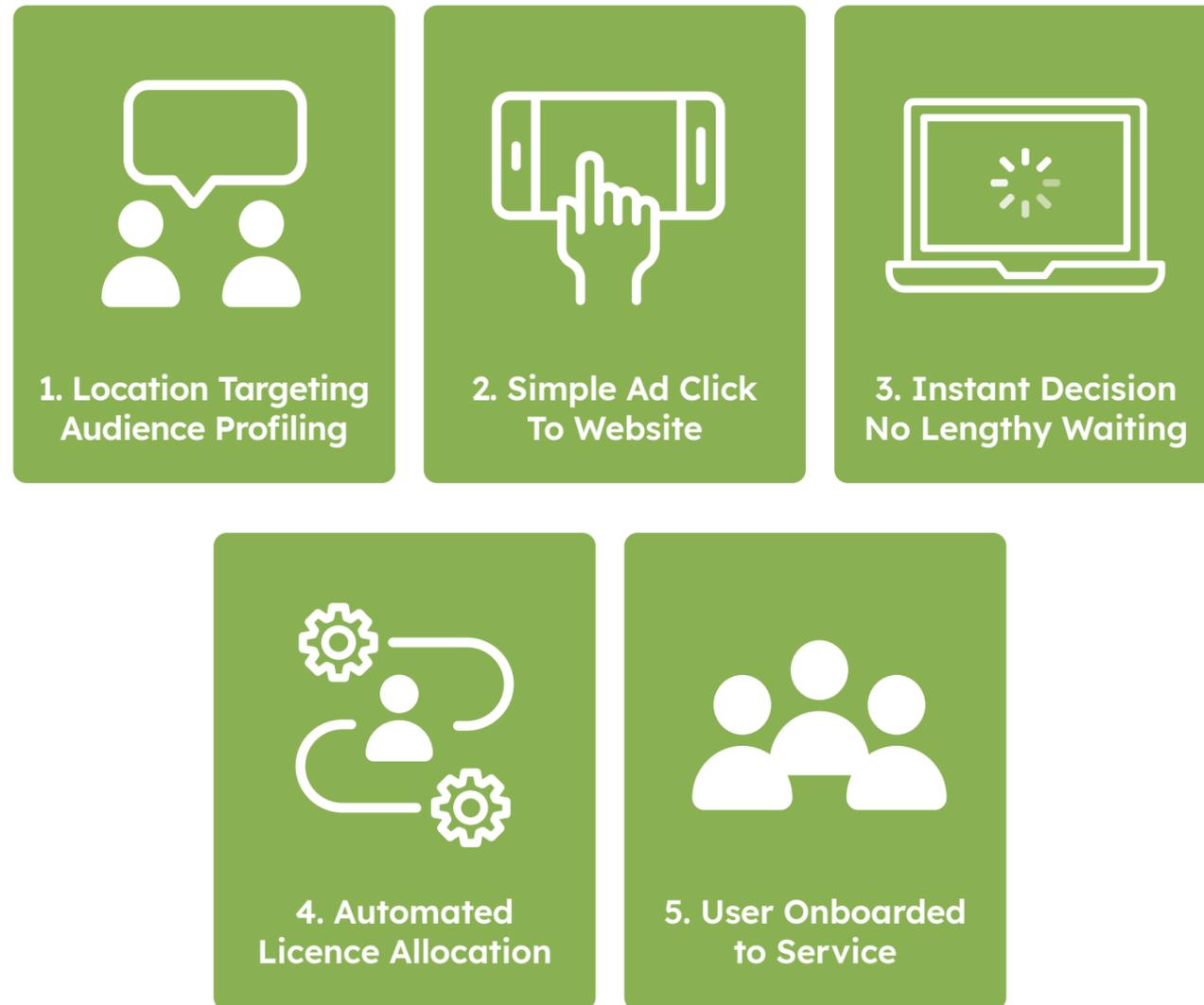
It reaches those who need it much more effectively, and it allows them to access tools much more quickly. Making people aware that support exists and that they can easily access it is key to breaking down barriers - people just don't know what's out there to help them.

