



Changing childhoods.
Changing lives.

Whole family approaches to children and young people social prescribing

Case Study

VCSE

health &
wellbeing
alliance ■



Glossary of Terms

- **Social Prescribing:** Social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social, and emotional needs that affect their health and wellbeing.
- **Cultural Responsiveness:** This includes two key principles; cultural safety and cultural competence
Cultural Safety: An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together *Williams (1999)*
Cultural Competence: Ability to interact with people from different cultures and respond to their health needs – Individuals and Organisations. Creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and individuals
- **Whole Family Approaches:** Where social prescribing addresses the needs and goals of the CYP and parent/carer through whole family interventions and where social prescribing works with the family to enable and empower the parent/carer to support the goals of the CYP.

Impact Area: Reduced health inequalities

Short-term Outcomes:

- Providers and policy makers challenged and supported to embed inclusion in service design
- Improvement and improved knowledge of barriers and enablers to accessing services

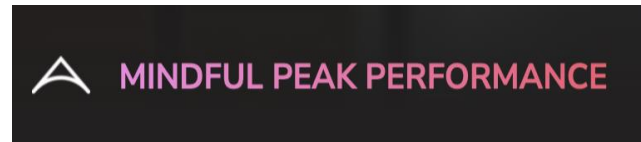
Long-term Outcomes:

- Increased evidence base of sustainable, scalable solutions to reduce and prevent health inequalities and reduced barriers and improved access to care

Summary:

This project aimed to identify the key elements of a successful social prescribing (SP) model for children and young people (CYP) at an ICS and neighbourhood level. Barnardo's worked with our 15 consortium partners, as well as with HW Alliance colleagues, to identify how best to enable grassroots community VCSE organisations to become integral to place-based social prescribing.

The Barnardo's Consortium 2021-2024



The Problem

We commissioned researchers at Barnardo's to answer some questions on social prescribing for children and families. They found:

1. There is a paucity of evidence for the benefits of social prescribing, especially in respect of children and young people. This does not mean it has no benefits
2. Social prescribing is a key plank of the NHS Long Term plan
3. Social prescribing is thought to enable people to take responsibility for their own health, build resilience and reduce demands on clinical care settings
4. The roll out of Social prescribing is being expanded in the Covid-19 recovery phase by the Accelerating Innovation programme, however no evidence was found that this extends to children and young people, nor how it works
5. Social prescribing for children and young people is thought to bridge gaps and delays in accessing Child and Adolescent Mental Health Services (CAMHS)
6. There is no one size fits all for social prescribing
7. Effective models of social prescribing for children and young people are conveniently timed and located
8. Accessibility is important to gaining engagement from young people
9. Young people need to be accompanied to at least the first contact with the provider
10. Outreach models help with engagement
11. Link workers need to communicate with both children and their parents
12. An evaluation recommended including a young people's advisory board in the design of social prescribing services

Action

- Research outputs and evidence
- Case studies and good practice examples
- Insights from lived experience
- Insights, knowledge and expertise from organisations

Year 1: We spoke to ...



- The thematic analysis of the data found 6 key themes - trust & cultural competence, whole family involvement, VCSE involvement, youth & sports clubs, digital and funding
- A set of recommendations was made for each theme
- The six key areas of focus were included within a framework for CYP social prescribing

Recommendations

Trust:

1. Guidance on safe & encouraging spaces to engage CYP
2. Pilot CYP mentor model within CYP social prescribing scheme(s)
3. Ensuring organisations are vetted if signposting CYP onto them
4. Enabling SPLW to empower other groups/activities (football, boxing clubs etc.) to lead on conversations about mental health & wellbeing because that is where the trust is, and coaches can share lived experience.

Cultural Competency:

1. Cultural awareness and competence framework for SPLW
2. Review questionnaires or surveys to ensure they are appropriate for CYP
3. Best practice on local recruitment of SPLW to reflect CYP

Whole Family Involvement:

1. Pilot model that includes family interventions in addition to CYP SP offer, considerations:
 - a. Holistic child & family assessment
 - b. Family plans
 - c. Empowering and education for parents
2. Understanding the limitations of whole family approaches

VCSE Involvement:

1. Introduce a 'CYP mental health & wellbeing' symbol for organisations that can support CYP with MH & wellbeing – aimed at youth groups
2. Understand how to shift the power towards SPLW & communities, away from GPs.
3. Guidance on how to assess culturally appropriate community assets for CYP – do link workers connect into religious/culturally spaces & activities
4. Think about financial resource for stretched community VCSEs




Digital:

- We ran out of time and resource to fully explore this area. However digital inclusion will form part of our Year 2 work for the HW Alliance.

Funding:

- Sustainable funding solutions
- Investment in longer term pilots
- Be clear where funding is coming from as some organisations might not accept funders such as Big Lottery due to values.

