



Healthy London Partnership Children and Young People's Programme

Social Prescribing for Children, Young People and Families: A Guide for Commissioners

Driving consistency in outcomes across the capital

December 2016

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Executive Summary

This document is intended as a guide for commissioners who are considering commissioning a model of social prescribing for children, young people and families and the factors which need to be considered.

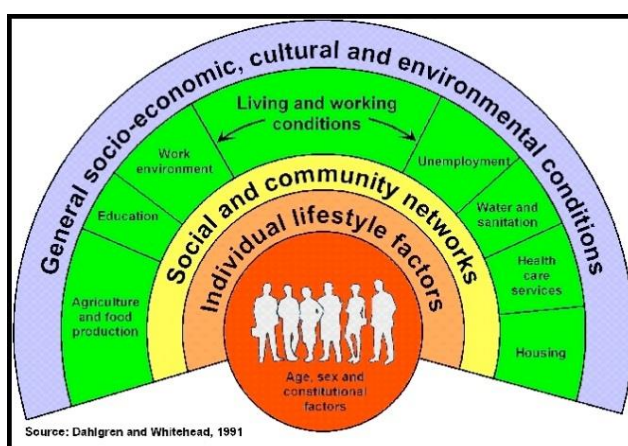
This document is intended as a guide for factors to consider when developing social prescribing for children, young people, parents and carers. It will address best practice for approaching change, the importance of engagement with the local population and themes that emerge and some examples for networks of community resources that could be included in a social prescribing model. A summary of ideas is collated to suggest different approaches to social prescribing for this cohort, and the importance of not taking a 'one size fits all' approach. Important needs to be addressed in the future are discussed in conclusion.

The case for social prescribing in children, young people and families

A quarter of Londoners are children and young people, with this number predicted to rise by 13% by 2022; as the population of children and young social people grows, the health and social care system needs to cope with this increase and improve to make services more functional for this cohort. The majority of social prescribing research notably neglects approaches for children and young people, focusing instead on the adult and elderly population. London is a young city with fewer 'frail elderly' citizens when compared with other parts of England.¹ it is imperative that social prescribing in children and young people is examined to deliver tailored health and social care.

In 2012, the Secretary of State for Health created a forum compiled of individuals committed to improving healthcare for children and young people. The forum reported that there is a need for children young people and their families to have integrated care and partnership working between education, health and social care services. This integration and the commissioning of children's health services is challenging as services are split across a number of commissioning organisations, meaning CCGs (Clinical Commissioning Groups) must collaborate and see a regional picture of children's services as opposed to their single locality.

40% of GP workload is for children and young people, yet 60% of GPs have not had training in paediatrics and child health. This, combined with escalating demand and 10 minute appointment slots means that children and young people not only are often incorrectly referred to secondary care, but there is insufficient capacity for health professionals to explore wider issues which may be impacting a persons' health and wellbeing.² Children and young people face a host of issues falling under the umbrella of social determinants of health; we know that these issues impact health and wellbeing yet cannot be addressed by the current health system.



Dahlgren, G., & Whitehead, M. (1991). Policies and strategies to promote social equity in health. *Stockholm: Institute for future studies.*

Social prescribing provides a means to address these issues, but careful consideration of the needs, attitudes and behaviours of children and young people and their parents and carers will be necessary for social prescribing to be successful; grouping this population with adults and the elderly when designing and implementing social prescribing presents a barrier

to success. Childhood and adolescence is a key period for establishing life-long health behaviours which develop in the context of family, school and the community, and it has been proven that this early intervention and prevention approach to developing a sustainable healthy lifestyle is best achieved at a younger age when habits are easier to instigate and change before reaching adulthood. ³The needs of children and young people transform with age, often with a heavy reliance on family and carers to support wellbeing at a younger age, with this tailoring off towards the independence of adulthood. Considering family, as well as the differences in needs for different age groups, is vital for social prescribing to be successful.

Successful social prescribing for children, young people and parents and carers cannot be achieved with a 'one size fits all' approach; regional differences and the differences in need that come with different age groups will require commissioners to carefully examine and consider the population they serve in order to develop social prescribing that works for one particular locality.

