



Social prescribing for children and young people

HeadStart



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Introduction

[HeadStart](#) is a £67.4 million National Lottery funded programme set up by [The National Lottery Community Fund](#), designed to test new ways to improve the mental health and wellbeing of young people aged 10 to 16, and prevent serious mental health problems from developing. HeadStart understands that the mental health and wellbeing of children and young people is shaped by experiences in different aspects of their lives, including at school, at home, in relationships with family and peers, interactions with digital technology and within broader mental health systems. In collaboration with schools, families, universities, charities, voluntary and community organisations (VCOs), public and clinical services, and young people themselves, HeadStart aims to:

- Build young people's emotional resilience
- Respond to the early signs of common mental health problems
- Provide joined-up, cross-organisational support when and where it is needed.

Personalised care aims to improve health and wellbeing outcomes by approaching an individual's care through exploration of alternative and individually significant options. This can include community-based options and can include social prescribing.

Key characteristics of personalised care as defined by [NHS England](#) include:

- Choice and control over the most suitable care for individuals based on strengths and needs.
- A whole system, person-centred approach involving key health, social care and wider services and utilising the expertise and capacity of families and communities in delivering better outcomes.
- User voice is central in building relationships between people, communities and professionals, giving people help to control their own health and wellbeing
- Funding mechanisms that are designed for individual control over the financing of care

This report aims to set out the ways in which the approaches taken by the HeadStart sites fit within the Personalised Care model with a particular focus on Social Prescribing approaches.

HeadStart

The programme has implemented a range of universal, evidence-based interventions to meet its aims, and involves six local authority partnerships identified as having higher levels of social and economic deprivation than the national UK average. These are:

- Blackpool
- Cornwall
- Hull
- Kent
- Newham
- Wolverhampton



In each area a range of test and learn approaches were co-produced with young people, parents and key professionals to include interventions and support for schools, community-based initiatives, local pathway changes and workforce development. This changed the way that children, young people and families accessed and engaged with emotional wellbeing and mental health support in each area.

For example, as part of [HeadStart Blackpool's Resilience Revolution](#), the Young People's Executive Group (YPEG) have been integral to developing the partnership work from the start, ensuring that the right decisions for young people were made by professionals.

In designing the bid for HeadStart Blackpool's [Resilience Revolution](#), the YPEG were able to reflect on the importance of supporting access for young people in places close and familiar to them, recognising that 'young people want to feel

The members of our Young People's Executive Group are committed to be responsible for making sure we get the right support to the right young people, at the right time and in the right place.¹

in control and have choice of where and when they receive support'. With young people and families as 'co-leaders' of the Resilience Revolution, this social movement uses a [Resilience Framework](#) to build and embed a whole town approach in addressing inequalities that are impacting on emotional wellbeing and mental health support for young people in Blackpool. Interventions such as the '[Walk and Talk](#)' Project help to overcome possible barriers for engagement for young people who are at risk of self-harming. As an alternative type of counselling, young people were offered sessions in a range of areas including parks, outdoor venues and schools to help with coping strategies and building confidence and resilience through activities of choice.



In taking these types of approaches, the concept of support is moved from a medicalised model to a system where mental health becomes 'everybody's business' through a focus amongst the HeadStart partnerships on whole school and whole town approaches, workforce development, co-production and targeted support.

The approaches developed through HeadStart focus on raising awareness and building resilience, as well as meeting lower level mental health needs. The programme has taken a proportionate universalism approach, ensuring that support is designed to be of benefit to all young people and particularly those who need additional support. Services are, where possible, located in spaces familiar to young people and delivered by professionals with whom they have an existing trusted relationship. The aim has been to reduce the risk of mental health difficulties worsening and ensuring those young people who need it can access appropriate and timely support.

Each of the HeadStart partnership sites work within a specific local context and have designed unique programmes and services that acknowledge the impact of a range of socioeconomic factors on young people's resilience and wellbeing. These factors include but are not limited to isolation, poverty, deprivation, and Adverse Childhood Experiences such as abuse, neglect, violence, instability at home and substance misuse problems. An example of this is in Kent where HeadStart have worked with police and education partners to develop a system approach to supporting young people impacted by violence at home. Domestic abuse notifications are generated following a domestic abuse incident at home where young people are present and shared with schools, enabling education staff to better support those young people around their own wellbeing.