This new delivery model is scalable and flexible, able to adapt to the needs of any service looking to engage an under-supported population.

We think this is the future of support for those who have historically fallen through the cracks. Our project in Somerset has proven that it is a viable model, and we can easily recreate it for your services.



Social Media & Search Advertising



Simple direct marketing, streamlined user experience

Working together with support services to fully understand the need, we can develop a user journey and process map for any given cohort. Our marketing team create audience profiles, adverts, messaging, and videos to encourage people to refer themselves for the service.

For Somerset, we deployed this in the form of social media advertising through Facebook, putting information about the help on offer right in front of the people who need it but too often don't know it exists.

We refer users to a landing page on the Brain in Hand website, designed to be simple to follow and easy to adapt to any location or organisation. This page contains all the information users need to decide whether the system is appropriate for them - and provides an easy route to apply, with a single click taking them to an application form.

The form establishes whether users are eligible, based on each project's targeting criteria, and collects all-important data to allow us to provide support and create meaningful reporting on the project.



Supporting self-care and independence

Somerset's direct social media marketing campaign

To specifically reach the demographic Somerset wanted to support, we created a Facebook audience targeting profile

Audience Target

- All genders
- Aged 18 to 45
- Geographically located in Somerset County
- Targeted interests:
 - ✓ Charities
 - ✓ Social and community issues
 - ✓ Mental Health

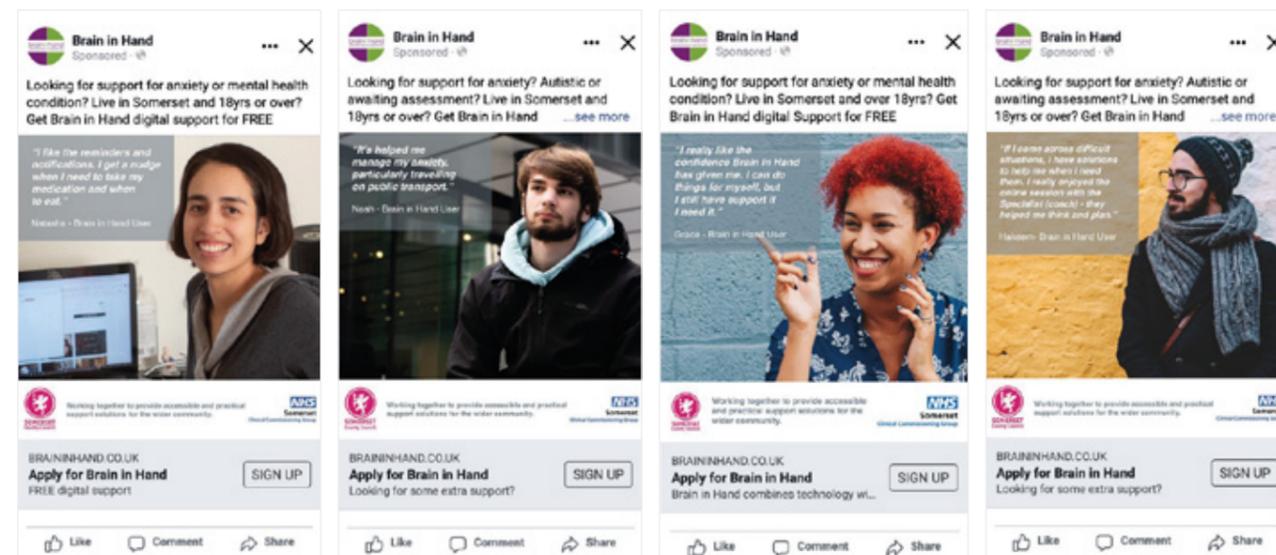
Messaging and content

Each advertisement carried specific messaging tailored to people managing anxiety, autistic people, and/or those on the waiting list for an autism assessment – in all cases, people were encouraged to learn more and apply.