Principles underlying successful social prescribing

Social prescribing will require a change in behaviour and attitudes across the health and social care system, moving beyond the traditional model of healthcare and requiring professionals in the healthcare system, as well as those working and living in communities, to think and behave differently; evidence already indicates difficulties in engaging primary care professionals with social prescribing.⁴ Professionals will have to initiate and sustain behaviour change in favour of a new approach to healthcare, whilst the local population will have to change behaviour towards a self-management approach to health which is known to improve quality of life and result in greater clinical outcomes.⁵

The below framework has been developed from extensive research, with a focus on enablers and barriers to behaviour change in the context of person and community-centred approaches.⁶ This framework is recommended to be applied to change in individuals benefiting from social prescribing, but also for statutory bodies and community-based organisations.

The EAST framework recommends that behaviours and behaviour change should be:

- Easy
- Attractive
- Social
- Timely

Examples of the EAST framework in practice

EASY

For healthcare providers:

Barrier: GPs cannot retain knowledge of local community-based support so will not refer to those services, and will not fill out new forms or referrals on top of their current workload.

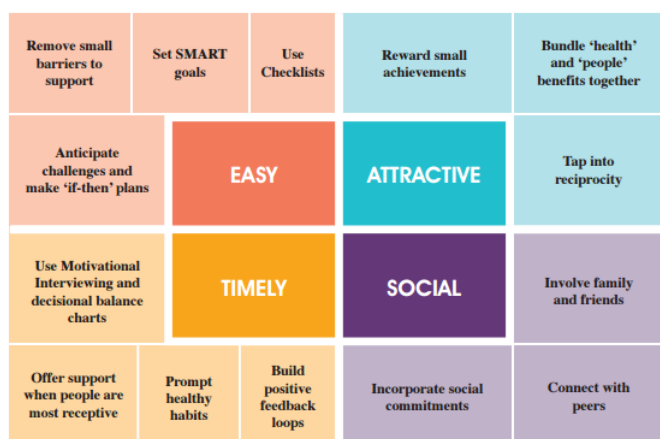
Make it EASY: Being Well Salford uses social prescription pads for GPs to write paper 'prescriptions' to be collected by a community organisation, who gets in touch with people directly to discuss support and to be linked up with suitable community-based resources. This approach removes hassle factors for the GP and is a familiar behaviour. Mid Sussex District Council use pre-populated forms embedded into GP computer systems to boost uptake via a similar rationale.

For individuals:

Barrier: Complex eligibility criteria and the need to see a GP to be referred, as well as complicated healthcare plans and inconvenient locations prevents individuals from making behaviour change.

Make it EASY: Being Well Salford have a self-referral scheme, use minimal eligibility criteria and create simple SMART goals and action plans to create achievable actions e.g. 'Make a gym induction for Monday 16th March', as opposed to 'Increase daily exercise'.

Diagram 1: Supporting people to self-manage



Please refer to [Making the Change](#) for a comprehensive overview of the mechanisms behind behaviour and attitude change and how these play out in practice.

Engagement

Engagement and research into the local population is essential to establish what the needs, preferences and behaviour of the population may be to successfully develop a social prescribing model. The Healthy London Partnership ran an engagement event with children and young people, and created surveys for children and young people and parents and carers to identify how social prescribing should operate best for this population; this co-production approach is imperative to ensure social prescribing is fit for purpose in a locality. An engagement event was offered to parents and carers yet did not have any attendees; co-production is difficult without full engagement from the population, and events offered should be well attended to inform research.

Engagement with parents and carers

The survey from parents and carers received 67 responses, with respondents being evenly spread across London. The survey was advertised through parent and carer forums, Talk London, Twitter, parents groups on Facebook, netmums.com, mumsnet.com and was distributed among social prescribing colleagues to be promoted within their network on websites and e-bulletins.

Results show that the top issues parents and carers want support with include coping with stress and anxiety, self-confidence and self-esteem, education and child behaviour (see Figure 1); this research indicates key needs of the local population. Social prescribing models should seek to identify existing community resources that can provide support for the local population's needs.

Barriers to accessing community services were prominently inconvenient opening times and locations (see Figure 2); weekends were preferential for accessing support (see Figure 3),

with mixed preferences for weekday opening times yet a preference for those out of typical 9-5 work hours (see Figure 4).