Early intervention is vital to support good quality mental health and wellbeing, and subsequently supports other positive outcomes for young people such as school attainment or behaviour at home.² 'Learning from HeadStart: the relationship between mental health and school attainment, attendance and exclusions in young people aged 11 to 14' confirms the correlation between increased mental health difficulties and decreased pupil attainment, and highlights the importance of community-based support for young people and families in an early intervention approach.

The impact of worsening mental health and wellbeing on young people's lives can be wide reaching for the individual, their family, communities and for professionals/services with whom they work. HeadStart has aimed to creatively meet wellbeing and mental health needs that cannot always be managed via existing health provision. The programme has created a space for local areas to embed approaches and services which work holistically, intervene early and establish strategies to support better wellbeing and resilience, along with more personalised approaches to supporting young people.

Findings emphasise the importance of joined-up approaches to supporting children and young people such as those being implemented as part of the HeadStart programme. These should not just address the range of areas in which a child may be experiencing difficulties, but also they should ensure that support is provided from multiple sources, including families, schools and communities.³

NHS England Personalised Care and Social Prescribing

In 2019 NHS England's Long-Term Plan outlined ambitions around personalised care and social prescribing and pledged 1000 new social prescribing link workers by 2020/21 and at least 900,000 people accessing social prescribing services by 2023/24.⁴

Benefits of social prescribing

Social prescribing is a key element of personalised care and the benefits of this approach are outlined by Public Health England:

- Social prescribing improves outcomes for people by giving more choice and control over their lives and an improved sense of belonging when people get involved in community groups
- It is also effective at targeting the causes of health inequalities and is an important facet of community-centred practice
- It is particularly useful for people who need more support with their mental health, have one or more long-term conditions, are lonely or isolated, or have complex social needs that affect their wellbeing
- Social prescribing can meet many different types of non-clinical need, ranging from support and advice for individuals experiencing debt, unemployment, housing or mobility issues to tackling loneliness by building social connections through joining local community groups, such as walking, singing or gardening groups.
- There is a growing body of evidence that social prescribing reduces pressure on the NHS by directing people to more appropriate services and groups – an evidence summary published by the University of Westminster suggests that where an individual has support through social prescribing, their GP consultations reduce by an average of 28% and A&E attendances by 24%.

Taken from: <https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health>





This NHS model has been designed in consultation with a wide range of stakeholders to outline the key elements of a 'good social prescribing scheme'.⁵ These include:

- Collaborative commissioning and partnership working including voluntary and community organisations, primary care networks and local authority/CCG commissioners
- Easy referral processes enabling access from a range of local agencies
- Training for Link Workers and also for key stakeholders to understand more about social prescribing
- A paid Link Worker role to give appropriate time to developing relationships and identifying the right support
- A personalised plan created by the individual and their Link Worker outlining their core needs, priorities and expectations
- Funding for community groups, using a range of methods, to ensure that community options remain sustainable
- Safety for individuals, Link Workers and community organisations, considering the safeguarding, insurance and first aid considerations, amongst others
- A Common Outcomes Framework to explore the impact on the individual, the health and care system and community groups.

Initially when a referral is made for Social Prescribing this is by a professional (traditionally a GP but can be any involved professional) to a 'Link worker' role. The Link Worker then works with that person to develop trust, identify key priorities for support, develop a plan co-produced with the patient to inform personalised support through community options and support that patient to access appropriate support.

There is emerging evidence that social prescribing can lead to a range of positive health and wellbeing outcomes for people, such as improved quality of life and emotional wellbeing (Dayson and Bashir 2014⁶). There is also some evidence which indicates that it has potential to reduce demand on primary and secondary care (Polley et al 2017⁷). NCB's own research suggests that it may also be able to broaden access for more marginalised groups (NCB 2021).

We will illustrate below the ways in which HeadStart sites, are delivering on the key elements of social prescribing such as:

- Collaborative commissioning and partnership working: improving partnership working in their local areas
- The function of the Link Worker in assessing the needs of a young person and
- The use of alternative community provision to support young people's wellbeing.

