



SOCIAL PRESCRIBING FOR CHILDREN AND YOUNG PEOPLE



***GUIDANCE FOR DEVELOPING AN
ACCESSIBLE, ALL-AGE MODEL***

PRINCIPLES

HOW TO USE THESE PRINCIPLES

These Principles are based on direct experience of delivering social prescribing in four local authority areas, and an online consultation during 2020 in which 647 commissioners, providers and academics participated.

They are neither mandatory nor exhaustive. We recommend that you look at each section, delete whatever is not appropriate for you, add whatever is missing and then use what you have left to benchmark the design, delivery and evaluation of your own service.

Remember this is new work and none of us are experts. No individual scheme will have all the Principles covered in full. You may want to consider labels such as 'Starting Out', 'Getting There' or 'Excelling' when deciding where you are in relation to each Principle. This will help you work out what you need to do next in each case. This is much easier when you get going, so don't overplan. Get going and make changes and improvements as you go.

We hope you have fun on your youth social prescribing journey. Good luck!

For more information or support, please contact spyn@streetgames.org



PRINCIPLE 1

GOVERNANCE AND ACCOUNTABILITY

- Ultimate accountability for the scheme rests with the relevant strategic board or group, such as the local Health & Wellbeing Board
- Operational strategy is set by a representative, cross-sector Steering Group that meets regularly and works collaboratively
- Standards and procedures are in place for safeguarding
- The scheme supports feedback processes from beneficiaries and stakeholders and regularly reviews all aspects of its governance and operations
- Ethical standards for obtaining young person and parent/carer consent are discussed at the outset
- Standards and procedures for storing, protecting and sharing (sensitive) data are in place
- Standards and procedures for quality assurance are in place
- Good research practice is in place if additional research of the social prescribing scheme is being carried out

PRINCIPLE 2

ETHOS

- The scheme's design reflects the evidence for community-centred and place-based ways of working to address inequalities and improve health and wellbeing
- The scheme addresses the social determinants of health and the expressed needs of children and young people
- The scheme is fully inclusive, supporting children and young people with protected characteristics in particular, to participate and benefit
- Children and young people are actively involved in all aspects of planning, promotion, design, implementation and evaluation



PRINCIPLE
3

DESIGN AND PLANNING

- There is an agreed and easily understood definition of children and young people's social prescribing and how it complements other local, statutory and voluntary provision
- There is a rationale for choosing either a specialist, youth Link Worker, or a generic, 'all age' Link Worker to provide the service
- The scheme has clear aims and objectives and a defined target population, based on local demographic data and joint strategic needs assessments
- The aims and objectives are communicated and understood by all partners
- The costs to the VCSE sector for recruiting and managing Link Workers are accounted and provided for
- The costs to the VCSE sector as service delivery organisations are accounted and provided for
- A resource is available and regularly updated that provides details of the services and activities locally available
- The scheme enables the Link Worker to assess the needs of each individual and agree an action plan within an acceptable time span
- The scheme enables the Link Worker to give sufficient time and support, at an appropriate intensity, to each individual or family, based on best available evidence
- The places and means of contact between the link worker and the people they are supporting accommodate their needs, abilities and preferences
- The scheme has sufficient flexibility to adapt to the changing needs and make-up of the local community
- Caseload, or the number of people each Link Worker is expected to support is regularly reviewed and based on best available evidence



PRINCIPLE
4

THE REFERRAL PROCESS

- Multiple referral routes into the scheme are in place e.g. schools, CAMHS, primary care, youth justice
- The referral processes into the social prescribing scheme are clear and easy
- Inclusion criteria (i.e. who is eligible for the social prescribing service) are clear and have been agreed by all stakeholders (e.g. referrers, Link Workers and service providers)
- Procedures are in place for helping people access the scheme, whether opportunistically, via formal referral, or self-referral (e.g. drop-in service; café)
- Young people are kept informed about every stage of the process and about information about them that is shared between agencies
- Procedures are in place for handling inappropriate referrals efficiently and with due care for the individuals concerned
- Procedures are in place for how to manage contacts, attempted contacts and non-attendances
- The transfer of information from referrer to Link Worker to service provider is safe and appropriate for the service
- The entire process, from referral in, contact with the Link Worker and referral onwards to services and activities is tracked and recorded
- Young people are fully involved and in agreement with onward referrals to services and activities
- All referrers into the social prescribing scheme receive feedback on referrals made

PRINCIPLE
5

LINK WORKER ROLE

- The Link Worker has a Job Description and Person Specification listing the competencies, qualities and experience required for the role
- If inclusion and exclusion criteria of the scheme exist, the competencies of the Link Worker are matched to them
- The Link Worker's induction includes familiarization with the full range of NHS, statutory and voluntary agencies and services, and this is regularly updated
- The first 6 weeks of the Link Worker role are dedicated to developing relationships with key individuals in other statutory and VCSE organisations in the locality
- A proportion of time is spent each week developing and maintaining relationships with statutory and VCSE organisations
- The Link Worker has access to networking, training and professional development opportunities
- The Link Worker is provided with regular 'Reflective Practice Supervision' or equivalent by an appropriately qualified senior member of staff who is not their direct supervisor or line manager

PRINCIPLE
6

IN-SCHEME DATA MONITORING

- The scheme's processes are monitored and evaluated
- The data that is needed for monitoring is discussed and agreed by all stakeholders when the social prescribing scheme is developed
- Monitoring data is communicated to all stakeholders, including the accountable body, and leads to scheme improvements
- Stakeholders are given opportunities to feedback on the scheme enabling service improvement to occur
- The monitoring of data generated from the social prescribing scheme conforms with the General Data Protection Regulation (2018)
- Special considerations are given to the use of digital platforms
- It is clearly and appropriately communicated to service users how monitoring data collected about them will be used and by whom

PRINCIPLE
7

OUTCOMES AND IMPACT

- The level, regularity and means of collecting, analysing and reporting on outcomes is agreed with stakeholders, including commissioners when the social prescribing scheme is designed
- The intended outcomes reflect the expressed needs of service users e.g. children, young people, parents and carers, as well as local priorities that informed the remit of the service
- The scheme's impact on equity and equalities is reported
- If Link Workers are expected to collect outcome data as part of their role, full training to do so is provided and built into their daily work
- Validated measures that are suitable for children and young people are used to capture outcomes, without excluding the recording of personal outcomes for which there may not be a validated measure
- It is accepted that it may not be appropriate to collect outcomes data from service users at some points in their journey
- It is clearly and appropriately communicated to service users how data collected about them will be used and by whom
- People are identified within the scheme or externally who can analyse data once it has been collected
- Any costs to outcome data collection and analysis are factored into the design of the scheme and agreed by all stakeholders
- The collection, usage, storage and reporting of outcomes data adheres to GDPR (2018)
- Feedback from all stakeholders is incorporated into the evaluation
- If additional research of the social prescribing scheme is carried out, individuals must provide additional informed consent (and parental assent where appropriate)