This group currently access support mostly in person or from websites, but research indicates that whilst their preference is for face to face contact, parents and carers would like to be able to access help via friends and family or via advice and appointments online or on the phone (see Figure 5). The preference for websites is low. In terms of where and who this group go to for help, they currently rely on support online, their GP or friends and family, but their preference actually spreads wider than these three groups (see Figure 6).

Free text and further questions revealed more about parents and carers' behaviours and preferences for what they do with their family for pleasure; exercise, walking and socialising were highly popular, with 90% mentioning outdoor activities in their free text responses.

Parents and carers were asked to complete a contacts mapping exercise (see Appendix 1) to map out where they go and who they come into contact with regularly, and then to identify where they would be most likely to go for help; friends and family were the first place people would go to for help, whilst the parents of young children agreed that primary care is frequently accessed and would be a place they would go for help with their children.

What can we learn from this?

In order for social prescribing to work for parents and carers, the following 'success factors' should be considered:

- Community resources tailored to local need
- Flexible opening times at the weekends and evenings
- Convenient locations which are close to places already visited
- More options of where to go for help and advice
- Multiple forms of access, including online and phone appointments and chats as well as face to face forms of help and advice
- Community resources which incorporate an aspect of outdoor activities
- A model which engages communities so friends and family can be aware of social prescribing, such as [Families First](#).
- Primary care is an important access point for help for parents of young children
- Local needs should be explored to see what people want, where they go, and how they access help