And in doing so have been able to demonstrate similarly positive impacts and outcomes:

- Improving wellbeing
- Addressing health inequalities
- Reducing impact on other services



Recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way.⁸

Social prescribing and young people

In recent years social prescribing has become increasingly acknowledged as an alternative approach to support an individual's health and wellbeing in order to reduce further complications and improve quality of life, as well as delivering other benefits such as reduced potential costs to services and improved local partnership working.

Social prescribing has largely been focused on adult support. However, this type of approach to delivering care is relevant when considering the range and types of community based, early support services that can support children and young people's mental health.

The National Children's Bureau completed a [study of personalised care and the benefits for children and young people's mental health](#), considering social prescribing approaches. The study had a specific focus on children and young people experiencing social inequality and found that a personalised care model which utilises social prescribing for children experiencing poor mental health seemed to be particularly effective for disadvantaged young people. The benefits seemed to centre on the flexible nature of the support and the fact that it could be tailored to young people's specific needs, responding effectively to individual's lived experiences and challenges. Young people valued a consistent and caring approach from services where their voices could be heard and one of the key recommendations from the study is:

- Location of social prescribing approaches in local community and trusted services/systems – explore options for additional roles via Primary Care Networks and potentially the Care Coordinator?

Improving wellbeing

As indicated above social prescribing approaches have shown promising results in terms of improving wellbeing. Research and evaluations of personalised approaches have found that personalised care, particularly approaches which provide social interactions, can be highly effective and linked to improvements in emotional wellbeing, social connectedness, confidence and improved self-management, and "the benefits have been particularly pronounced for marginalised groups" (Thomson et al. 2015⁹).

There are a wide range of ways that enabling access to activities can support young people's wellbeing. Becoming engaged in a group or activity can help to support young people's confidence in a range of ways:

- helping them to meet other young people,
- sparking motivation through a new interest,
- being more active, and
- feeling more connected less isolated.

An independent evaluation of a social prescribing pilot in Rotherham, undertaken by the Centre for Regional Economic and Social Research at Sheffield Hallam University in 2014, found that 'since being referred to Social Prescribing, patients' and carers' mental health has improved, they have

become more independent, less isolated, more physically active, and have begun engaging with and participating in their local community'.¹¹

Some examples of HeadStart approaches that have enabled young people to access community-based activities to improve their wellbeing are as follows:

[Team Social Action](#)

HeadStart Newham developed a 10-week programme which gave young people the opportunity to work with peers to build a social action project. This included delivering assemblies to all year groups on homelessness in Newham, alongside a tuck shop to raise funds for a homelessness charity. Another project focused on raising awareness around the role of self-care in wellbeing for pupils and distributing wellbeing packs for young people. Evaluation of the project found that young people who attended 10 or more sessions had evidenced a small but statistically significant improvement in their wellbeing and peer support.¹²

[Creative and Sports Activities](#)

HeadStart Newham developed a project on Creative and Sports Activities (CASA); a range of sport, dance, creative arts, music production and animation activities delivered in community-based settings for young people. These were delivered by community organisations and an evaluation of this project with 33 participants found that young people reported 'a sense of belonging during the intervention, and participation broadened their social circle. Self-development and forming positive relationships with others helped to build young people's confidence, which they could apply in other areas of their lives'.¹³

[Play Rangers](#)

HeadStart Hull have commissioned the Play Rangers who provide youth worker support for family activities in a range of public places to try to engage with as many different people as possible. They undertake activities ranging from arts and crafts to sports and music. They use these approaches to help build confidence and reduce feelings of stress and anxiety. In discussing the benefits of this approach, Michelle Wilson (Deputy Chief Officer at Hessle Road Network delivering Play Rangers) was passionate about the way in which the Rangers break down barriers to access:

When the younger ones are coming with parents...quite a lot we were supporting the parents because they were talking to us about their own mental health needs...because they didn't have to come to a project. They didn't have to walk through a door, we were there where they were anyway. That immediately took down some of the barriers because they weren't having to walk through a door into an unknown building with unknown staff. We found that for young people and adults they did open up to us quite a lot. We had a lot of conversations with people about complex issues like mental health, bereavement, family loss and sexual health...

During the course of this outreach model of support, the Play Rangers have also been able to engage with certain groups of more vulnerable young people and build trusting relationships that have led these young people to access spaces facilitated by the Play Rangers separately for additional support.

