

SOCIAL PRESCRIBING FOR CHILDREN AND YOUNG PEOPLE

RESOURCES FOR DEVELOPING AN ACCESSIBLE, ALL-AGE MODEL



EXECUTIVE SUMMARY

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KEY MESSAGES & RECOMMENDATIONS

Social prescribing for children, young people and families is increasing in prevalence and popularity across the country. 69 local areas have reported that it is up and running, in some form. To design and implement further social prescribing schemes for children and young people, the following action is required:

Nationally:

- Include children, young people and families in developing all aspects of social prescribing approaches
- Ensure the VCSE (Voluntary, Community & Social Enterprise sector) is positioned as an equal partner and adhere to asset-based community development principles
- Initiate a 'Test and Learn' period by supporting and learning from early adopters
- Develop a deeper understanding of the interface between social prescribing and other services, such as education, CAMHS, social care and youth justice, in order to maximise coherence and avoid duplication
- Augment the 'Principles'¹ with illustrations of each one in action
- Convene and support a network of commissioners, providers and academics with tools, training and opportunities for sharing learning

Locally:

- Convene a small steering group of key stakeholders to assess readiness against the 'Principles' for social prescribing for children and young people
- Hold discussions within and between PCNs and the VCSE about hosting arrangements for the Link Worker(s), who may be all-age or youth-focussed
- Complete or update mapping of children, young people and families services and local assets
- Make provision for the funding of VCSE services and activities accessed via a social prescription

BACKGROUND

Social Prescribing is one of the key components of the NHS Comprehensive Model of Personalised Care and is named as a mechanism for delivering personalised care and community-based support in the NHS Long Term Plan. Having identified gaps in the provision for children and young people, NHS England & Improvement (NHSE&I) commissioned the Social Prescribing Youth Network (SPYN) in January 2020 to map current practice and identify themes to support national and local learning, and to inform future development of their programme.

Following a process of consultation with multiple stakeholders, SPYN has developed a suite of materials to support and inform place-based social prescribing for children and young people.

There are 11.7 million young people aged 10-24 in the UK making up one fifth of our population. Transition from child to adult services is an area of concern for the system, particularly for young people who are vulnerable or marginalised. 50% of year 10 pupils (age 14-15) say they have visited the GP in the last 3 months and over a third of young people aged 15-19 visit A&E during an average year². 75% of lifetime mental illness starts by age 25 and adolescent mental ill-health costs the system, on average, £59,130 per young person per year.³

A growing body of evidence connects social prescribing with positive wellbeing and the prevention and management of mild to moderate mental health conditions. Up until recently, nearly all schemes were for adults only. Now, an increasing number are offering social prescribing to children and young people.

HOW WERE THE RESOURCES DEVELOPED?

The researchers employed multiple methods for engaging and consulting with children, young people, families, practitioners, commissioners, academics and policy makers. These included:

- Two workshops at NHSE&I Regional Social Prescribing Network Meetings
- Two focus groups and eight interviews with 28 young people carried out by ten trained Young Commissioners
- Two meetings of an Expert Advisory Group, comprising 22 members that include Family Action, Change Makers, the Children's Commissioner, Association for Young People's Health, Public Health England, Royal College of General Practitioners, Sport England, Healthy London Partnership and Richmond Group
- Input from the National Institute for Health Research CLAHRC South West Peninsula (PenARC)
- Three interviews with parents and carers carried out by Family Action staff
- One online consultation open from 30/3/20 to 17/4/20 collecting 647 completed and partially completed responses
- Six key stakeholder interviews with policy makers and national agencies, including NHSE&I, Parents 1st, the National Lottery Community Fund and the Anna Freud Centre

RESULTS

A total of 747 people contributed data to the consultation, with excellent representation geographically, by sector and by job role. Consultees were asked to comment on the desirability and applicability of each of the draft principles. To add more depth, respondents were also asked to indicate where clearer language, or additional principles were needed.

The key messages and recommendations from the online consultation, focus groups, workshops and interviews are set out at the top of this Executive Summary.

SUMMARY

The case for children, young people and family social prescribing is widely accepted at national and local levels. The current 'Direct Enhanced Service' investment from NHSE&I into the social prescribing workforce, alongside the existing and extensive voluntary sector infrastructure, presents an unique opportunity for a step change in provision.

The consultation highlighted barriers and incentives at local level as follows:

Incentives

- Fills a gap in provision for children and young people who are at risk but not yet over the threshold for other targeted services
- Has the potential to address social as well as health inequalities
- Can be co-commissioned by multiple agencies, thereby reducing financial risk
- Provides early support, especially if adapted for maternity and early years settings
- Taps into local assets, especially those within the VCSE sector
- 'No wrong door' approach is highly acceptable to young people
- Appears to complement and add value to statutory children's and youth services without duplicating

Barriers

- Uncertainty about whose remit or whose responsibility for implementation
- Unchartered territory, lack of models and/or evidence
- Safeguarding concerns (for agencies not used to working directly with children or young people)
- Assumption that schools are already delivering the desired outcomes
- Concerns about managing caseloads

We hope that these resources will give local areas the confidence to move forward with their development of social prescribing for children and young people. To that end, a comprehensive pack of information now exists to assist any local area that is looking to start or to develop a social prescribing approach for children, young people and families. The resources pack comprises:

- A set of principles in seven sections: 'Governance & Accountability', 'Ethos', 'Design & Planning', 'Referral Process', 'Link Worker Role', 'In-scheme Data Monitoring' and 'Outcomes & Impact'
- Illustrative case studies from four delivery sites
- An evidence-based briefing on case-loading
- A sample job description for a Youth Link Worker
- Signposting to relevant safeguarding and quality assurance resources
- A summary of outcomes and measurement tools

The resources pack is available at:

<https://network.streetgames.org/our-work-changing-lives-health/youth-social-prescribing>

To join the Social Prescribing Youth Network (SPYN) and receive updates about new resources and training, please email spyn@streetgames.org



¹The 'Principles for Social Prescribing for Children & Young People' is one of a suite of resources available at <https://network.streetgames.org/our-work-changing-lives-health/youth-social-prescribing>

²AYPH (2015) Key Data on Adolescence

³Kessler et al (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication

⁴Polley M, Bertotti M, Pilkington K, Kimberlee R, Refsum C (2017) A Review of the evidence assessing impact of social prescribing on healthcare demand and cost implications