Messaging and imaging took into consideration the need for a range of genders, ethnic backgrounds, and ages.

We also deployed video adverts featuring the voices of real users talking about how Brain in Hand had supported them.

This aimed to create a feeling of authenticity and of relevance – of shared experiences.



Simple, comprehensive website landing page

Our advertising directed users to a simple landing page containing everything they needed to make a decision about whether to apply. If they decided to do so, a single click from this page took them to an application form.

The page was created to be broad enough to speak to a wide range of potential users, whether autistic, managing anxiety, or experiencing mental health difficulties.

Easily customised to any location with postcode checker for eligibility

It is easily customised to any location or service – it currently states that users must reside in Somerset and asks them to check their postcode against a database of postcodes in that catchment area, and this is simple to adjust.



Must be over 18 years and permanently reside in Somerset



Have access to a laptop or PC connected to the internet



Have an Apple or Android smart phone

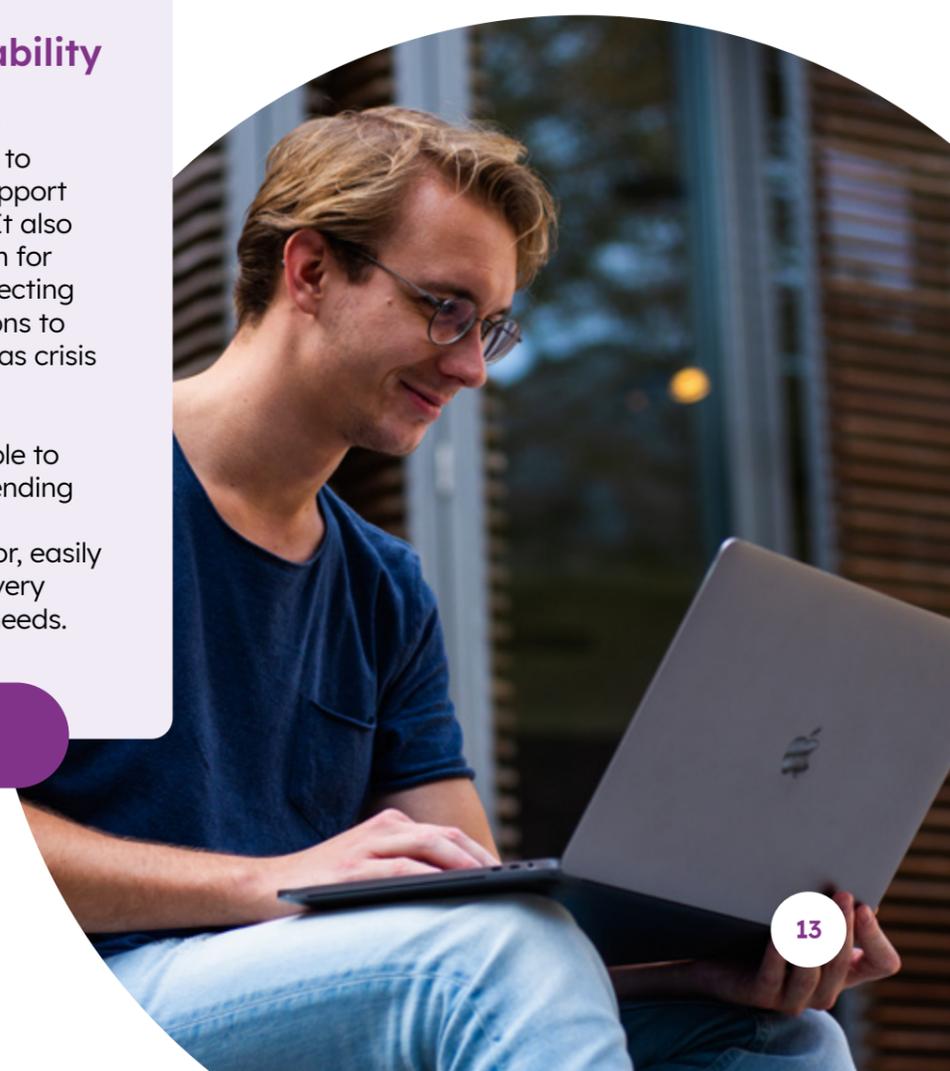
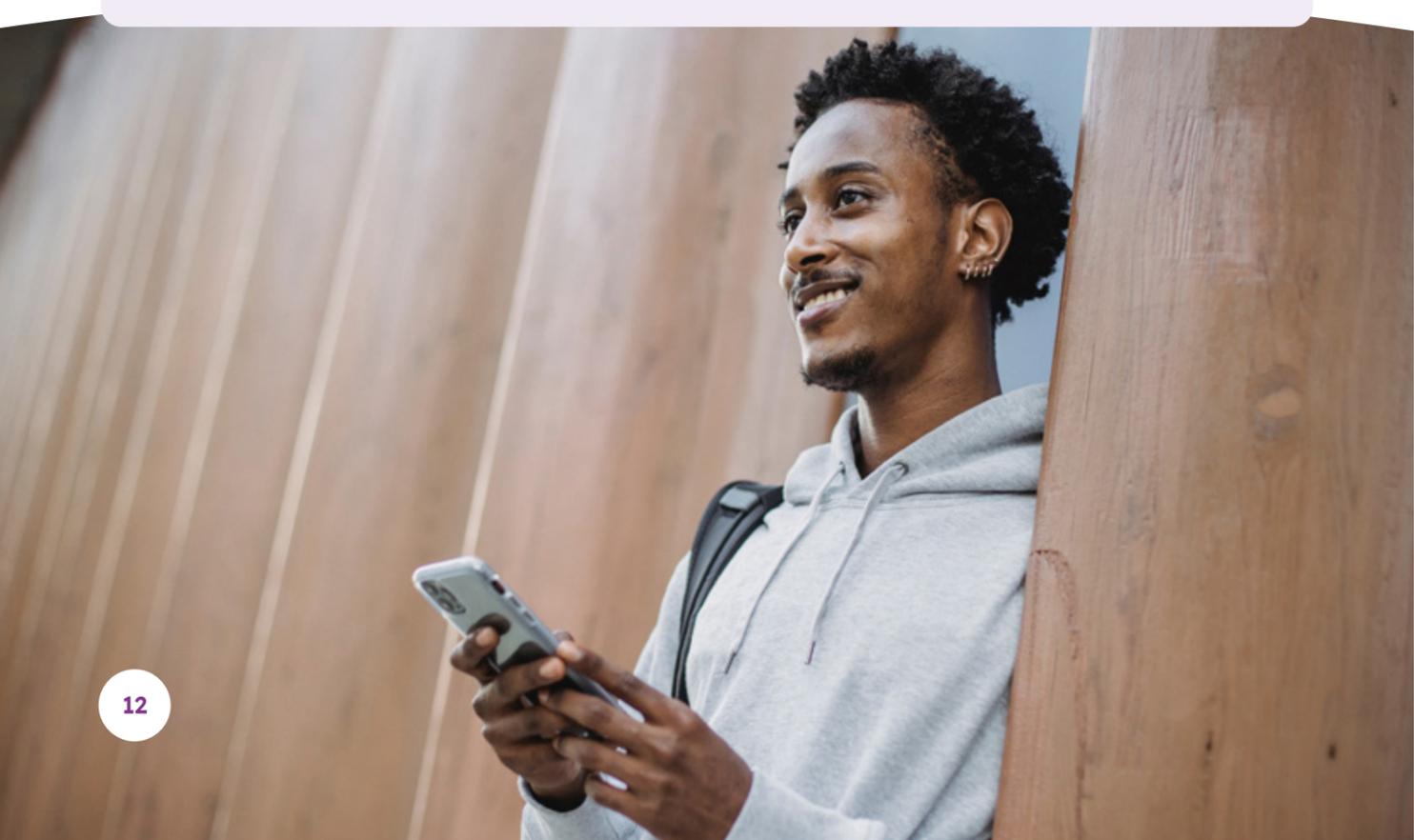


Screening and suitability

The landing page and linked application form enabled us to collect data for providing support and reporting to Somerset. It also delivered a one-stop solution for screening referrals and redirecting any inappropriate applications to more suitable services such as crisis teams or GPs.