The number of young people aged 10–16 taking up the Play Ranger service in 2019/20 was 1362 and 77% reported improved peer networks as a result of intervention and 79% reported improved confidence and self-esteem.¹⁴

Saddle Up

This HeadStart Blackpool 10-week support project offered equine therapy to young people aged between 10 and 15 as part of a resilience building approach. The project was offered to 63 young people from a pupil referral unit in Blackpool for young people who could not attend mainstream schools due to social, emotional, behavioural or medical difficulties. Some of the reported challenges for these young people included anger management, emotional literacy and building relationships. Young people completed a Strengths and Difficulties Questionnaire before and after the programme and improvements were noted as follows:

- 60% of young people reported improvement in their conduct problems and
- 71% of young people felt that there had been an improvement in their total difficulties score
- There were also reported improvements in relationships, aspirations, core self and regulation.

WV10 community hubs

As part of the HeadStart Wolverhampton programme, the WV10 consortium were commissioned to deliver a community place-based programme in local community hubs. The activities in these hubs have been developed at grassroots in co-production with community members in order for children, young people and families to be supported locally to help build resilience and improve wellbeing. A range of support was developed in the Hubs for families who may need support for a range of issues impacting on family wellness and emotional health including debt management, access to foodbanks and support cooking on a budget, referrals to counselling, home improvement support, and access to a befriending service. By accessing the hub support, families are also supported to get involved with additional positive family activities, community events and initiatives designed to help to build confidence, skills, social connectedness and overall wellbeing for the whole family.



Addressing health inequalities

Racism, or discrimination based on race or ethnicity, is a key contributing factor in the onset of disease (Paradies et al 2015¹⁵), as is living in poverty (Marmot 2020¹⁶). A study by the Runnymede Trust found that all BME groups are more likely to be living in poverty¹⁷ and evidence shows that facing such inequality in society indicates a higher likelihood of developing and experiencing mental health problems.¹⁸ A lack of access to culturally specific support and the stigma that can surround mental health issues in certain communities may make it harder for BME communities to access support and lead to worsening mental health issues.¹⁹ Data from Kooth (an online provider of mental health support) demonstrated a significantly higher increase in suicidal thoughts, anxiety and depression among BME young people, compared to white counterparts.²⁰

This evidence makes it imperative that we identify approaches which help to address such inequity. There is some evidence that social prescribing can make a contribution. A study by Cresswell-Smith et al (2017) concluded that 'activities providing positive social and emotional interactions can offset the negative socioeconomic mental health gradient'.²¹

The London Borough of Newham is highly diverse borough with over 200 languages spoken and 89.5% of children and young people from an ethnic background other than White British²² and high levels of deprivation²³ and this can lead to challenges from some parts of the community in accessing support.

Increasing access to support in more familiar community-based environments can help to address health inequalities. Marginalised young people may face barriers around a lack of knowledge, difficulties in approaching, and being able to build relationships with mainstream or statutory services. Supporting young people to access certain activities may help to increase their engagement with services and reduce the risk of mental health worsening.

HeadStart Newham have worked with local partners to establish a Multi-Agency Collective (MAC) originally designed to offer support to young people experiencing a range of needs including:

- Anxiety, low mood, low self-esteem and/or depression
- Autism spectrum condition, attention deficit disorder and/or a learning disability
- Trauma/adverse childhood experiences (ACEs)
- Those suffering with a range of health problems

Newham MAC was developed to respond to increasing need for mental health support as a result of the Covid-19 pandemic and between March and September 2021 there were 160 cases discussed at Newham MAC from a range of racial and ethnic backgrounds.²⁴ These young people may be waiting for CAMHS support, may not meet the CAMHS threshold or could also have refused or been transitioning from CAMHS. This panel meets regularly to discuss cases that have been referred by a range of professionals. The panel convenes, reviews details of the cases and collaborate to make recommendations for further local community-based support.

A key component of this panel is that it proactively offers specific recommendations for a young person at a time when they most require support: when they are identified as being near or reaching CAMHS threshold. This is a pivotal time as a young person with identified needs is without support and therefore the function of MAC to identify the best-fit service for supporting that individual's wellbeing is key in preventing mental health from worsening.

This differs from the traditional model of the Link Worker assessing a 'patient'. All professionals at the MAC are involved in reviewing the information and assessing the young person's needs to suggest the most appropriate recommendations.

