NATIONAL CHILDREN'S BUREAU

CHILDREN AND YOUNG PEOPLE'S SOCIAL PRESCRIBING GOOD PRACTICE GUIDE

South East

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Contents

ABOUT THIS GUIDE

This Guide is designed to support Personalised Care Network's and other teams and services who are thinking about developing children and young people's (CYP) social prescribing and/or for those who are already delivering to CYP, but want to look at developing their service through quality improvement in order to meet national policy commitments outlined in the NHS Long Term Plan.

The guide outlines five domains of activity. It is intended to be used by health and care leaders at system, place and neighbourhood levels, and those stakeholders involved in the design and delivery of CYP social prescribing. This includes those in the NHS, local authorities, the VCSE sector and representatives of people with lived experience.

How to use this Guide

The guide is intended to be used as a quality improvement tool and can be used to guide conversations and support those involved in the leadership, design, development, and delivery of social prescribing. The framework is not intended for performance reporting but can be used as a self-assessment tool to support local partnerships to:

- Understand the capabilities, processes and behaviours required to develop thriving children and young people's social prescribing and community-based support at neighbourhood, place and system levels
- Benchmark and track maturity towards thriving, embedded and sustainable children and young people's social prescribing and community-based support at all levels of the ICS.
- Use the domain tables below to self-score your social prescribing approach, and reflect on areas for development under each area.
- You can use these scores to generate an action plan as part of a quality improvement plan to help develop your service.

Introduction to Children & Young People's Social Prescribing

Just as adults benefit from the holistic and non-medical approach of social prescribing, so too do children and young people (CYP). It offers time, space and a supported personalised approach to explore what matters to individuals, and to help support them as quickly and easily as possible. Social Prescribing Link Workers (SPLWs) are in a prime position to be able to support CYP; they can connect them to community based opportunities and work in a multi-disciplinary way to ensure that needs are met in a joined up way that makes sense to the CYP and their family. Whilst this toolkit is mainly focused on dedicated CYP SPLW's it will also benefit those who are working across all ages, including families.

BENEFITS OF SOCIAL PRESCRIBING FOR CHILDREN AND YOUNG PEOPLE

- Social prescribing is holistic, accessible and easy to understand for children and young people. It is non-medical and doesn't rely on or create diagnoses or labels. It is personalised, non-stigmatising, and is easily adapted to CYP of all ages
- Preventative approaches have great potential to impact lifelong health and wellbeing outcomes. Developing healthy habits and emotional resilience early in life reduces the risk of poor physical and mental health. Also by developing healthy social connection reduces the risk of loneliness and social isolation
- Being able to support needs early prevents difficulties escalating to the point that people need referral to health or social care services. This is better for the individual and their family, and also reduces pressure in the health and care system
- CYP Social Prescribing (CYP SP) can offer unique personalised support and early intervention to those CYP who have mental and physical health support needs to prevent escalation and the need for higher level interventions/services at a later stage in their lives
- The right support from the right person at the right time can make a significant difference to the journey and experience of CYP and can have a significant impact on their families too. Social Prescribing Link Workers (SPLW's) can be that right person
- Many CYP live in families and communities impacted by wider determinants of health such as housing, poverty and unemployment. Social prescribing is a highly effective approach in these circumstances, as it offers not just CYP but also the adults around them a way of tackling difficulties and finding solutions that can significantly improve life chances
- Social Prescribing is a key part of the NHS's Long Term plan and 'giving every child the best start in life'

DIRECT BENEFITS FOR CYP

- Social prescribing offers a person-centred approach where their voices are heard, valued and their needs can be supported in a holistic, non-medicalised way.
- Social prescribing is empowering and enables CYP to build confidence, make connections and feel less isolated. This can lead to improvements in mental and physical health and wellbeing, which in turn enables individuals to build resilience and live happy, healthy lives.
- Social prescribing can facilitate a more personalised and joined up approach, particularly where CYP have complex lives and have involvement with multiple agencies/services. Other aspects of the Universal Model for Personalised Care such as supported self- management and personal health budgets may also be useful
- Building positive trusting relationships with professionals – using this to help create connections with other organisations and giving them confidence
- Advocacy for CYP leading to better engagement with existing services
- Specific bespoke support for groups of young people i.e. those with mental health support needs, long term conditions, young carers, end of life, learning disability and autism

DIRECT BENEFITS FOR LOCAL COMMUNITIES

- The engagement and participation of CYP in local activities and volunteering schemes enriches neighbourhoods in which they live, and contributes to the development of vibrant, thriving and resilient communities. This in turn creates support, training and employment opportunities for young people, with wider benefits for local economic resilience

DIRECT BENEFITS FOR THE HEALTH AND CARE SYSTEM

- Receiving support at the earliest possible opportunity and being able to maintain/sustain their own physical and mental wellbeing, means that CYP are less reliant on services. This contributes to reducing the overall demand and pressure on health and care, enabling better access for those who need it most

WHAT'S DIFFERENT WHEN DELIVERING SOCIAL PRESCRIBING FOR CYP?

Physical, emotional and social development is most active in childhood and adolescence Child and adolescent development is a dynamic process of physical, cognitive, emotional and social growth, and is shaped by multiple factors including environment, relationships, experience and genetics. This developmental process has significant impact on physical and mental health and wellbeing, with loneliness and mental health needs being a common reason for referral to health services. SPLWs may be asked to support at any point. Many transition arrangements from child to adult services start at 14 and SPLW's could provide support as part of this journey

Social and Family Context

Social prescribing support needs to be considered in the context of family, education, training and social relationships, which can create more complexity in comparison to working with adults. Early intervention is important – having a sense of belonging, autonomy, safety, building social relationships and receiving social support early in the life course operate as protective factors in relation to wellbeing and multiple health-risk behaviours

Often CYP's needs are inextricably linked to wider family needs, or are a response to the needs of the adults they live with. Whilst working with individual CYP you may find it helpful to either work with the whole family, or to co-work with SPLW colleagues supporting adults affected by domestic violence, abuse and other negative family issues on the CYP, who may otherwise go 'unseen'

Safeguarding

For CYP under the age of 18 years specific processes apply to safeguarding, which you must be aware of and work within at all times. Your employing organisation will have a safeguarding policy and you should check how this applies when working with CYP under 18. A child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

The NHS Safeguarding App from www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/ provides an overview of the law and guidance, as well as an NHS staff guide and regional contact information on how to report a safeguarding concern. You can also access relevant useful safeguarding information resources like Rapid Reads on the Social Prescribing Collaborative Platform.