It is of course also very simple to add or replace content depending on project aims and target demographic; with only minor, easily made adjustments, this delivery model can flex to suit your needs.

[You can view the full page here](#)

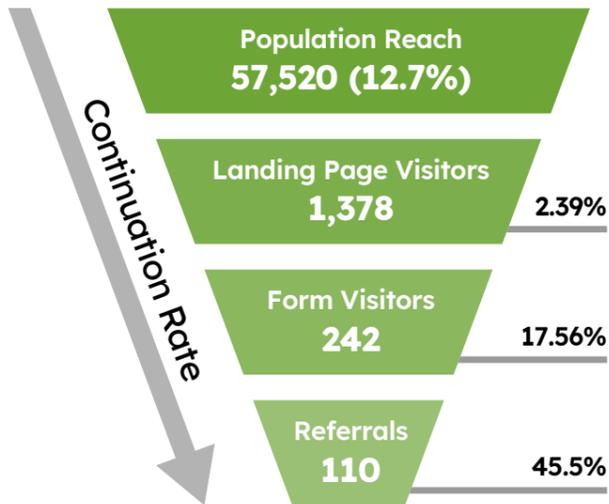


Somerset's Campaign Results

To specifically reach the demographic Somerset wanted to support, we created a Facebook audience targeting profile.

- Reached approximately 12% of the Somerset adult population
- Generating 110 referrals into the service
- Successfully delivered the Brain in Hand system to 72 users

We maintained oversight and control of our campaign at all times, optimising performance. When we saw high numbers of referrals, we lowered the budget or switched adverts off, negating any risk of overspending once or service oversubscription we had reached targets.



Practical Digital Tools and Human Support



High engagement with targeted audience

The national average for Facebook link clicks in consumer advertising is 0.9%. Our rate of 2.39% is more than two and a half times this average: the right people are seeing these messages and wanting to act on them. Our advertising works.

It is notoriously difficult to get anyone, of any demographic, to provide their details and

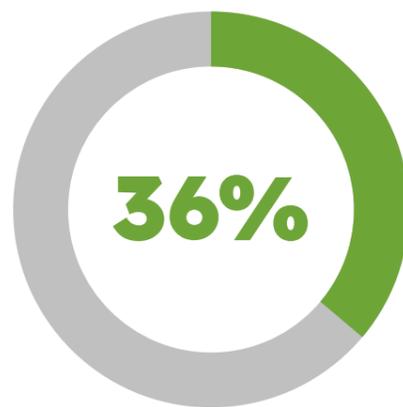
fill out an application form for anything. We know that this is a group of people who are particularly difficult to engage and who often find it hard to ask for help, either because they don't know how or because they don't think they deserve it. To see, therefore, that just under 10% of people who were interested in the adverts went on to complete a self-referral is hugely encouraging.

Simply through reaching out to people directly, offering them help they would never have known to look for, we've been able to provide support to 72 people who wouldn't otherwise have had it. And we can repeat this, at low effort and low cost, for your services and your target demographic.