Examples of local organisations involved in the MAC, and where support can be available for young people include [Aston Mansfield](#), [Ambition](#), [Aspire](#), [Achieve](#), [East London Dance](#), [Exit Foundation](#), [Diesel Gym](#), [West Ham United Foundation](#) and [Kooth](#). There are also attendees from a range of local authority and health services including CAMHS, Youth Offending Service, Early Help and Public Health.

The range of professionals attending the MAC meeting has created a network of expertise, considering each case referred to MAC in order to make person-centred recommendations to match the most appropriate services and increase the chances for the young person to engage in the range of community based opportunities. By bringing all these voluntary and community agencies into one forum, it has helped to create a network increasing knowledge of provision and developing relationships.

Reducing impact on other services

As set out earlier there is some evidence which indicates that social prescribing has the potential to reduce demand on primary and secondary care (Polley et al 2017²⁵). In preparing their sustainability plans many of the HeadStart sites were clear about the need to evidence return on investment. HeadStart Hull were one site able to demonstrate that their community based approach had potentially led to a reduction in CAMHS referrals.

For access to HeadStart Hull services, professionals work with young people to complete a 'checklist' which helps to identify their current needs and provides a menu of support, enabling a person-centred approach in selecting support.

Examples of HeadStart targeted Early Help services that young people can be referred to include:

- Community-Based Groupwork [Smile](#), where Youth Workers deliver a 12 week project in youth centres for young people to engage in activities to help them to consider their emotions, communication and build positive relationships.
- Cornerhouse charity deliver a programme of [Young People's Peer Mentoring](#) to support trained young people to help others with their self-esteem and self-confidence and other issues such as bullying or transitions between school.
- [Emotional Resilience Coaches](#) offer one to one support for young people and can be flexible in where best to meet the young person and support them with action planning to help develop skills to improve confidence and self-esteem.



In addition to offering innovative early intervention services, HeadStart Hull is also part of the [Multi-Disciplinary Assessment Team \(MDT\)](#) that manage referrals for young people seeking emotional wellbeing support that do not meet the threshold for CAMHS. A range of partners are able to share information as a result of this integrated approach and each case is discussed with input from professionals at MDT to recommend suitable early intervention support options. Professionals attending include those from CAMHS, HeadStart Hull services, Early Help, EHASH (Early Help and Safeguarding) point of entry and Early Years.

This service pathway design offers the opportunity for young people experiencing a range of emotional-based difficulties that don't meet CAMHS threshold, to be linked to alternative, less clinical and more personalised-style of support that meets the young person's needs as highlighted in the ['HeadStart Hull checklist'](#).

In 2018/19 the HeadStart Targeted Early Help service supported 1171 young people and 97% of service users showed an improvement in the presenting issues. HeadStart early intervention services have had a positive impact on wellbeing in Hull and by preventing escalation of need, there is likely to be less need for CAMHS. Pre-Covid data from Hull CCG suggested that there has been a reduction in CAMHS waiting times from over 12 months to 6 weeks for the low mood and anxiety-pathway due to decreased demand.²⁶

Key elements

Supporting integration between services

NHS England is clear that collaborative commissioning and partnership working which includes voluntary and community organisations, primary care networks and local authority/CCG commissioners is a key tenet of a 'good social prescribing scheme'.

HeadStart Kernow have been integral to the development of the Bloom consultation model, involving a multi-agency team of professionals working closely to identify how best to support referred young people's emotional, social and mental wellbeing difficulties.

Young people who are referred to Bloom may experience a range of mental health and wellbeing difficulties. They may also experience a range of other issues such as poor physical health, social disadvantage and poverty, family relationship difficulties and school attendance or exclusion concerns.



Professionals that attend Bloom meetings include the HeadStart Locality Coordinator, CAMHS Clinical Psychologist, Primary Mental Health Worker, Early Help Coordinator, Early Help Locality Team Manager and HeadStart Community Facilitators. Having this range of professionals including clinician input, can strengthen multi-agency connections and supports a holistic view of each case, enabling greater understanding some of the underlying factors impacting that young person.

