Project: Social Prescribing for children, young people and families

Region: **North Wales**

**Background summary**

Flintshire Local Voluntary Council (FLVC) has a social prescribing team who work to connect individuals with community support in their local area. The team was funded to provide a dedicated social prescriber for children, young people and families. The social prescriber sits on Flintshire Council’s Early Help Hub, a multi-disciplinary panel which provides recommendations for early intervention support. Referrals to the Early Help Hub come from education, police, health, third sector and self-referrals.

FLVC’s social prescriber has a what matter’s conversation with the young person or parents/carers who have been referred to the Early Help Hub or direct to the social prescribing service. From this conversation they will help the parent or young person to identify the issues they need support with. The social prescriber will then support the family to access third sector and community support to suit their needs.

The service as a whole, for all ages, employs six members of staff (inc 2 part-time) and is funded by Betsi Cadwaladr University Health Board, Flintshire County Council, the Regional Integration Fund and Families First.

**What worked well, what didn’t work so well**

What works well

The social prescriber is based in the county voluntary council and because of this they have strong links to the voluntary sector across the county, they are well connected and have an excellent knowledge of the types of support available. This means they can connect individuals to a huge variety of support, from specialist health condition charities to local sports groups and everything in between. Having the social prescriber contribute to the Early Help Hub panel discussions means professionals around the table also learn about the support available in the community.

Because the social prescriber is from the voluntary sector, they often find that families are more willing to open up to them compared to statutory services. This often results in wide ranging conversations with families where lots of different issues are raised in addition to the need for support highlighted in a referral. The social prescriber is therefore able to support the family in the most holistic sense, taking what matters to the individual family as the basis for finding the right support for them.

The social prescribing team also work closely with professionals to increase awareness of the availability of community support and encourage professionals to look wider than their department or sector for support. Professionals often directly talk to the social prescribers who can offer options for the professionals to try for additional support for families they are working with.

As a result of the social prescriber being integrated into the Early Help Hub an average of 60 families are empowered every quarter to access the community support they need. These early interventions can prevent escalation and often tackle multiple areas of need.

**Challenges**

The popularity of social prescribing with professionals and families resulted in a long waiting list for the service. This highlighted the importance of the social prescribing intervention being timely as some families were frustrated with having to wait for support. In our experience social prescribing projects take time to establish as links and trust need to be built and then when this is achieved projects can be faced with a sudden influx of referrals.

The Early Help Hub was set up to provide timely, appropriate early intervention, which it does, but we have been seeing more referrals that are coming though which are at crisis point, reasons for this vary, but includes placement breakdown (parents requiring more respite) and suicidal thoughts/ideation, which can be challenging for the team to find the most appropriate services that can offer support.

Staffing social prescribing projects highlights the importance of staff retention and wellbeing. It can take a long time to build up the links and knowledge of hundreds of different third sector services. Social prescribers are party to regular discussions of trauma and emotional challenges. We offer staff regular independent clinical supervision where they can discuss the impact of cases. Staff recruitment can be hindered by short term contracts born out of short-term funding arrangements. However, it is a rewarding role that our staff excel at.

**What ‘good’ or ‘success’ looks like**

Below are two typical cases that we support with on a daily basis:

1. *“Child has a diagnosis of Autistic Spectrum Disorder and parents would like some advice and support in how to support child, including learning about Autism and attending groups and activities available within the community so that they can ensure positive social interaction. Family would like to improve knowledge around ASD so that they can support child. Newcis (carers support organisation) was discussed as an option to support parents, including financial support, counselling, respite and a referral was made. A Referral to STAND (a North Wales charity), to support parents and child, as this organisation provides workshops and activities for young people and training and support groups for parents. The family were also signposted to Your Space (autism charity) for days and activities (such as baking, art, life skills) for young people with ASD and their families.*

*These referrals linked the family in with social interactions & family days for both parents and children and also offered training and support groups for the parents. The family were pleased to learn about the support available within the community Our contact number was given so that we can be contacted in future, should the family like to be linked in with any further support.”*

2. *“A was one of 3 children, all of whom had extra needs. A had not been attending school due to feeling overwhelmed & anxious, and had missed taking her GCSEs and was now struggling to apply for benefits. The childrens’ mother had passed away several years earlier & the children had not received bereavement support. Younger brother B had challenging behaviour. Dad was seeking support with issues identified.*

*The social prescriber had a long chat with Dad. He said that due to his children’s conditions he felt like a prisoner in his own home. The family hardly got any time out of the home and dynamic in the home was difficult due to the children’s behaviour. Dad said he was struggling with his mental health & didn’t know who he was anymore. Dad was in receipt of disability benefits for younger child, B but the DLA for his older child C had stopped when C had reached 16 years old and D had not reapplied. Dad told me that his energy bills were now half of his universal credit.*