From the age of 18 years, young people are classified as adults and therefore assuming they have full mental capacity, will fall under a different process. Further information for adults can be found in the Social Prescribing Safeguarding Module.

Confidentiality policies – being clear with CYP on what will and won't remain confidential and what parents, carers and other professionals may be told and what the processes will be for breaking confidentiality.

Consent and Information Sharing

Consent and information sharing processes are different when working with CYP under the age of 16 years, with parent/ guardian permission generally required. However, some CYP may demonstrate capacity to consent to both medical and non-medical support and intervention and may do so without parental involvement, as per Gillick Competence.

Other Services

CYP up to 18 years will often have other professionals supporting them including early years workers, various school staff and potentially health, care and criminal justice workers. A joined up approach with other workers will be required to give best possible support. There is also the additional element of making sure you are adding value and not duplicating what already exists.

In particular you may need to think about

- Schools and school nursing services
- Youth Groups
- Community Groups/VCSE organisations
- CAMHS and Mental health services
- Early Help
- Children's centres and family hubs
- Children's Social Care
- Youth Justice
- Education – Attendance and Behaviour Support services

Domains

The maturity framework is structured under five domains:

- **Leadership, Strategy and Governance**
- **Planning and Commissioning**
- **Workforce Development**
- **Digital and Technology**
- **Evidence and Impact**

Each domain outlines descriptions of the behaviours, activities or processes required to ensure high-quality children and young people's social prescribing is fully embedded across systems, places and neighbourhoods.

LEVELS OF MATURITY

LEVEL OF MATURITY	DESCRIPTION OF MATURITY
1 Emerging	Strategic plans and processes are under discussion but not formalised or adopted. Delivery is mostly ad hoc and is not co-ordinated across the system or sectors
2 Developing	Strategic plans and processes are in active development. Some delivery is aligned to strategy and supported by cross sector partnerships
3 Maturing	Strategic plans and processes are adopted, enabling effective cross sector partnership and providing governance. Delivery is co-ordinated in most localities of the system
4 Embedded	Strategic plans and processes are fully adopted, embedded and governed by ICS partners. Delivery is sustainably commissioned and integrated throughout the system

DOMAIN 1

Leadership, Strategy and Governance

In order to deliver a high-quality children and young people's social prescribing offer, there needs to be a basis of clear governance, accountability and leadership based on the principles of personalised care. This will ensure that the service is robust, safe, with clear overarching policies/processes and appropriate for the needs of children and young people and their families/carers. It also ensures that local provision meets the needs of local children and young people, by linking the overarching strategy to local needs assessments, Population Health Management (PHM) data, health inequalities as well as key clinical areas and the wider determinants of health (mental health, long term conditions etc).

This section will also support people to identify the key stakeholders and opportunities to develop effective multi-disciplinary working – this includes CYP and their families as well as key statutory organisations and the VCSE. This ensures the development of a service that truly meets the needs of CYP and their families.

DESCRIPTION	MATURITY			
	1	2	3	4
1. You have an understanding of the Children and Young People (CYP) social prescribing services in your area and have aligned your service to avoid gaps and duplication.				
2. There are clear structures in place for leadership, governance and assurance that are specific to CYP Social Prescribing.				
3. A clear needs-based vision, strategy and action plan has been co-produced by key stakeholders				
4. Agreed policies, procedures and contracts for delivering CYP Social Prescribing are in place, including safeguarding, confidentiality, information sharing, consent and complaints policy.				
5. Children, young people and families are fully involved in co-producing service developments, developing governance and assurance processes and policy development and providing feedback.				

CASE STUDY

EAST SUSSEX COUNTY COUNCIL

Atiya Gourlay is Lead for Equality, Participation & Strategic Partnerships in Children's Services at East Sussex County Council.

What is the definition and scope of your CYP SP approach?

East Sussex County Council is working closely with NHS Sussex, Primary Care Networks, schools and the voluntary sector to champion the inclusion of a budget for positive activities in the social prescribing offers in East Sussex. For children and young people in East Sussex, there are a number of different social prescribing offers and approaches that can be delivered to young people. These include: development of a social prescribing wellbeing offer for Ukrainian children; a pilot for social prescribing targeted at children with mild to moderate emotional difficulties in four primary schools in the rural High Weald and Lewes area; budgets for the payment of the positive activities that social prescribers would facilitate and encourage children and young people to participate in, according to their individual interests and wishes, through the Primary Care Network CYP Social Prescribing offer; and funded positive activities for targeted young people, through funds from ActiveSussex.

Do you have any written Aims and objectives for your approach?

We have objectives that are focused on investment in outcomes for the children and for the system, capacity building for the organisations who deliver both social prescribing and the positive activity providers. The objectives were created in partnership with the East Sussex Children and Young People's Mental Health and Emotional Wellbeing partnership group, and then the subgroup of social prescribing. We were able to decide the objectives as a partnership group and then take those to our funders.

Do you have a specific vision or strategy for your service?

We have a project outline delivery that defines what we are aiming for. We would like to develop a vision for social prescribing for children and young people that has the potential for upscaling, and we are trialling that through our delivery of the targeted cohorts and pilot projects.

What is your defined target population (based on demographic data and local intelligence) and how did you decide to target this cohort?