Figure 1

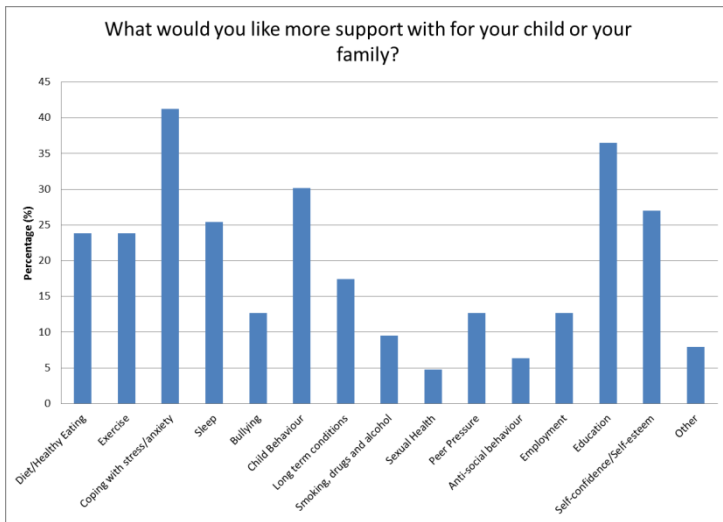


Figure 2

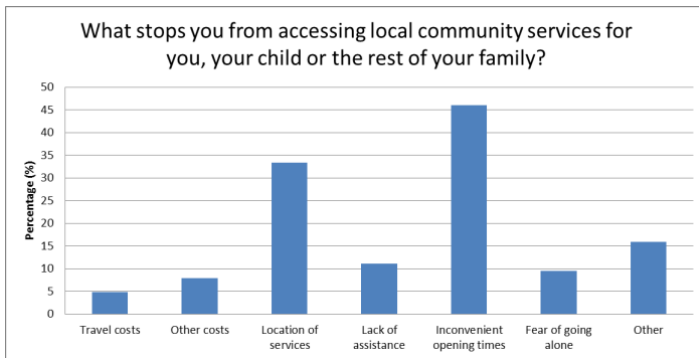


Figure 3

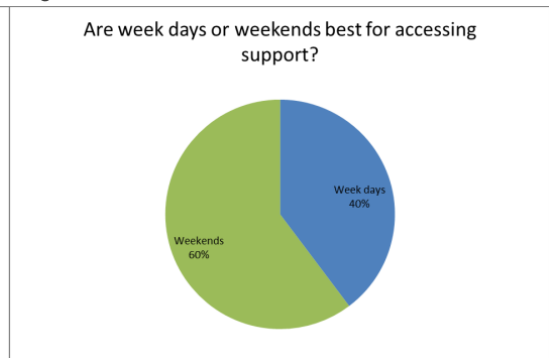


Figure 4

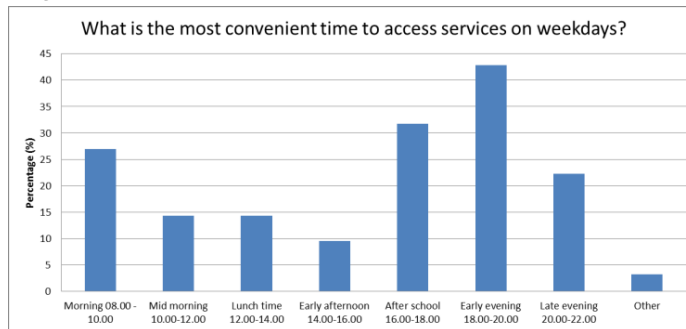


Figure 5

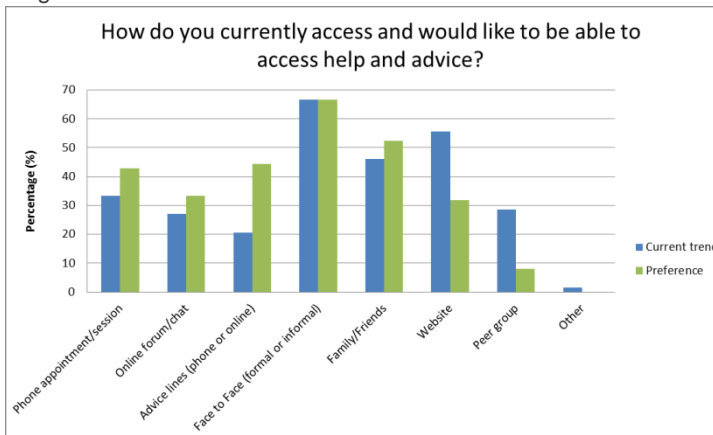
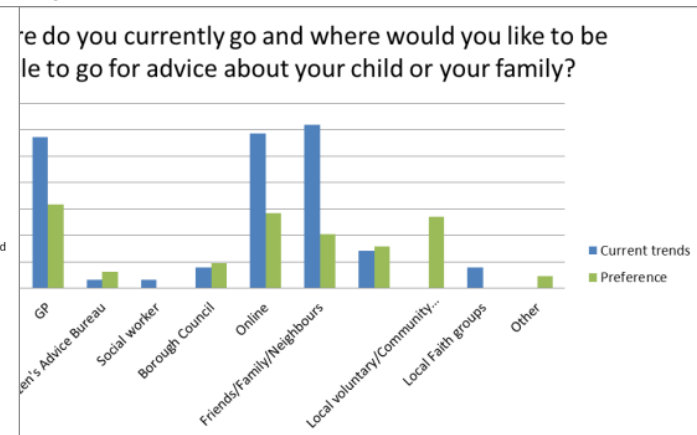


Figure 6



Engagement with children and young people

The survey from parents and carers received 19 responses, with respondents being evenly spread across London. The survey was advertised through the Association for Young People's Health, the Anna Freud centre, via primary and secondary schools, through the Greater London Authority outreach teams, the Young Persons forum, and was distributed among social prescribing colleagues to be promoted within their network on websites and e-bulletins. Although the number of responses was low, engagement was spread across boroughs. The engagement event run with children and young people was a mixed gender group of teenagers and young people from different backgrounds.

The online survey revealed that the top issues they would like support with include coping with stress and anxiety, sex and relationships, exercise, sleep and long term conditions (see Figure 7).

Barriers to accessing community resources included inconvenient opening times and locations and fear of going alone (see Figure 8). Weekends were highly preferential over week days, and on weekdays services are most likely to be accessed after school or work.

Currently, children and young people access help and advice through several mediums; face to face, websites, online forums/chats and peer groups were the most popular ways of getting support. When asked where how would like to be able to access help, websites, online chats, advice lines and peer groups were preferential (see Figure 9).

Children and young people appear to go to friends and family, their GP and online forums at present for help and advice; when asked where they would like to go, online forums, school staff and teachers, friends and family members and GPs were similarly popular (see Figure 10).