Year 2: We spoke to ...

<p>3 consortium meetings</p> 	<p>9 case studies</p> 	<p>2 feedback sessions with NHSE</p> 
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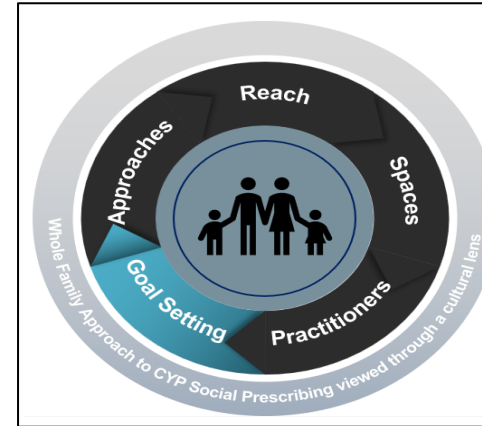
- Identified best practice examples of CYP social prescribing.
- Undertook focus groups with Black, Asian and minoritized communities supported by grassroots VCSEs.
- Understood systematic barriers and institutional discrimination within social prescribing that can be faced by families.
- Developed recommendations for how organisations and systems can be more culturally responsive within social prescribing, especially when **working with the whole family**.

Recommendations



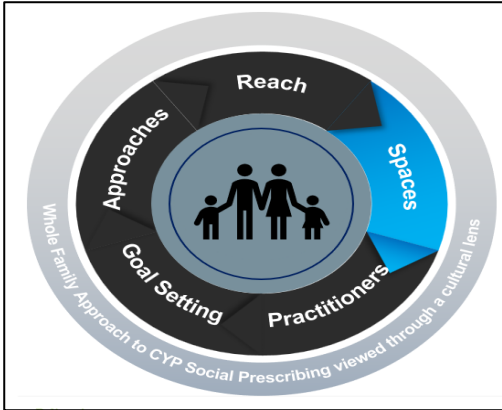
Reach: Making CYP social prescribing accessible for marginalised communities.

- Working with VCSE led by and supporting minoritised communities to maximise the engagement of their service users. (i.e. informal brokers & co-design).
- Identifying existing health connections in communities (i.e. move away from GP referral)
- Facilitate cultural translation, supporting the most marginalised communities to negotiate technical or medicalised language and the welfare system.



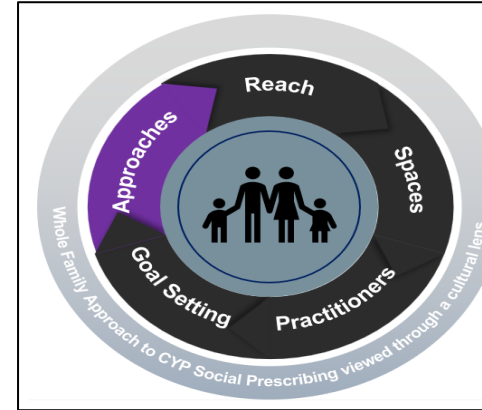
Goal setting: Empowering the CYP & family to make decisions about their own goals.

1. Easily accessible, strengths-based referral process that considers the whole family, their cultural identity and community.
2. Holistic communication (i.e. translating 'health messages' into everyday language & utilise translators)
3. Getting the whole picture. (i.e. seeing each person as an individual as well as recognising their role in a family. Understanding impact of intergenerational trauma).



Spaces: Delivering in culturally safe spaces where families & CYP feel free to express themselves.

1. Understanding the assets of local community and design SP that make the most of them.
2. Creating parity of esteem in shared spaces, modelling principles of coproduction and equity which can set the tone for relationships with the community
3. Co-location to improve service delivery, referrals and faster knowledge-sharing. Co-locate to remove power imbalances.



Approaches: Social prescriptions that are culturally appropriate for the whole family.

1. Families identify for themselves what social prescriptions will meet their needs.
2. Around the whole family approach, practitioners must set boundaries, build trust and manage risk differently between parent & young person.
3. The more SP takes a community development approach rather than 'linking' the better understanding of community assets & culturally responsive prescriptions.



Practitioners: Teams to adopt cultural humility and practice that is culturally safe, aware and responsive.

- Teams understand their own values, biases, assumptions, power balances & stereotypes (i.e. self-reflection).
- Investing & integrating VCSE workforce into PCNs to build community wealth & vice versa.
- Recruitment: secondments, community panels, flexible working to attract different communities.
- Supporting capacity and capabilities to work in a culturally responsive way.

Learning

Case study 1 – Wellbeing Connect Services

Wellbeing Connect Services (formerly the Ebony People’s Association) is a one-stop shop VCSE for families struggling with mental health or domestic abuse issues, based in north London.