For the primary schools pilot, the target is children and young people in Years 5 and 6, identified by their schools. These include children who: have low attendance; are being

supported by behaviour support; are known to social care; are eligible for free schools; are demonstrating low mood; have special educational needs and disabilities; and other indicators such as waiting for more specialist mental health support. Our schools data and connections with pastoral leads in schools will help to identify the children who will be offered the social prescribing. Through my role, I lead the delivery of the annual service user feedback collation of all services, annual equality data information report, so I have a good overview of needs and outcomes as a whole. We mapped the target cohorts through discussions with school leaders; through service user feedback from service leads; having a conversation with leaders, and defining what social prescribing is for.

How did you map and scope the current CYP services to ensure you weren't duplicating services?

As I am based in the local authority and am the lead for partnerships, equality and voice, including the information sharing with the wider Children and Young People's Trust, I know both the local authority department and the work of partners in the system. My team is responsible for the delivery of the DfE funded Holiday Activity and Food Programme, and we have built a good knowledge and relationship with over 100 positive activity providers in the county. So, my team, we have a sense of the whole. To map this, our team asked people working in this sector about it and leaders too. We asked them what they were doing and whether it would fall into social prescribing. That way we identified work that had already been happening, for example with the over 16's care leavers' personalised health budgets and we could ensure the new social prescribing programmes add value.

What structure, governance and assurance do you have in place?

Our social prescribing approach is being overseen through one of the priorities of the East Sussex Children and Young People's Mental Health and Emotional Wellbeing Planning Group, chaired jointly by the Lou Carter, Assistant Director of Children's Services and Ashley Scarff, Deputy Executive Managing Director, NHS Sussex, which feeds into the East Sussex Children and Young People's Health and Oversight Board. At the next level down, the priority on social prescribing for children and young people is being facilitated through the East Sussex CYP Social Prescribing Working Group, chaired by me, with full project plans which are being monitored regularly. This Working Group is informing the broader system Sussex-wide Social Prescribing Steering Group.

What did you consider when developing policies and procedures?

For our policies, there were two key considerations. One was about thinking in a strategic way regarding delivery, so thinking about how the funding can not only deliver the project, but also facilitate work with other organisations to build their capacity to deliver. And the other was focussing on the evaluation of the approach and whether it was working well and looking at how different approaches might work in different cohorts of delivery.

As a local authority we have very robust procedures around the commissioning and grant allocation process, and we used those in this approach. To secure the providers, we went

through a budget with the Finance Department, secured an agreement, and ironed out all the policy details. Then to make best use of the timescales for funding, instead of a formal competitive tendering process, we launched a grant allocation expression of interest for organisations delivering this work in the local area.

How do you involve CYP and families in service design and development?

This was on the agenda right from the start, because we had involved children and young people in the expression of interest stage. There is budget allocated as part of the work for youth voice and involvement, so we connect with youth groups and ask them for their feedback.

This has worked really well, because the young people are informative in how it could be badged and are also unafraid to ask questions like "how will you make sure the children who really need this are included?" and being able to say, as vulnerable young people, what they need.

What's next for your CYP social prescribing approach?

The key thing coming up for leadership and management, is to keep making sure that we are sharing the different social prescribing projects, which are being delivered by a number of different partners through schools, voluntary organisations and Primary Care Networks. As part of my role chairing the East Sussex CYP Social Prescribing group, I can do this and connect with others in this space. Using the regional NHS social prescribing information sharing network has been useful for this too.

Now that the main providers have been secured, delivery runs until the end of 2024 which includes time to evaluate against desired outcomes. These are things like positive impact on the children, reducing demand on specialist services, developing capacity of assets and local organisations, improving awareness of asset based social prescribing approaches, improving knowledge and partners about existing services.

DOMAIN 2

Planning and Commissioning

Building on section one, this area helps you to think more in depth about the needs of children and young people (and their families/carers).

This section will help you to think about both the clinical and social needs of children and young people and how social prescribing can support them. Support may be through direct delivery, multi-disciplinary working to access the wider community assets as well as building on the unique gifts and talents of young people themselves.

This section also helps you to think about how children and young people access social prescribing differently to adults and how a wider range of referrers will be involved.

DESCRIPTION	MATURITY			
	1	2	3	4
1. The team have an understanding of the different needs and experiences of CYP locally (either through using a population health management approach or locally available data). This could include some or all of the following: • Mental health and emotional wellbeing • Long term health conditions • Learning disability and autism • SEND • Maternity and early years • Physical health and obesity • End of Life and Palliative Care • Children known to social care • Attendance and exclusion figures • Behaviour Management • Community safety data • CYP receiving free school meals • Areas of deprivation • Rural isolation • Young carers.				
2. The team has an understanding how their offer complements local clinical pathways and public sector and voluntary sector provision.				

DESCRIPTION	MATURITY			
	1	2	3	4
3. The service has a transparent and well communicated referral process with clear inclusion criteria and multiple referral routes including schools, health services, local authority services for children and families, Police and community safety partners, VCSE and self-referral.				
4. The team have a good knowledge of local stakeholders and have built strong working relationships with local services/partners for CYP to support multiagency / multi-disciplinary team working which is flexible and can adapt to the changing needs of the community.				
5. The team have developed promotion materials that are relevant for professionals, parents, carers and CYP themselves – these are co-designed and use a variety of communication media and channels.				
6. The social prescribing offer is available in a wide range of environments and at times suitable for CYP.				
7. The service is inclusive and responsive to those with additional needs – i.e. physical, learning, mental health support needs, protected characteristics or any other local priorities around health inequalities.				
8. Workers feel confident and understand/use the whole model of Personalised Care when working with the CYP e.g – personalised care and support plans, small Personal Health Budgets/enabling budgets, health coaching etc				
9. The team is confident that the activity providers have appropriate safeguarding processes in place.				
10. The team has access to an activity budget to provide financial support to enable CYP to access community services. Governance, operational processes and criteria are documented and assured.				
11. Strategic and operational links with adult SP teams and other specialist SP teams are in place to ensure care is integrated and holistic and avoids duplication.				