A paid Link Worker role:

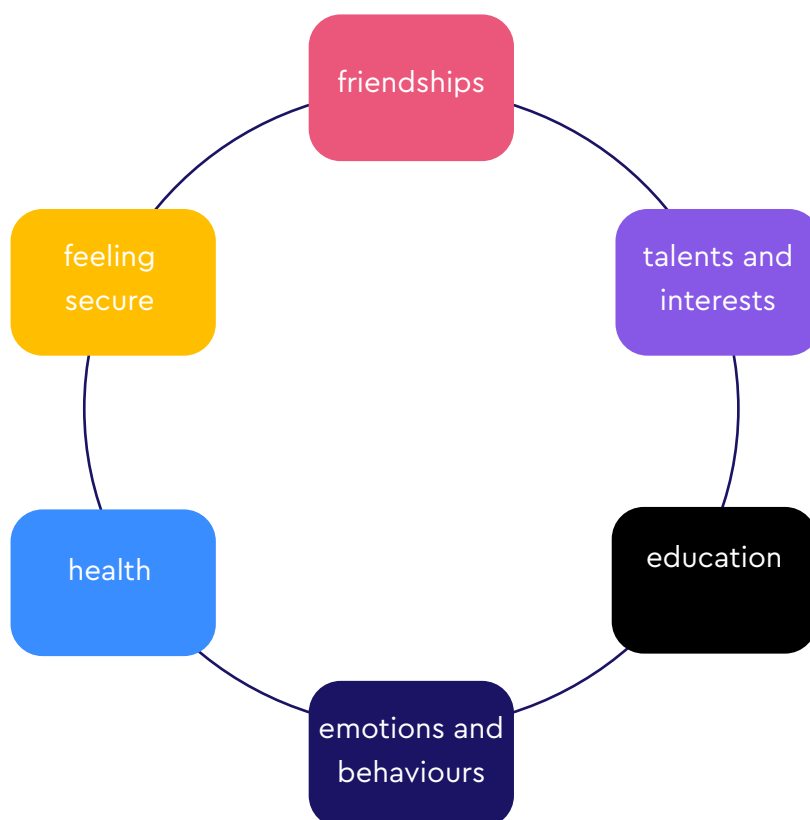
Following referral, the multi-agency group creates an assessment with recommendations linking young people where appropriate with voluntary and community organisations. Young people may be referred to the Youth and Community Facilitators in Cornwall who support young people directly in schools and community settings and also support access to community-based provision. Whilst interventions from these Facilitators may be more intensive than a Link Worker role, the premise of connecting with a young person, assessing their needs for further support and linking with community provision is part of their function.

Key approaches of a social prescribing Link Worker are to develop trusting relationships, maintain a person-centred approach and to help support people's involvement in communities and strengthen community resilience.²⁷

HeadStart Kernow commissioned The Learning Partnership for Cornwall and the Isles of Scilly (LPCo) to deliver the HeadStart Community Facilities Contract, which involves Youth and Community Facilitators delivering a mixture of one to one and group support for young people, low level support for parents/families and support for community groups. The Youth Facilitators operate a coaching support for young people to try to support them to access new experiences, working one to one and in group settings using a trauma-informed approach supporting with issues around healthy relationships, problem-solving and effective decision-making. The Community Facilitators work with families and community organisations and aim *'to make better connections between young people, families, schools and community based activities that support emotional health and wellbeing'*.²⁸ Activities undertaken with community groups include Mental Health Awareness training and signposting to other organisations supporting voluntary and community sector organisations.

Referrals to the Facilitators are taken through Bloom and the Community Facilitator attendance at the Bloom Network meetings also strengthens local knowledge as they undertake extensive community mapping and share this intelligence with the Bloom network. They help to spread the word around provision available in the community and work with community organisations to help strengthen community resilience.

Funding for community groups



HeadStart Kent developed a scheme for young people aged 5–19 whereby a trusted adult from a community organisation or school can apply for a grant (up to £300 per young person/up to £1000 for groups) in order to access activities, sports, arts or music clubs. The application for this scheme begins with a Resilience Conversation which explores the six areas of our lives where we can promote resilience. This opens up a conversation for young people around their overall wellbeing and changes that they would like to make.

The [Talents and Interests](#) scheme is intended to support the young person to further develop their resilience and the end of year outcomes [report](#) for 2019/2020 outlined that 81% of young people who had been awarded a Talents and Interests Grant either strongly agreed or agreed that taking part had improved their resilience. 93% of trusted adults stated that they felt the grant had helped to build the young person's resilience and emotional wellbeing.