Application data



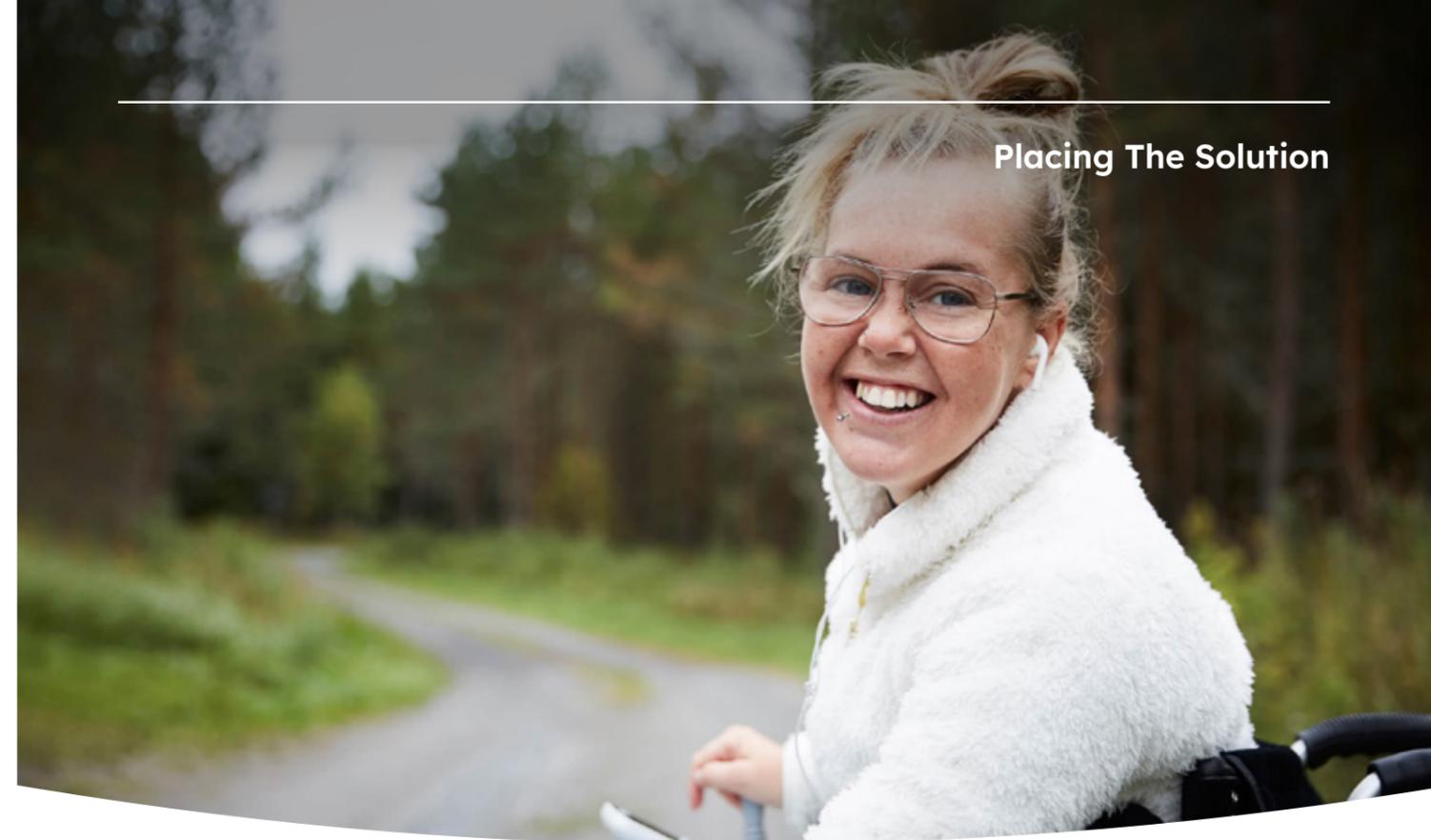
Applicants already known to local services