CASE STUDY

CHICHESTER COUNTY COUNCIL

Elaine Thomas is Community Wellbeing Manager at Chichester District Council.

What is the definition and scope of your CYP SP approach?

We have one young people's social prescriber currently working with young people aged 13 to 19: she has been in post since May 2022 and spent the first six months planning, developing the service. Although the role sits alongside a team of adult social prescribers, we felt it was important to recognise that it would need to be designed differently to meet the needs of young people.

How did you identify the needs and experiences of CYP in your community?

We worked with local partners who are all members of a young people's emotional wellbeing partnership. This was just after lockdown finished and we heard how young people had really struggled during the pandemic with their mental wellbeing, friendships, local connections etc. We used this data to put together a business case for the young person's social prescribing role.

What data did you use to identify the CYP needs and experiences?

We were hearing how young people's services were absolutely overwhelmed and that waiting lists were six months to a year and growing. So, we started looking at how we could ease the pressure, what we could do using social prescribing as a model to reduce the need in young people by intervening early with support. Some of the local data was anecdotal, because we were just coming out the pandemic and it hadn't been formally reported, but there were national reports highlighting the need. We were offered the opportunity to apply for some funding from our local housing provider and we diverted some internal funds to review, develop and pilot the ideas.

How did you develop your referral process – can you share your referral form if you have one and the inclusion criteria for your service?

We selected this age range as we felt young people would be able to make independent decisions about accessing support without parental consent if they preferred. Whilst we decided to take referrals from professionals, parents etc, we quickly realised that for young people to want to engage with a service like this a self-referral route was needed. We developed a website and promotional materials with a QR code that would take the young person to the online referral form and more information about the service on the

Chichester district council website. Referrals were initially slow to come in, however we are now getting self-referrals, referrals from Early Help, GPs and our young person's social prescriber has a small but growing caseload.

Where is your SP service delivered? (i.e. in a school/GP service). How did you make the decision about this?

Our social prescriber is based at the district council offices in Chichester but works from home most of the time. She will meet with young people in places that suit them, eg at home school, the leisure centre, a café. It is important that the young person feels comfortable and therefore able to discuss any issues and support they need. The service is very much focused on the individual, so we try to accommodate their needs as much as possible.

How do you liaise and work with your stakeholders?

Our young person's social prescriber has visited local statutory and voluntary sector stakeholders including, young activity providers, church groups and schools to share ideas about the service, they were all supportive and able to provide advice. We continue to be part of a local network of providers that meets regularly.

What other Personalised Care Strategies do you use (Shared Decision Making, Personalised Care and Support Planning, Personal Health Budgets, Health coaching etc). Have your team access the Personalised Care Institute Training?

Yes, our young person's social prescriber has completed the personalised care training, as social prescribers fall under personalised care these are mandatory training sessions. She has also accessed a wide range of other training relevant to the role eg self-harm, suicide awareness, mental health first aid, LGBTQ+ awareness, autism awareness etc.

Do you have an activity budget for the social prescriber to access. How if this administered, and what are the governance and monitoring processes around this?

Yes, we have a small budget available for items. The budget is £5k, not a set amount per person and would cover small things that a young person might need to attend a group, sports kit, rail fare, membership fees, equipment etc.

Decisions on how this is spent will be taken by myself and the young person's social prescriber based on the needs of the individual. We recognise the need to be flexible so we have not set an upper limit at this stage however we will review this as part of the evaluation process. To date there has been very little demand for this budget.

Do you have a system or process for quality checking the activity providers and ensuring that safeguarding processes are in place?

Yes, we will only onward refer to organisations that are established and known to us locally. We use the same approach to quality checks as we do for the adult service. We check

safeguarding and health and safety policies are in place before referring a young person. Safeguarding is embedded into our work, as employees of the district council, we have training on safeguarding and GDPR, so this is built into the social prescribing work.

How do you link with your adult teams?

We have a team of eight adult social prescribers and one young person social prescriber. As the work progressed, we realised that it made sense for her to be more embedded within that team, even though her work felt slightly different. It's been helpful for her to have that support network and practical advice from other staff. Some of the adult social prescribers have come from a children's social services background so they have a good understanding of young people and have been really supportive.

What's next for your social prescribing service?

We realise that as a new service it will take time to become established, we will keep promoting and making new contacts to encourage new referrals. We are aware that we need to be flexible to change and adapt the service to meet the needs of the young people so we will do a one-year evaluation report to look at outcomes and reflect on successes and challenges. We have funding until March 2024, and hope to extend beyond that if we can demonstrate success with this age range and build on what we've learnt.

DOMAIN 3

Workforce Development

Supporting the workforce and ensuring they have the right skills and support is essential when setting up a CYP social prescribing service. This needs to include the initial recruitment of staff who have the right skills to work with CYP and their families, through to ongoing professional development and training. NHS England have published a Workplace Development Framework for Social Prescribing to support the recruitment and retention of social prescribing link workers.

Social prescribing link workers must also have access to appropriate supervision and reflective practice to support both their delivery and their own mental health and wellbeing.

DESCRIPTION	MATURITY			
	1	2	3	4
1. The Workforce Development Framework is used to guide and support the recruitment and retention of SPLW's				
2. Specific co-designed CYP SPLW job descriptions are developed to reflect the differences between CYP and other SPLW roles listing the competencies, qualities and experience required for the role.				
3. Robust, individualised and timely induction is in place for all CYP SPLW's				
4. SPLW's and their supervisors use the Social Prescribing competency framework to understand the social prescribing role and guide professional development which includes access to regular training opportunities. This should include appropriate training to competently support the use of outcome's measures, data collection and reporting.				
5. All SPLWs have access to high quality supervision. SPLWs employed specifically through the PCN ARRS have access to monthly clinical supervision, for example, monthly case supervision with a named supervisor (GP/Nurse) and peer supervision, as outlined in the PCN Network Contract DES. If the SPLW are employed by a non-PCN organisation, they have a clear and robust supervision support in place.				