Children and young people were also asked to complete a contact mapping exercise (see Appendix 1), and engaged in a discussion around what they would want from social prescribing. The following themes emerged:

- Friends and family are the preferred place to go for help, due to children and young people feeling comfortable talking to them and viewing them as someone they trust.
- Face to face contact is ideal, but there are barriers to this – culture is often unfriendly and unwelcoming which stops people wanting to access community resources
- One-stop shops such as Youth Information and Advice Centres or the model of the Bromley by Bow centre are appealing as one place to go with any problem – but these are inconsistent and rare in communities and are not well advertised
- Information about community resources is difficult to find online – an easy to use online 'yellow pages' style guide would be useful and should include important filters such as age and gender
- Volunteering and concepts such as time banking need to present opportunities for development that are relevant to children and young people, for example offering driving lessons to young people who engage in volunteering through schemes such as [SPICE Time Credits](#).

What can we learn from this?

In order for social prescribing to work for children and young people, the following 'success factors' should be considered:

- Community resources tailored to needs
- Flexible opening times on weekends and evenings
- Convenient, local, one-stop shop community centres
- Environments with friendly, welcoming qualities e.g. [You're Welcome](#)
- Online forums and chats incorporated into models
- Online information on websites in a 'yellow pages' style format
- Education staff engaged in model
- Opportunities which are attractive and relevant to children and young people
- Local needs should be explored to see what people want, where they go, and how they access help

Figure 7

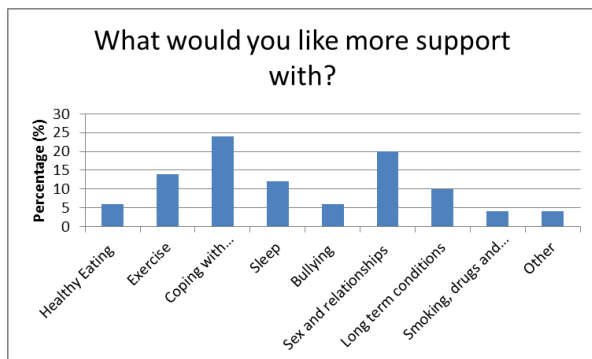


Figure 8

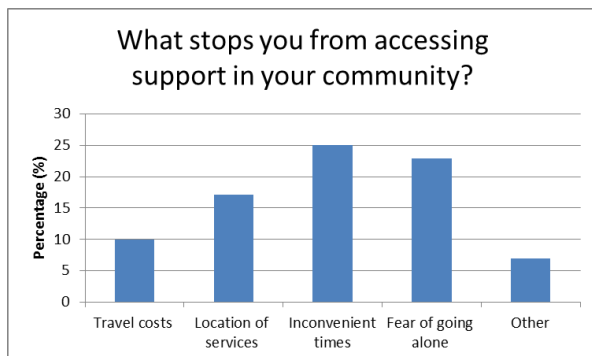


Figure 9

Figure 9

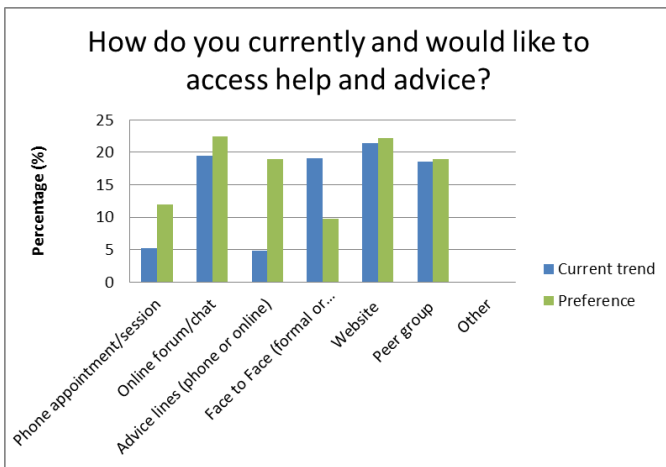
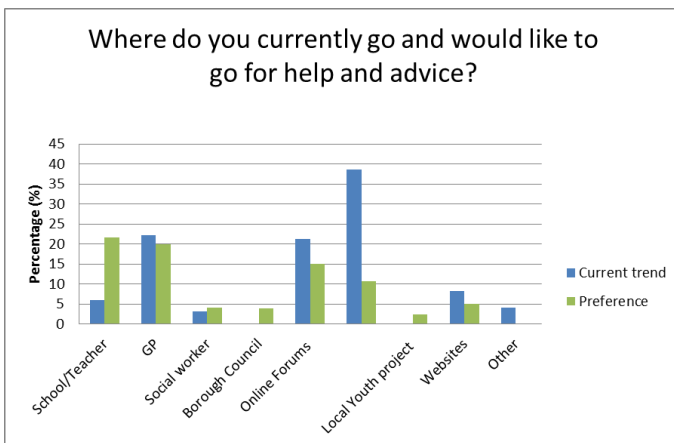


