

SOCIAL PRESCRIBING FOR CHILDREN AND YOUNG PEOPLE

YMCA DOWNSLINK CASE STUDY



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YMCA Downlink in Brighton & Hove is one of four pilot sites delivering youth social prescribing since October 2018. The programme was funded by the Department of Health & Social Care, coordinated by StreetGames, and evaluated by Dr Marcello Bertotti at the University of East London. The Link Worker operates from the YMCA main office, community centres, and outreach sites including home visits. Brighton and Hove Children & Young People Wellbeing Services have a single referral pathway. All referrals come through a centralised system which is found on Brighton and Hove Wellbeing website. Once the referral has been received the experienced triage team assesses where the referral should be placed.

MAIN TARGET GROUP

Children & Young People who are socially isolated or at risk of social isolation (age 11-25, mean = 15yrs), particularly those who do not attend school and/or do not engage with social activities.

REFERRAL SOURCES/ROUTES

Wide range of referral routes. Most referral come from GP (63.6%) and friends/family (18.2%). However, interviews with participants revealed referrals from schools and CAMHS. Other sources can also include self-referrals.

HOW REFERRED

Wellbeing service referral via online portal, then triage and if appropriate referral to LW.

RATE OF REFERRAL

Total number of people seen by LW: 63 (Oct 2018- Dec 2019). Total number of people successfully referred to VCSE by LW: 37 (rate of referral from LW 58.7%).

MAIN REASONS FOR REFERRAL

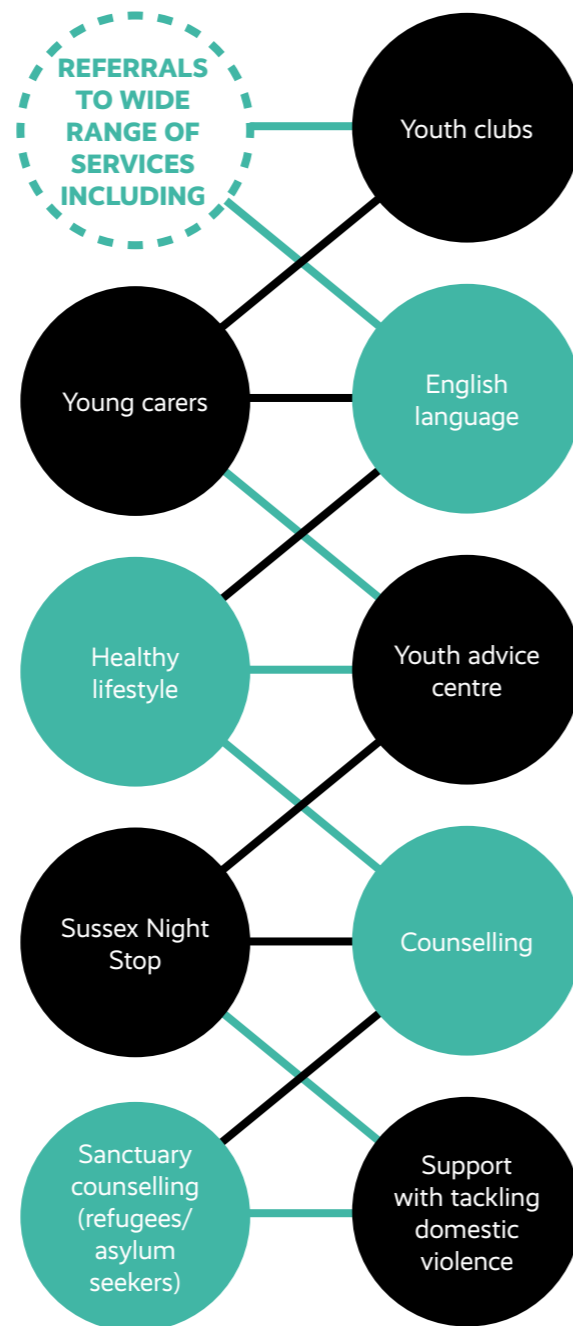
The most important reason for referral is mental health (29.2%), followed by social isolation/loneliness (22.9%), and lifestyle change (16.7%).