Drop-out rate from application to coaching session³

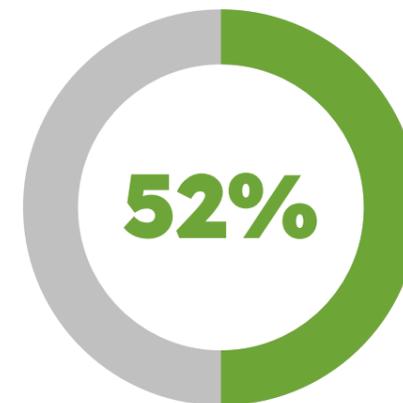
72

Applicants now active users of the system

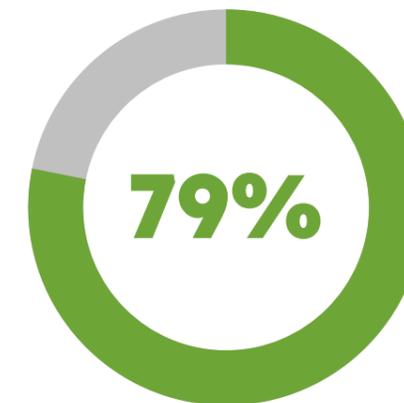


Placing The Solution

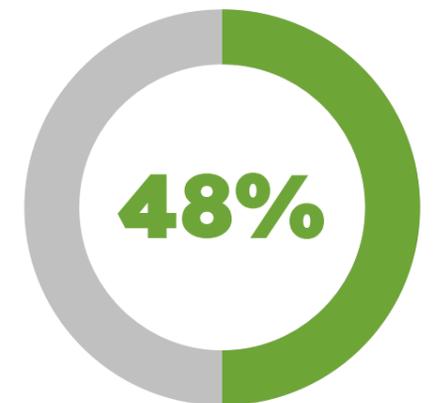
Disclosed needs



Identified as autistic or awaiting assessment



Of applicants who identified as autistic also disclosed an anxiety related need



Applicants said they were not autistic but had an anxiety-related need

We found that our campaign attracted applicants in Somerset's target demographic (autistic people and/or those with anxiety-related needs) rather than simply generating referrals from individuals who were interested but not in need of this kind of support and thus not eligible to receive it. As such, our advertising proved not only quick and cost-effective but also accurate, with very few false positives.

3. Compare, for example, that 60% of those referred to IAPT services do not complete treatment per Moller et al, 'The 2018 UK NHS Digital annual report on the Improving Access to Psychological Therapies programme: a brief commentary', 2019

Accessing support when support is needed

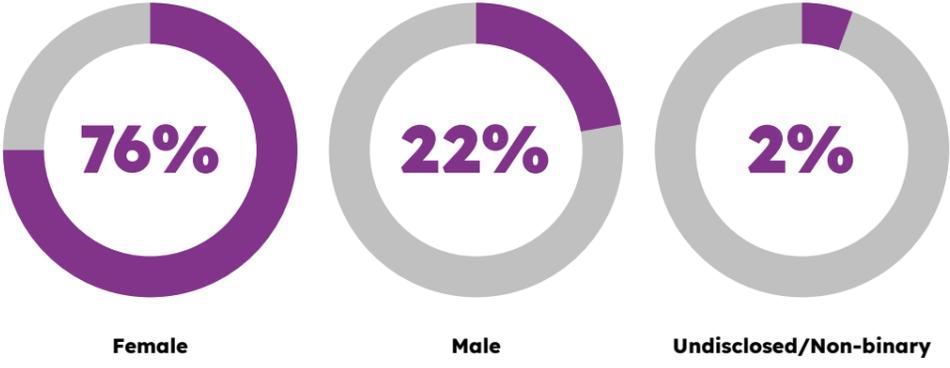
Demographic information: Somerset's applicants