Figure 10



Signposting with social prescribing

Signposting and linking people with services is a fundamental aspect of social prescribing and cannot take a one size fits all approach; a single model will not reach all those who are in need. The favoured model of social prescribing uses a link worker or community navigator, who has a working knowledge of all the resources in the area and can refer, link and signpost people to these services. This person usually receives referrals from a GP, and acts as a bridge between healthcare professionals and social resources. The link worker model will likely be functional for those who go to their GP for help, but an effective service should capture the whole population through various avenues.

Children, young people, parents and carers show different preferences for who they go to for help and how they access help. Successful models should tailor social prescribing to suit these preferences and tap into their contacts.

Engaging and raising awareness of social prescribing would be useful for a number of individuals in local populations. Beyond this awareness, providing training for certain individuals in the skills used by link workers could provide a means to extend social prescribing beyond the traditional link worker role, and could bridge the gap between individuals who may not go to the GP and the community contacts or resources available. A breakdown of suggestions is included below:

Awareness of social prescribing	Training in link worker skills
Parents and family members	Any statutory agency working with at-risk people
Primary care mental health workers and nurses	Any voluntary sector agency working with at-risk people
Practice nurses	Health visitors
HR staff	School nurses
Teachers and education staff	Teachers and education staff
Faith leaders	Faith leaders
Organised club leaders (e.g. Scouts, sports)	Organised club leaders (e.g. Scouts, sports)
Family support workers	Family support workers

Training programmes such as [Me first](#) (see Appendix 2) and [Making Every Contact Count](#) can equip everyday people that come into contact with children, young people, parents and carers with the skills, behaviour and attitudes to identify people who could benefit from social prescribing; these people could act to bridge the gap between the individual and the link worker, for those who do not go to their GP. Engagement with and awareness for families is particularly important; both populations place a heavy reliance on friends and family for support, so engagement and awareness for these people takes a family approach that will allow vulnerable children and young people to be given the chance to use social prescribing through a medium where trust is established.

This approach could lead to community engagement and heightened awareness of community resources; this led to the word of mouth that is often attributed to have led to Bromley by Bow's success in social prescribing in a community.

Online and digital

The prevalence of online activity in children and young people represents both challenges and opportunities; whilst internet usage often contributes to problems affecting children and young people, this heavily utilised resource can be used in a model of social prescribing, for example:

- Online directories with sophisticated filters to search for community services and help
- Online self-referral services which remove the need for a link worker
- Online signposting through online forums and chat lines

Children and young people have developed an app which demonstrates online signposting for social prescribing; [Silent Secret](#) is for teenagers aged 11-19 to anonymously talk about what is on their mind in a safe and supportive online community. Users cannot comment on each other's secrets, but can interact using these buttons: 'heart' to express love, 'me2' to express empathy, and 'hug' to express sympathy. A 'get support' button appears with each secret, enabling users to connect with tailored support organisations should they need to. Users say the app allows them to be honest without being judged, provides a space for support with people like them so they don't feel alone, with one user even saying they wish the world was more like the app; this innovative method of social prescribing reaches users that may not wish to use face to face contact, and overcomes barriers for children and young people such as feeling unwelcomed and fear of going to get help.

[NHS Go](#) is a health information and advice app coproduced by children and young people, featuring a directory of services and health topics tailored to those which are most important for children and young people. The app uses NHS Choices information, and features specialist content in sync with events which are common for children and young people, such as specialist advice around Fresher's Week at the time when students are going to university, or 'Exam Stress' help during exam season. The app uses self-signposting in a directory format, and is an example of good practice for those investing in digital social prescribing for children and young people.

What community resources are available?

Local boroughs need an awareness of what community resources currently exist, where people in the local population go and who they come into contact with in order for signposting to work effectively. The key to social prescribing is to increase connections within the community to existing resources that can improve health and wellbeing.

The Healthy London Partnership have produced this example resource of a map of potential community resources and contacts; this network of resources will be different across localities but provides a useful basis for understanding where children, young people, parents and carers may go and who they may see.