Easy referral processes

HeadStart Hull have created a programme of early intervention emotional wellbeing and mental health support for young people and also worked with partners, including the local authority and CCG, to create a pathway at the point of referral to all early intervention services.

The HeadStart Hull programme was co-produced by young people and designed to enable all young people in the city to have:

- A "Trio of Trusted Adults" – in the school, community and at home
- Aspirations for the future – children, young people and family
- Confidence and self esteem

- Positive peer networks – friends they can rely on and support each other
- Stronger family networks

One ambition of the programme is for 'children and young people to find and access support when and where they need it'. Part of the HeadStart Hull offer includes a range of universal and targeted approaches that are delivered in a range of settings including public spaces, youth centres and schools and are delivered by a range of voluntary, community and youth organisations that work to meet the needs of young people creatively.

A personalised plan

For access to HeadStart Hull services, professionals work with young people to complete a ['checklist'](#) which helps to identify their current needs and provides a menu of support, enabling a person-centred approach in selecting support.

HeadStart Kent's [Resilience Conversation](#) tool can be used by professionals working with young people in holding strength-based discussions around wellbeing to consider changes that can support young people's resilience. This tool guides professionals through the key areas impacting on young people's resilience under the domains of feeling secure, friendships, talents and interests, education, emotions and behaviours and health. There is space to record actions that have developed from the discussion, to highlight where there is specific interest in HeadStart Kent support and also an option to review these actions.

Safety for individuals and training for Link Workers

HeadStart Hull have developed ['Emotional Health and Wellbeing Training plan for organisations working with Children, Young People and Families in Hull'](#). This workforce development plan categories different levels of training for a range of professionals in Hull in order to provide an improved offer for young people accessing support, where and when they need it. The training helps to develop staff awareness of risk and protective factors, enabling them to feel confident in taking action to help support and keep young people safe. The training is categorised into four levels aimed at the following staff:

- **Respond** – non-pastoral staff (e.g. lunchtime supervisor) with training such as Youth Mental Health First Aid Awareness
- **Initiate** – staff working in less-structured contexts (e.g. youth worker) with training such a Self-Harm Awareness
- **Intervene** – professionals working in role related specifically to mental health or wellbeing delivering low-level interventions with training including CBT Skills for Staff Supporting Young People with Anxiety and Self-Harm Response
- **Influence** – professionals who provide support already and can influence policy or practice around young people's mental health and emotional wellbeing, with training such as Developing a Whole Organisational Approach to Mental Health

Conclusion

HeadStart have developed interventions and system-based approaches that incorporate the essence of personalised care through social prescribing-type approaches, demonstrating benefits of NHSE's social prescribing model.

- A range of approaches improving wellbeing for young people across the HeadStart partnerships that embrace innovation, offer alternatives to clinical approaches and often are embedded in local communities.
- A consultation model in Kernow enabling referral to Youth and Community Facilitators working closely to empower young people to access support, support community provision and build stronger community networks.
- A network of voluntary and community groups to meet the needs of a diverse community in Newham and improve health equality, preventing emotional wellbeing issues from worsening through a range of community-embedded options.
- A programme of early intervention support and a multi-disciplinary team in Hull helping young people to access support sooner and reduce impact on clinical services.

Nationally there is enthusiasm for Social Prescribing as there are increasing Link Workers to be funded through the Long Term Plan, as well as local commissioning arrangements where there is an appetite for personalised care approaches. A further key consideration for development is establishing Link Workers as an option for schools to respond to increasing mental health prevalence for students. This could be beneficial for young people displaying emotional difficulties in schools, as a way of supporting young people to access voluntary and community provision and social prescribing could be included as part of the options of Ordinarily Available Provision in schools for mental health and wellbeing.

There are clear benefits to social prescribing, and examples in this report outline different social prescribing-type approaches HeadStart have implemented.



In addition to funded Link Workers and systems to guide young people into community-based activities, the voluntary and community sector has a highly important role in the provision of support and there is a need for local commissioners and Integrated Care Systems to consider what is required to ensure that these services can be supported in a more sustainable way.