*Dad was put in touch with the carers service & with the adult mental health lead on the Early Help Hub, who talked him through the best way to access support for himself.*

*A referral was made in to Warm Wales (energy charity) to access support with utility bills, and to the FDF (disability charity) to discuss C’s disability benefits.*

*A referral was made to a leisure youth and disability wellbeing scheme, which offers free activity sessions to young people. The social prescriber also made contact with education services, who gave Dad details of appropriate post-16 routes for A to be accessing. Dad was also signposted to Cruse (bereavement charity) for bereavement services for the children.*

*It was clear when talking to Dad that he had a mistrust of statutory services and the support which they offered. He spent a long time telling me how he felt the family had been let down by certain services and professionals, who he felt did not have the family’s best interest at heart. After our chat Dad told me he could tell that I was a person who cared about my job.”*

3. *“Mum told me that the 45 minutes we’d spent on the phone was the longest a professional has ever spent listening to what she needs.”*

**NYTH/NEST Priorities**

1. Developed in partnership?
2. The role of a social prescriber for children and families was developed through a partnership with the local authority and local voluntary council. It is delivered with a multiagency team in the Early Help Hub.
3. Developed in response to need?
4. The role is in response to the need for early intervention and non-statutory support for families who do not meet social services thresholds to prevent escalation of need.
5. Fits with ‘No Wrong Door’?
6. The Early Help Hub is a strong example of No Wrong Door in practice as referrals that come in are seen by all agencies. The social prescriber actively extends the support offer through introducing families to ‘doors’ (support services) they had not previously thought about or known existed.
7. Co-produced?
8. Every offer of support is co-produced with the family or young person, the recommendations made by the social prescriber are shaped by what matters conversations. The social prescriber works to empower individuals to access support in a way that is right for them and co-produce what that looks like for their family.
9. Creative/Innovative?
10. Social prescribing for children and young people is an emerging practice which is still relatively new in Wales.
11. Takes the whole child/family/context into account?
12. The nature of the ‘what matters conversations’ with families means the whole family and their wider networks are taken into account. Often a referral will come in for one issue, for example; mental health peer support and a huge range of other issues will be brought to the fore and supported. For example; debt advice, housing alterations, food bank support, school uniform support, employment advice, sport and leisure opportunities and domestic violence support. Thus, the principle of safe and supportive communities in NEST is highlighted at every point of our process; we take time to learn about the individual’s home and support network and wider community then we help to bring them into supportive communities, be that through local groups or communities of interest.
13. Nurturing/Empowering/Safe and Trusted
14. Our service aims to be nurturing, empowering, safe and trusted. We regularly receive feedback that even prior to any signposting or referral work being carried out, the process of having someone to listen, non-judgementally, in a safe space has a hugely positive effect on people’s sense of wellbeing and ability to cope with the issues they are facing.
15. **Meeting the needs of the babies, children and/or young people**
16. Through our conversations we empower families to consider what matters to them and what they want to see change and then access the right support services to help them do that. Our social prescribers hold a safe space for people to explore their issues and our position as being outside of the statutory ‘system’ as a charity supports trusting relationships.
17. **Conclusion**
18. Having the team employed by a local voluntary council provides in depth knowledge of the support available locally and helps builds links with community organisations, this complements the work of the Early Help Hub and feeds well into its aims of being able to offer that timely, appropriate early intervention support.
19. Our service offers a holistic and person-centred approach to each family/young person and helps families gain more choice and control on what matters to them.
20. Part of what makes our service successful, is working in partnership with other organisations and ensuring that we are person centred and any support is based on what matters to the person/family. Also, sometimes there may not be anything a service is able to do practically for a family, but giving your time to listen and showing compassion can make a real positive difference.

Reconnecting people to their communities and improving health and wellbeing, is needed more than ever, the benefits of social prescribing are becoming more widely recognised across England and Wales and this is evident in the referrals we receive through the Early Help Hub, and Health/local authority/councils are wanting to continue funding social prescribing services.

People can experience challenges to Health and Wellbeing at any point throughout their lives, so social prescribing services like ours can be integral to providing people with more choice and control over what matters to them, in line with the Social Services and Wellbeing Act.

Our future aims are to continue to work with the North Wales Social Prescribing Community of Practice to share good practice/develop our services. Make greater links with support groups delivering services (statutory and third sector) to source referrals.

Alongside making greater links with support groups delivering services, we are currently exploring ways to facilitate more face-to-face work with children/young people, enabling their voices to be heard. For example, working in partnership with schools to offer a ‘surgery’ type drop in, where pupils can come to speak to the team, to find out what clubs, activities, support groups etc are available to support them. This helps with sustainability of the service, as increases our presence in the community and potentially generating new referrals.

You can find more information and contact details here:

Support for individuals (Single Point of Access/Social Prescribing) (flvc.org.uk)