ROLE OF LINK WORKER

The Link Worker's role includes outreach so they can work with young people in the home or school setting, making the service more accessible. The LW meets the parent/carer typically at the initial meeting which is beneficial as sometimes the support and referral needs include the parent/carer. It is also a more joined-up approach where all stakeholders are involved in moving the young person forward. The Link Worker can also spend time with the young person, taking them out to places they would otherwise feel potentially too anxious to go to.

DETAILS OF SESSIONS

Holistic, very flexible, typically 4-5 sessions but can go up to 8 sessions and can last up to 12 months. Referral to assessment takes approximately 2 weeks, but sometimes less. Typically once per week sessions at the beginning and then more bespoke depending on need. Follow up to check situation of participant. On average, sessions are just under one hour long. They tend to be shorter in session one and longer in later sessions.



Key findings from interviews with five children and young people and two parents

ADVANTAGES/STRENGTHS

- Flexibility of the service: home visits, accompany young person on the bus, or by car to places.
- Different from CAMHS: less formal, LW recognises problem of CYP (e.g. anxiety) acknowledges the problem, empathy with the problem. LW provides support to work out the problems as identified by the CYP. CAMHS are seen by respondents as more judgemental, 'does this CYP have anxiety?' also CAMHS overly driven by outcome e.g. encouraging CYP back to school rather than understanding their perspective, feelings etc.
- Practical support with accessing services (e.g. sport, further support). taking CYP to services by bus or car.
- The intervention was not just with the child but sometimes offered to parents, depending on circumstance. Parent respondent found this very important because of health issues experienced by parents.
- Voice of CYP was taken into consideration in all cases.

DISADVANTAGES/CHALLENGES

- Location – consideration should be given to where sessions are run; distance can be a problem in terms of accessing services.
- Participant may find it difficult to go on the bus on their own.
- Effective intervention requires flexibility (including parental involvement) which may lead to a need for more in-depth and longer term support than it is currently possible to offer through the way the service is being funded and with current targets of 250 participants supported per year per link worker.
- Sometimes parents can act as a barrier to the relationship between the LW and participant - implications for ethics and 'best interest of the child'. This may be particularly the case when parents and child have relationship tensions.

IDEAS FOR FURTHER DEVELOPMENT FROM FOCUS GROUP WITH CYP

- LW could help CYP to get on the bus and accompany them to initial sessions and activities.
- There is a need for a family-based intervention (children and parents together) sometimes.

Key findings from other events in Brighton & Hove (e.g. knowledge learning exchange event)

ADVANTAGES/STRENGTHS

- Personal health budgets have enabled the continuation of support as we are able to fund travel to engage in health programmes.
- Outreach model enables provider to work with the most deprived YP, not attending school.
- The work of the LW led in some instances to a higher number of GP visits as YP were encouraged to go to see the doctor for a physical check up. This in turn led to incorporating physical activity and diet in the action plan.

DISADVANTAGES/CHALLENGES

- Our link work receives a high volume of calls from parents/carers/schools to follow up on which referrals have been made. Although we believe this is a model of good practice, we feel there is work to do going forward around managing the time of the role to ensure that we are able to support a high volume of young people.
- Increased complexity over time. found that some YP needed referral to secondary care and social services to ensure risk is managed appropriately.

IDEAS FOR FURTHER DEVELOPMENT FROM OTHER EVENTS

- Link workers continue to feel that it is important to offer at least a four session model. Some parents/carers have fed back that time with the young person is limited.
- Link workers reported that once trust is established, potentially seeing a young person over a longer time period offering the same amount of sessions with phone calls in between may be a solution. This could prevent a "revolving door" of care where we see the same young people being re-referred in to support multiple times.