The demographics of digital mental health support

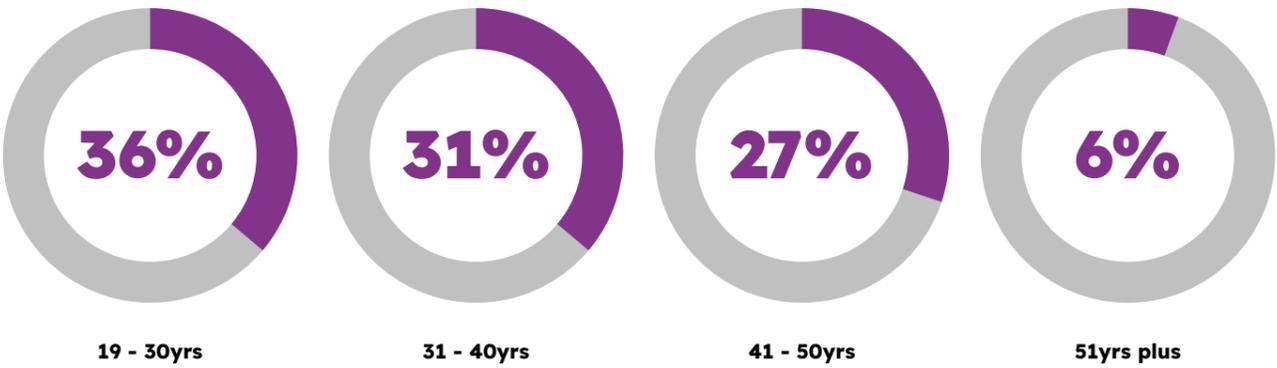
There was a fairly even spread of applicants of different ages, with nearly as many applications from those in the 41-50 range as from the younger groups – and even some over-50s, despite our advertising not targeting this group. This suggests that any general

stereotype that might exist about digital services only appealing to certain age groups does not hold, at least not when they are provided with clear messaging about what the benefit could be.

Application data



Age distribution





Targeting men's mental health

In this project, 22% of applicants were male. In future projects we hope to work with support providers to target men more specifically, as we know they are in just as much need of help (if not more) and less likely to ask for and get it.

Our Somerset campaign only advertised via Facebook; there are exciting possibilities to explore with other social media sites (65% of users on streaming site Twitch, for example, are male).

There are also opportunities to involve influencers, specific events or targeted messages, or even partnership avenues such as networking with systems like fantasy football leagues, sport fan pages, and indeed sporting associations themselves.

Did you know?



of people hospitalised after a suicide attempt have an autism diagnosis (a disproportionately huge figure for 1.1% of the population)



Projecting the future of digitally delivered support

This pilot in Somerset has delivered some extremely exciting results that could pave the way for significantly improved access to support. The potential is huge, with the possibility to deliver even better results moving forward: reach and referrals could be increased significantly by adopting a multi-channel approach, integrating social media channels and search advertising.

Based on the average number of applications we received each week and an estimated 30% drop-out rate from application to active user, we can extrapolate that a 12-month campaign using the same model could see 780 new recipients of digital support in Somerset. All of these people would have been reached through direct social media advertising, referred themselves through a smooth online process, and then been given help they would otherwise never have known existed.

Given that 52% of applicants to date identified as autistic, potentially 406 users could be reached representing around 8% of the adult autistic community in Somerset – the community we know is one of the least likely to get the help they need.

This could represent hundreds of people who would usually go completely unsupported, instead able to access education, employment, and the community. It could reduce isolation and give a level of independence that many might never have experienced before. And all of this is replicable in any location across the UK.

If this model were adopted widely, nearly ten percent of the UK's autistic population – tens of thousands of people – could be rescued from falling through the support gap in just one year.



“ We could reach far more people, which could translate to thousands of people managing their own wellbeing to live fulfilling lives independently instead of falling into expensive, traumatic, often tragic crises ”

This delivery model, combining direct marketing with digital delivery to create the smoothest possible experience both for service users and the commissioning services,

can represent a far more cost-effective alternative to the traditional pathways (care needs assessments, for example).

Bringing Brain in Hand to life

Brain in Hand Explained



Kirklees Council Reduces Costs



Get these results for your own services

To learn more about how our model of direct engagement and digital delivery could help your services reach thousands more people in need of support, contact Commercial Director Mat Taylor.

Please see the back page of this document for contact details.



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