Case study: A single mother with twins aged 12 and a younger sibling aged 6. This was an asylum-seeking family with no recourse to public funds, referred to WCS by a crisis support agency.

The family was living in a bed and breakfast hotel, with children travelling over an hour to school. Struggling financially, fearful of neighborhood and the other B&B residents. One daughter was awaiting CAMHS intervention for depression, anxiety, suicidal thoughts and self-harming.

WCS was able to:

- Complete a holistic assessment for the whole family, with daughter’s needs center-stage.
- This recognised that the daughter was being bullied at school and was feeling lonely and isolated.
- Also recognized the impact of the wider family issues and home circumstances.
- Daughter was referred to WCS advocacy service to support with reported bullying and school integration.
- Also received talking therapy for suicide ideation and self-harm + introduce self-help tools to deal for anxiety.
- She was offered age-appropriate group sessions run by WCS during school breaks, to discuss topics of choice such as bullying, self-esteem, confidence and relationship-building.
- Sessions identified that she enjoyed sports & music. WCS to seek local services opportunities for these.
- Mother & other children were supported with one-to-one talking therapy and helped to register with local GP.
- WCS contacted new allocated social worker for collaboration to find school alternatives and more appropriate accommodation. Also working with immigration services to follow up on immigration application.
- Mother supported financially with voucher from Barnardo’s.

Mother: “My family is getting all round help. We have a place to call to ask all our questions and get support. When we moved from Edmonton, all support ended but WCS Family Hub continued supporting us. My children are getting emotional support, financial support, advocacy at school and especially children have someone to freely speak to.”

Learning

Case study 2 – Somali Community Parents Association

Somali Community Parents Association (SOCOPA) is a Leicester-based VCSE aiming to support Somali refugees and migrants to understand and access key family services, such as health, education and housing.

Fahada, left Somalia with her three children, arriving in the UK just before lockdown. This was very stressful. It's not clear as yet what trauma the family have been through. She was living with some family members, isolated, and, for some time, was not able to access state funding to help her get settled.

A resourceful woman, she sought SOCOPA's help with her CV and then started working. Her three children (now two young adolescents and one five-year-old) were in the throes of adjustment to a new lifestyle.

Living with family long-term on arrival in a new country was difficult, but with SOCOPA's ongoing support and advice she has managed to set up her own home, accessing additional support for her family. For a while she depended on the Foodbank and has had referrals to other agencies who can help her.

Cheery and determined, Fahada also accessed SOCOPA's initial English teaching for women, has sent her children to our Saturday supplementary school and engaged them in SOCOPA holiday activities and crafts sessions. Her teen daughter is a star at any SOCOPA Hiddo (Somali heritage) event for younger women – a natural dancer with a flair for *baranbuur*, a Somali dance at which she excels.

Her eldest son found adapting to secondary school very difficult. Naturally gregarious and with a clear penchant for drama, as a newcomer with little English, he was initially targeted both in class and in the playground by schoolmates. He has benefitted from bespoke 1:1 sessions through our education programme.

“The family has now become more independent and less in need of our services. The younger children are well integrated in school and we see them less. The eldest, however, continues to participate in our Saturday sports programme and continues to use SOCOPA for digital support” – *Abdikayf Farah*
CEO SOCOPA

Result



Barnardo's produced a research report "The Missing Link" exploring social prescribing for children and young people that drew on our existing social prescribing services and the work of partners within the Alliance.

The work with the Alliance identified several factors crucial for culturally aware, accessible, and effective social prescribing for children and young people — including delivering services in safe, culturally responsive spaces, reaching marginalised communities, supporting practitioners in culturally competent practice, and empowering families in goal setting. These insights shaped the research and recommendations in The Missing Link, ensuring that the report's findings and policy calls reflect practical, community-based learning about what makes social prescribing work for families and underserved groups.

What Next: The research has led to engagement across government as social prescribing for children and young people continues to develop. Most recently, the National Youth Strategy commits to research into effective models for children and young peoples social prescribing.

Key Learning

What went well?

- Engagement with the consortium
- The consortium running focus groups with families and children to gain rich insights
- Having a F2F in person event to strengthen relationships
- Engagement with the NHS Social Prescribing team

What didn't go as well? What were the barriers?

- It's hard to know the impact of our work because we didn't really get follow ups from leads
- Sometimes it felt like the Leads didn't have the time / capacity / resource to change or adapt policy based on feedback / HWA learning
- We didn't engage as much as we could with other organisations working on social prescribing from different angles or maybe organisations working with specific groups / themes.

What could be done differently next time to increase impact further?

- More sharing of learning and supporting the publication of work and case studies (i.e. don't think anyone actually shared the CYP social prescribing work)
- Maybe have an HWA online 'Poster' event where people can share their work virtually or in-person

How did / could you overcome the challenges?

- Organise more engagement sessions