DESCRIPTION	MATURITY			
	1	2	3	4
6. CYP SPLW's attend regular peer support groups which are specific to CYP, are able to attend Regional Collaborative's / Communities of Practice and have access to on-line professional forums.				
7. Documented guidance on the professional boundaries of the CYP SPLW role is in place, including when to escalate a case for additional help, when to hand over to a clinical role and when to refer to another agency.				
8. CYP SPLW's have a caseload scope and number which reflects individual competency and capacity.				

CASE STUDY

VISION 4 YOUTH, YATELEY

Abby Roper is Development Manager at Vision 4 Youth in Yateley, Hampshire.

What is the definition and scope of your CYP SP approach?

Vision 4 Youth is an independent local charity and we work with 11 to 18 year olds, running a lot of youth clubs and group services. In 2020 we first heard about social prescribing and at the start of 2022 a funding opportunity came up for a pilot scheme for social prescribing, which we were successful in accessing. We now have one social prescriber and we take referrals from GP practices in the area, secondary schools, other community groups as well as parents directly.

How did you develop your Job Descriptions?

When I was doing the initial research to set up the scheme, I had another CYP social prescriber job description sent to me which I adapted. I was also gathering a lot of information from people who had hired social prescribers, asking them what they were looking for. So it was a mixture of pulling from existing job descriptions and building on our own requirements.

What is in your induction plan for your CYP social prescriber?

There's a focus on training in the induction: it started with me doing some one-to-one training about Vision 4 Youth and what social prescribing is, then further training is then more tailored to the individual. I organised youth mental health first aid training for our social prescriber too, as we felt that was important for the role. She's also doing a first aid course, and other online courses, for example through the National Youth Agencies, as well as autism awareness training. I also organised for her to do a higher level of safeguarding training than anybody else, because she's doing one to one work.

How did you develop your supervision structure?

I am her manager and supervisor, and we have regular check ins and conversations about caseload and referrals. The social prescriber is quite new in post, so we are still developing this structure.

What is the triage / screening process for referrals?

We have an online referral form that is linked up through our website. The referrer can go on there, fill in the information about the young person, which then comes through to us

and our social prescriber then sets up a meeting. The location of the meeting might vary depending on who the referral's come from, but always a communal public space. From there, they will then get involved in working out what the young person actually wants to do and wants to achieve, set about putting that in place, and then there's a series of follow up meetings for six to eight weeks. In terms of screening, we usually do this based on age and location: occasionally we would get a referral in from somewhere further away, which might be a barrier to them accessing the social activities we can offer.

How do you allocate referrals to your social prescribers and do you have a system for monitoring caseloads?

At the moment, we have only recently started to get referrals in, so we are not operating at full capacity yet. Going forward we will monitor the social prescriber's capacity and number of referrals through regular catch ups.

What's next for your social prescribing service?

Building up our caseloads, and marketing will also be a key focus for us. We have put together an information poster aimed at parents, but we are looking to create ones for young people too.

DOMAIN 4

Digital and Technology

Working with CYP requires more use of technology and digital solutions. Understanding which digital methods are appropriate and safe is key when setting up a CYP social prescribing service.

Many young people will want to use digital/technology options when working with a SPLW, but also when accessing support, it's important to engage with CYP to understand what works and what doesn't will help the service to be effective.

DESCRIPTION	MATURITY			
	1	2	3	4
1. A written policy for Information Governance that complies with GDPR is in place.				
2. You have an appropriate system in place to gather, record, analyse and evaluate data and information.				
3. You use digital tools such as text, WhatsApp, email, phone, Zoom and Teams to keep parent, carer, child and young person fully informed.				
4. Online and digital options are available for meetings with the SPLW's.				
5. Accessible, appropriate and co-produced communication, including social media platforms are used to promote the service which addresses the views of young people. This may include the use of social media, written word, video, posters, blogs and vlogs.				
6. Training is delivered where appropriate to ensure SPLW's understand how to use digital technology safety and appropriately.				

CASE STUDY

PORCHLIGHT

Wendy Checksfield is Area Manager for Mental Health Services at Porchlight in Kent.

What is the definition and scope of your CYP social prescribing service?

As an Area manager at Porchlight I am responsible for the management of two Children and Young person (CYP) services. The first is called Porchlight Adolescent Wellbeing Service (PAWS). PAWS was initially set up to support CAMHS due to increasing mental health need among young people. PAWS offers one to one support with young people aged 10 to 18, working on issues such as anxiety and anger management, looking at alternative settings or reduced timetables at school. BeYou is the other service I look after, an LGBTQ+ service for ages 8 to 25. We provide one to one and group work, providing a safe and non-judgmental space for young people who identify as part of the LGBTQ community, or are questioning, as well as parental support. All our BeYou workers have lived experience so that the young people know that they understand and relate to their experiences.

What systems and processes do you use to collect data?

We use Salesforce and also PowerBI, supported by our data team. They work with us through the different stages of development; design, mobilisation, implementation and review. We'll think about what we need to know to understand how the service is working and the difference it's making, as well as any particular contractual requirements, where it is a commissioned service. The system means we can pull live operational data, as well management and performance insights.

How has your data collection influenced your practice?

We use the Good Childhood Index, which is a short questionnaire that can be completed by children themselves and used to measure wellbeing overall and in relation to 10 aspects of life. It includes a single-item measure of happiness with life as a whole, a five-item measure of overall life satisfaction, and questions about happiness. We also use Goal based Outcomes (GBO). The GBO tool is a way of evaluating progress towards goals in clinical work with children, young people, and their families and carers. It compares how far a child or young person feels they have moved towards reaching a goal that they have set for themselves at the beginning of an intervention, on a scale between 0 and 10."

What outcome measures do you use to track progress for your CYP?