Ordinarily available provision is usually discussed in relation to children and young people with SEND. It is the provision made for children whose special educational needs can be reasonably provided from the resources ordinarily available to the school.

The SEND Code links high quality teaching with ordinarily available provision, explaining in para 6:15 that "higher quality teaching ordinarily available to the whole class is likely to mean that fewer pupils will require such support."

Ordinarily Available Provision is the range of activities, opportunities and strategies that are offered as basic good practice to meet a range of additional needs without the need for a formal diagnosis or specialist support.

When thinking about mental health support in schools, Ordinarily Available Provision can be considered to be the universal and basic offer that schools can provide to all children to support wellbeing and embed good Whole School Approaches.



End notes

1. https://preview-brighton-uni.cloud.contensis.com/_pdf/research/crsj/1.headstart-blackpool-phase-3-bid-final.pdf
2. <https://www.eif.org.uk/what-its-about/mental-health-wellbeing>
3. https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence-based-practice-unit/files/headstart_evidence_briefing_3.pdf
4. NHS England Long Term Plan
5. <https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf>
6. Dayson and Bashir 2014 <https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/social-economic-impact-rotherham.pdf>
7. Polley et al 2017 <https://westminsterresearch.westminster.ac.uk/download/e18716e6c96cc93153baa8e757f8feb602fe99539fa281433535f89af85fb550/297582/review-of-evidence-assessing-impact-of-social-prescribing.pdf>
8. <https://www.kingsfund.org.uk/publications/social-prescribing>
9. <https://www.ncb.org.uk/sites/default/files/uploads/files/Personalised%20Care%20NCB%20report%20Final%20Nov.pdf>
10. Thomson et al, 2015 https://repository.canterbury.ac.uk/download/b4200c5d0d0b31dfd441b8efedffae2865b13569e44cb4a662898a3ed20c1092/3729872/Social_Prescribing_Review_2015.pdf
11. <https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/social-economic-impact-rotherham.pdf> (page 36)
12. <https://www.headstartnewham.co.uk/wp-content/uploads/2020/04/Does-social-action-help-young-people-with-emerging-mental-health-issues.pdf>
13. https://www.tnlcommunityfund.org.uk/media/insights/documents/HeadStart-Newham-CASA-2016-18_Process-Evaluation-Summary-Report.pdf?mtime=20200116114513&focal=none
14. HeadStart Hull Play Ranger Programme, Annual Report Year 3 April 2019-March 2020
15. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4580597/>
16. <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>
17. <https://www.runnymedetrust.org/uploads/publications/pdfs/2020%20reports/The%20Colour%20of%20Money%20Report.pdf>
18. <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>
19. <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>
20. <https://xenzone.com/kooth-sees-significantly-higher-increases-in-suicidal-thoughts-anxiety-and-depression-among-bame-young-people-compared-to-white-counterparts/>
21. Cresswell-Smith, J., Haaramo, P., Parkkonen, J., Wahlbeck, K. (2017). Interventions to mitigate the effects of poverty and inequality on mental health. *Social Psychiatry and Psychiatric Epidemiology*, 52(5), 505–514. <https://doi.org/10.1007/s00127-017-1370-4>
22. <https://northeastlondonccg.nhs.uk/download-attachment/8110>
23. <https://www.newham.gov.uk/downloads/file/3267/mental-wellbeing-impact-assessment>
24. <https://www.ncb.org.uk/what-we-do/improving-practice/wellbeing-mental-health/headstart/cross-systems-working/headstart-0>
25. <https://westminsterresearch.westminster.ac.uk/download/e18716e6c96cc93153baa8e757f8feb602fe99539fa281433535f89af85fb550/297582/review-of-evidence-assessing-impact-of-social-prescribing.pdf>
26. <https://www.ncb.org.uk/what-we-do/improving-practice/wellbeing-mental-health/headstart/cross-systems-working/headstart>
27. <https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf>
28. <https://www.headstartkernow.org.uk/Learning/Revised%20Final%20HSK%20Learning%20Community%20and%20Youth%20Facilitators%20Interim%20Report%20July%202020.pdf>

United for a better childhood

The National Children's Bureau brings people and organisations together to drive change in society and deliver a better childhood for the UK. We interrogate policy, uncover evidence and develop better ways of supporting children and families.

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