Table 1. Community resources and contacts

<p>School <i>Teachers, TAs, peers, mentors, prefects, SEN/support workers, nurse, welfare employment/careers advice staff</i></p>	<p>Food banks/co-ops <i>Other people in community, staff and volunteers</i></p>
<p>Boarding school <i>House keeper, head of houses</i></p>	<p>Leisure centres/gyms <i>Instructors, staff, teachers, lifeguards, peers</i></p>
<p>Youth centres/clubs <i>Volunteers, peers, event organisers</i></p>	<p>Organised activities/associations e.g. Scouts <i>Coaches, leaders, peers</i></p>
<p>Workplace <i>Colleagues, manager, team, customers/clients, suppliers</i></p>	<p>Children's centres <i>Care workers, health visitors, play workers</i></p>
<p>Faith-based establishments <i>Faith leaders, choirs, congregation, resources, family/community workers</i></p>	<p>Job centre <i>Advisors, peers, work programmes, apprenticeship leaders, trainers</i></p>
<p>Justice system <i>Police, probation officers, offenders</i></p>	<p>Dentists <i>Dentists, nurses, hygienists</i></p>
<p>Digital <i>Apps, social media, forums, messaging</i></p>	<p>Nurseries <i>Nursery nurses, assistants, parents, other children</i></p>
<p>Youth Information Advice and Counselling service <i>Youth workers, legal advisors</i></p>	<p>Pharmacies <i>Pharmacists and assistants</i></p>
<p>GP practice <i>GP, practice nurse, receptionist, health care assistant, sexual health nurse, phlebotomist, psychiatric nurse, pharmacists, health visitors, community midwives</i></p>	<p>Hospitals <i>Doctors, nurses, admin staff, managers, healthcare assistants, physiotherapists, occupational therapist, radiologists, pharmacists, chaplain, speech and language therapist, play therapist, Hospital @ Home teams</i></p>
<p>Home <i>Parents, siblings, grandparents, extended family, lodgers, foster parents, carers, landlord workers</i></p>	<p>Commercial outlets (shops, banks, hairdressers) <i>Staff</i></p>
<p>Community therapy services <i>Physiotherapists, speech and language therapists, health visitors</i></p>	<p>Volunteering groups <i>Volunteers, events organisers, charity leaders, community members and peers</i></p>

Practical Barriers to implementation

Commissioning of social prescribing for children, young people, parents and carers has the potential to face barriers beyond behaviour change, including:

- *Safeguarding*
Social prescribing for this population exposes risks relating to safeguarding; resources which children and young people can be referred to should have minimum safeguarding requirements.
- *Finance*
Social prescribing often does not see ROI (Return on Investment) for two years; this presents problems with annual financial balance requirements for commissioners.
- *Priorities*
Children and young people are not cited as a priority for healthcare transformation in NHS England's business plan for 2016/17, meaning investment in and development of social prescribing for children and young people specifically may be difficult.

Structural enablers and barriers

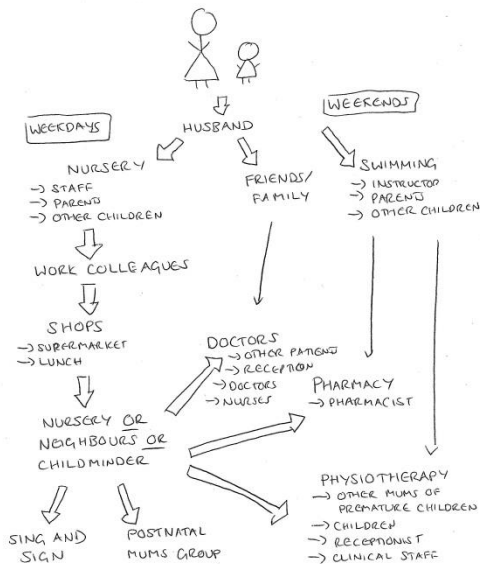
Structural barriers to social prescribing are addressed in [Realising the Value](#), a programme of evidence on what good person and community-centred care looks like and the potential benefits, and has developed and tested how to embed these approaches to impact at national and local levels. The key objective is to change the relationship between people and the health system from passive patient to active participant. The framework outlined follows the theme as aforementioned for behaviour change, and provides a useful approach to tackling barriers to implementation.