We use the Good Childhood Index (GCI), which gives the young person, and the service,

an understanding of improvements or change to their wellbeing. We also use Goal Based Outcomes (GBO). It's quick, simple and effective. Young people don't get too bored by it and switch off halfway through. It asks the young person about their strengths, what has worked before, what could they draw upon and what needs to change? With BeYou we use feedback questions using Mentimeter at our youth groups to get a snapshot very quickly, bearing in mind young people have usually got a smartphone; they can just give their opinion straight away, and then you get really insightful word clouds come up. They're much more young-person friendly than getting a form out, and they work well in a youth setting.

What digital and on-line options do you use to connect with your CYP?

Instagram is the main one currently. This involved quite a lot of discussion due to some of the risks around posting and the potential for abusive or hurtful comments; so far, this has not been an issue. We have a fantastic trained volunteer who manages our BeYou Instagram, both posting and monitoring content, with support from our communications team. It's where we needed to be to reach the young people we work with.

How have you co-produced your communication/marketing?

The BeYou website was co-produced with young people. They fed in their opinions and what they thought would work and how they wanted it to look. We went away to the and discussed this with the developers, they then came up with three models, which we took it back to the young people to make a final decision on. They are involved in lots of different aspects of The BeYou Project and its development.

What communication methods do you use to promote your service?

We promote on a number of social media platforms, but we also attend Pride, as well as Fresher's Week at local universities. We also have a presence at awareness events, for example during Mental Health Awareness Week, where we host a stall to promote our services. We go to schools and colleges to present at assemblies, key events, and open days. We also use leaflets and have a wide range of merchandise.

Do you have robust policies in place around the use of digital?

Yes. We have a communication team who lead in ensuring compliance and best practice, with clear systems and processes in place on how and when we communicate using digital platforms. We have a number of policies related to digital media use, both in relation to services but also how staff use these. We also have a Compliance manager who oversees this side of Porchlight and who we can seek advice and guidance from.

What's next for your social prescribing service?

We're in the process of an in-depth review of both services, as there have been some interesting developments in those using services over the last 18 months, as well as the mental health landscape as a whole for CYP.

DOMAIN 5

Evidence and Impact

It is important to gather evidence and impact of the service – both in terms of demonstrating to CYP themselves how far they have come, but also to the wider workforce how important social prescribing can be as part of a wider offer of support.

To ensure this is done well, tools need to be appropriate for CYP, their needs and the wider needs of the workforce.

DESCRIPTION	MATURITY			
	1	2	3	4
1. The service uses a model which includes measuring impact on the CYP and family, service providers (VCSE, private and statutory)				
2. The service collects evidence on the demand on health and care service providers (GP, A&E, CAMHS, children's social care, youth offending)				
3. SPLWs systematically create opportunities for feedback from CYP and families about their social prescribing experience and the quality of the service.				
4. All partners, including community groups and services are routinely invited to feedback how social prescribing impacts their work and to share evidence and intelligence.				
5. The service draws on a range of data (population health data, public health data, education data) to understand the impact of social prescribing, including on people and communities impacted by inequalities.				
6. Validated measures that are appropriate to the age and needs of CYP are used to capture outcomes. The tools are used collaboratively and help the CYP to set goals, measure progress and achieve outcomes. If required, a 360-degree feedback loop can be considered from parents/carers/ family/professionals to give holistic picture of progress and 'distanced travelled', particularly when a CYP may struggle to recognise progress.				
7. Evaluation reports, case studies and feedback are written/developed (including videos, audio recording, art, poetry) and shared to showcase the impact of CYP SP.				

CASE STUDY

INVOLVE KENT

Katy Abson is Head of Children's Services at Involve Kent.

What is the definition and scope of your CYP social prescribing service?

The Children's Health and Wellbeing Navigation Service is a hybrid service that includes care coordination, care navigation and social prescribing. Any child from birth through to 25 with special educational needs or a disability can access it, and for any long-term health condition, including neuro diversity and mental health. We are currently providing navigators to eleven primary care networks across Kent and Medway. Our approach is focussed on orientating families, children and young people in the pathways that they are on, in a way that is personal to them to provide the most benefit.

What examples do you have for measuring impact on CYP and families?

Involve as an organisation works with adults as well as children, and we mainly and use Office for National Statistics (ONS) data in a variety of ways. Evaluating children's wellbeing can be tricky, as they don't always have the language to express, so as part of the service development, we measured the parent/carer's wellbeing, recognising that this would impact the children and reflect how things are within the family system.

What service evaluations do you use?

We have a standardised questionnaire that we use, and also adapt the questions to fit each participant. We are able to take the data from those surveys and interpret into graphs and images that we use for bids and to show impact. Quarterly reports are sent to each PCN. We take an initial survey with the participant at the start and then throughout our work with them: we are constantly evaluating with clients as we go. An example of how this supported us to identify need and respond is a service called Connect! We were able to evidence a gap in local provision and secured funding to create a service that provides activities for children who have, or are expected to be, neurodiverse. We use a bespoke measuring outcomes form – at beginning and throughout our time with them, which monitors how they are feeling about themselves and their relationships.

How do you link with partner organisations to gain feedback?

The main way that we gather feedback is through our relationships with local partners. For example, we work collaboratively with the local schools, Early Help, statutory and non-statutory services and other VCSE, engaging with them to build and amend relationships

between parents, children and schools. Recently we have been referring heavily into local school health services, so I have been reaching out to them, to understand the impact on their capacity and to ensure that we hold a good relationship.

How have you used Population health data, public health data, education data to inform your service development?

When the service was set up by two clinical directors in the PCN, and they used data to inform the service development and set up, including some figures from the North East London Foundation Trust, the commissioned provider for Kent for Neurodiverse conditions assessments and CYP Mental Health service. This shaped the focus of the service, and we continue to respond to data based on where the trends are, keeping abreast of services and current needs of the community. We are linked in with local forums, for example joining SENCOS forum to find out what their priorities are. Local Children's Partnership Groups also provide bulletins and up to date statistics on the demand, so we make sure to join key meetings and see their data. This gives us a good sense of what's coming up and what to plan for in the future.

What's next for your service?

We would like to continue to grow our service and build on the standard of excellence that we have. More broadly, I'd like to see more navigators in PCN's across the country, and use social prescribing as a conduit to make sure that families are getting a really good service from primary care, and explore how services such as this can be standardised so that more children get access to the support they need.

INFORMATION SHEETS

1. Stakeholder mapping

Definition of Stakeholders: We can define stakeholders as any group or individual who is affected by or can influence the success of a project.

Stakeholder Mapping is a way to understand stakeholders, their motivations, and how they relate to your work. It's important to consider not only who your stakeholders are, but how to prioritise who you want to engage with and how to approach partnerships working. Furthermore, it's important to understand some of the challenges to doing that.

PRIMARY, SECONDARY AND TERTIARY STAKEHOLDERS

When applying knowledge about stakeholders to a project or piece of work, we should first identify Stakeholders as either **primary**, **secondary** or **tertiary** through assessment of whether they are immediately affected, or can immediately affect the impact of a project.

- **Primary stakeholders** are those who are **contributing** to a project and are most likely to be directly affected by the project outcomes Primary stakeholders wield the most authority and influence
- **Secondary stakeholders** can be thought of as an **observer** or intermediary who have interest in the project and outcomes but are indirectly impacted by it
- **Tertiary stakeholders** are those who are **'external'** to the project but may **use the output** of the activity Tertiary stakeholders will include people and groups affected even more indirectly than secondary stakeholders.

INTEREST-INFLUENCE MATRIX

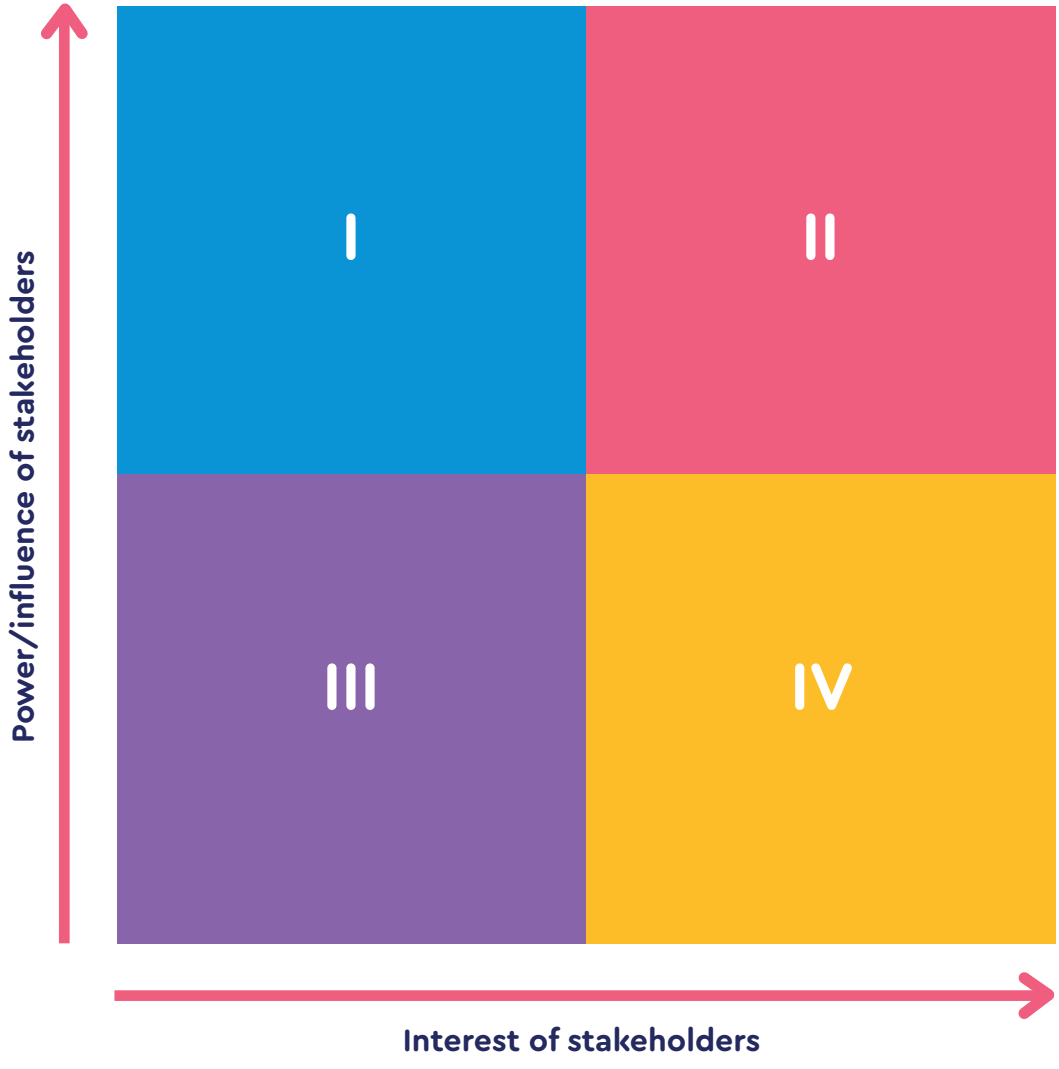
Once you have a reasonable assessment of who your stakeholders are, an interest-influence matrix can be useful to help to classify or categorise stakeholders according to

1. Their **interest** in the project
2. The **influence** they have in the project meeting its goal

When classifying stakeholders, we consider:

- their ability to influence **change** outcomes
- the extent to which they are **impacted** by the change
- their level of **awareness** of the work
- what support they are able to offer in terms of **amplification**.

This is not to say that some stakeholders are more important than others – that will be different for different services – but it is about prioritisation of resource. Starting off small with stakeholders that can really support to embed, influence commissioning and amplify the work, or that can help us reach new service users will be helpful.