Conclusion and needs for the future

There is a lack of evidence researching social prescribing for children, young people, parents and carers, but it is clear that this model can address relevant issues for this population and that a 'one size fits all' approach will be unequipped to do so. Evaluation of existing pilots and approaches to social prescribing is poor; an action-based research approach would provide a useful technique to evaluate existing services and transform and develop social prescribing in different localities.⁷ Commissioners need to engage with children, young people, parents and carers to find out what the local needs and preferences are in the ways discussed in this document in order to develop a successful social prescribing model.

Appendix 1: Contacts maps

Appendix 1: Contacts maps



Contact map of a mother to an 18 month old girl who was born two months prematurely. Working full time, she spends much of her time with her husband, family and friends, but attends classes for her child's development and meetings as part of a group of mums of prenatal children. She has regular contact with her GP and physiotherapist for her daughter, and would be most likely to speak to her GP or her fellow mums if she had a problem relating to her daughter, and her family and friends if she has a problem of her own.

Contact map of a 20 year old male in full time work. Having moved out from home, he lives with his girlfriend and regularly visits his parents. He has several large social circles, including three different football teams, and said that he would be most likely to speak to his girlfriend or his parents about any issues he had.



Two contact maps of a 23 year old male with cerebral palsy; this male has no neurological impairment and his condition has worsened over time. He created two maps to show how his life has changed from when he was at school and his condition worsened to now.

Contact map of a 22 year old single mother to her 6 and 3 year old children. She works part time at a local beauty salon in order to look after her youngest child. She relies heavily on family for help and support, needing her mum to drive her or her children to GP and hospital appointments. She uses Facebook to get advice and support from other single parents, as well as from her family, and said she is most likely to talk to these people if she was in need. She spends as much time outdoors as possible in her spare time.

Appendix 2:Me first

<http://www.mefirst.org.uk/>

Me first is an education and training resource designed to help healthcare professionals communicate successfully with children and young people. Co-produced with children and young people, Me first have developed a flexible framework and training resource focused around how to structure conversations with children and young people regarding their health and social issues, using shared decision-making and ensuring the children or young person takes the lead to come to agreements about their plan to overcome health or social problems. This training produces a change in communication style for healthcare professionals which has been proven to be successful in engaging children and young people; training is run face-to-face with children and young people as participants, but is also available via their website. Included on their website is a space to share successful resources to support engagement with children and young people.

Me first is developing specialised training for children and young people who have learning disabilities and speech, language, hearing and visual impairments. Me first have had requests to extend training beyond healthcare professionals to hospital support staff, youth workers and caterers; this presents an opportunity for training to be provided to all the contacts children and young people have, such as teachers and social workers. Fostering the correct communication style in contacts of children and young people will increase engagement with social prescribing, building the level of trust necessary for engagement

Appendix 3: References

¹ London Strategic Clinical Networks *Children and Young people's health services in London: A case for change* (December 2014) (<https://www.myhealth.london.nhs.uk/system/files/london-cyp-scn-caseforchg-122014.pdf>)

² The Kings Fund *Understanding pressures in general practice* (May 2016) (http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf).

³ NICE *Makes healthy choices a life-long habit to prevent early death* (March 2015) (<https://www.nice.org.uk/news/article/make-healthy-choices-a-life-long-habit-to-prevent-early-death>).

⁴ Brandling, J., House, W., *Social prescribing in general practice: adding meaning to medicine* British Journal of General Practice 59 (563) 454-456 (2009) (<http://bjgp.org/content/59/563/454>).

⁵ Nesta, The Health Foundation *Supporting self-management: A guide to enabling behaviour change for health and wellbeing using person- and community centred approaches* (September 2016) (<http://www.nesta.org.uk/sites/default/files/rtv-supporting-self-management.pdf>)

⁶ Nesta, The Health Foundation *Spreading Change: a guide to enabling the spread of person and community-centred approaches for health and wellbeing* (September 2016) (<http://www.nesta.org.uk/sites/default/files/rtv-spreading-change.pdf>)

⁷ The university of York: centre for Reviews and Dissemination *Evidence to inform the commissioning of social prescribing* (February 2015) (https://www.york.ac.uk/media/crd/Ev%20briefing_social_prescribing.pdf)