Using this tool, stakeholders were classified in the following four key ways:

Quadrant I: High power/low interest stakeholders
Quadrant II: High power/high interest stakeholders
Quadrant III: Low power/low interest stakeholders
Quadrant IV: Low power/high interest stakeholders

To help with decision making about how to map stakeholders onto this matrix, you might be considering factors such as;

- Locality and reach
- Interest in CYP or adult social prescribing relationships and proximity to decision makers and funders (e.g. commissioners)
- influence over or reach into clinical practice and networks.

Other questions to consider:

- How well does this stakeholder understand the issue?
- Are we showing respect for the limited time this stakeholder has to engage?
- How does this stakeholder prefer to access information?
- Does the stakeholder have influence to share these findings and at what level?

Finally, where stakeholders are place on the matrix will allow us to consider what engagement techniques and approaches are appropriate for different stakeholders, frequency of communication, and what information will be useful and relevant.

STAKEHOLDERS TO CONSIDER

Health
Local Public Health Team
GPs
Paediatricians
CAMHS
Midwives
Children's Community Services
Health link workers & visitors
Clinical Directors
Talking therapies commissioned services
Neurodevelopmental Services
School nurses & health teams
Commissioners at ICBs
Dentists
Sexual Health Services
Youth Hubs

Social care
Social workers
Early Help teams
Family Support Workers
Council Safeguarding team
Youth voice groups
Youth councils
Local Authorities
Parent Liaison link workers

Police and Youth Justice
Youth Offending Teams
Youth Justice Teams
PCSOs
Police Community Liaisons
Early Intervention Programmes
Regional Emergency Services
Probation teams

Voluntary Sector
Sports groups
Local active partnerships
Community gyms
Refugee community groups
Food Banks
Youth Clubs
Faith groups
Children's art and play groups
Local voluntary action groups
Homeless charities
Holiday club groups
VCSE partnerships
Family centres
Commissioned providers
Charity counselling services
Community art or drama groups
Local community gardens

Education
SENCOs
Headteachers
Designated Safeguarding Leads
School Governor Networks
Pastoral Teams
SENDIASS teams
Family liaison officers
Special Schools
Primary and Secondary Heads Groups
Home Educators
Local school or multi-academy trusts partnerships
Pupil Referral Units

Other
Local parent and carer groups
Housing Associations
Libraries
District and Borough Councils
Community Wardens
Service users
Probation teams

2. Cost Benefit Analysis

The aim of cost-benefit analysis is to indicate where there may be cost savings and costs avoided within a local system as a result of the interventions offered by a service. It aims to demonstrate that by intervening early, how services can reduce and/or avoid the need for other more specialist services.

There are many ways to approach cost-benefit analysis. The method below is a practice model to demonstrate value for money that was developed for HeadStart, a cross-sector programme focussed on improving the wellbeing and mental health of young people. We are providing this as one example, but there are other options you could use. This method involves gathering written data from services on sample cases and calculation of unit costs in comparison to additional services, to demonstrate the cost benefit of delivering services per year.

Aims

1. To identify cost benefits of each service individually.
2. To demonstrate the economic efficiency of the model as delivered in each of the partnership areas, through an analysis of their potential to make future savings for other services.

Process

a) Calculate the cost:

- Take a sample of young people supported by a service
- The annual cost for the service is divided by the total number of young people accessing it in one year, giving the cost per head.

b) Calculate the benefit

- Research the service and follow up with each young person to identify their outcomes and the additional services they either avoided or reduced use of, for example:
  - Mental Health costs avoided: hospital costs; health/GP; CAMHS costs; private service costs
  - Social Care costs avoided: social care and early help worker
  - School costs avoided: pastoral, emotional and behavioural support at school, or costs per young person who is repeatedly absent from school
  - Criminal Justice costs avoided : police costs avoided; youth offending costs avoided

Considerations and Limitations

In applying the findings of a cost-benefit analysis, it is important to be clear on their parameters and potential limitations.

The methodology does not allow for the following costs to be calculated, which normally form part of more detailed Social Return on Investment[1] analysis:

- **Deadweight** – the change that would have occurred even without a service
- **Attribution** – the amount of change that is due to the service
- **Drop-off** – the amount of change that reduces over time

1. https://socialvalueuk.org/wp-content/uploads/2016/03/The%20Guide%20to%20Social%20Return%20on%20Investment%202015.pdf

Annual cost divided by total young people = cost per head

Sample of young people per service

Change in other service engagement following service

Potential costs avoided due to service

Realised savings + costs avoided
= cost benefit per child

**Individual cost benefits % sum of samples
= cost benefit of delivering service per year**

RESOURCES

The links below will provide you with additional advice, support and resources that you may need for specific areas of practice.

GENERAL SOCIAL PRESCRIBING

NHSFutures Social Prescribing
Home | National Academy for Social Prescribing (socialprescribingacademy.org.uk)
Transformation Partners in Health and Care website on CYP SP
StreetGames resources for CYP Social Prescribing

TRAINING

e-Learning for Health Social Prescribing Modules
Personalised Care Institute

CASE STUDIES

London CYP SP Services and Case Studies

OPERATIONAL GUIDANCE

Tips for engaging CYP
Tips on engaging young people in your organisation | UK Youth
NSPCC Social Media Guidance for CYP

MENTAL HEALTH

NHS England » Children and young people
NHS England » Supporting children and young people with mental health needs: a joined-up approach
Children and young people's mental health services (CYPMHS) – NHS (www.nhs.uk)
404 | YoungMinds

LEARNING DISABILITY AND AUTISM

NHS England » Learning disability and autism

SEND

NHS England » Special educational needs and disability (SEND)
Council for Disabled Children

VIOLENCE REDUCTION

https://drive.google.com/drive/folders/1Ch-PghAvDsckMFK9fMSq5miNj56tdO9?usp=sharing

CYP MULTI-AGENCY PATHWAYS

https://www.nottinghamshire.gov.uk/media/129861/pathwaytoprovisionhandbook.pdf
https://www.kscmp.org.uk/__data/assets/pdf_file/0019/115615/SLG-Sheet-July-2021.pdf

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It is not a policy or legal framework.

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