

Social Prescribing – Children and Young People

Invitation to apply for grant fund

Deadline 25 February 2021

Introduction We are working on an exciting project to bring social prescribing to the children and young people of Shropshire, starting with the South West of Shropshire including, Ludlow, Craven Arms, Church Stretton and Bishops Castle.

Social prescribing is a way for services in collaboration with young people to find innovative solutions to the problems that many young people face. Problems may be physical and mental health conditions, caused by social and environmental factors. Instead of medical intervention we can use sources of non-medical support in the local community such as sport, volunteering, social groups, mentoring, lifestyle balance and advice to help. Although the programme is still in development, we anticipate referrals into the programme coming from GPs, Schools, voluntary and community sector, job centre plus and others.

The project set up for adults has been very successful. Now we are looking to reach the young people in our society that would benefit from a similar programme, but tailored to children and young people.

Feedback from a range of stakeholders has been used to develop this project. This includes feedback from stakeholder meetings, meetings with individual organisations, engagement work with young people delivered by Healthwatch Shropshire, and engagement work with young people undertaken by the project group. Below is a set of themes that has come out of this work. Appendix B is a plan on a page that highlights details of the programme so far; and Appendix C is the commissioned Healthwatch engagement report, Social Prescribing for 16-25 year olds.

We are working with the Primary Care Network in the South West of Shropshire, who are funding a link worker to support this programme. We are now looking for providers to tell us what additional provision they could provide for children and young people to connect with in the South West of Shropshire. As part of this funding opportunity, we would expect providers to say how the additional provision would benefit children and young people and the area as a whole. We would also welcome ideas for providing additional support to other parts of the county, as well as how activities could be sustained in the future, beyond this grant funding programme.

What do we know so far?

Through engagement the themes that we have noted are:

- Feedback from the Health watch engagement report for young people who took part in activities tells us:
 - Enjoyment is the main reason for joining and continuing with an activity
 - Spending time with others and socializing

 - Exercise, sport and the social aspect of the group was important
 - Other activities such as choir, clubs, explorers and young farmers were held as good examples alongside volunteering, helping others and fund raising.
 - Main reasons for stopping attendance from groups were, lack of time, transport, difficulties with meeting people for the first time, lack of interest and cost.
 - Feedback from children who did not take part in any activities gave similar responses although a main response was not wanting to attend alone due to
 - Shyness,
 - Confidence
 - Transport
- Feedback from Children and Young People as part of the development of this programme – themes include:
 - Impact of Covid is at the forefront of thoughts and concerns for CYP
 - School is an important connector for CYP, with regard to peer relationships, but also for support mechanisms and information about the wider community
 - It's very hard for CYP to take the first step to ask for help or to explore something new; therefore, accessing CYP at an early stage, to prevent emotional difficulty is really tricky and must be taken into significant consideration
 - Peer groups are a significant influence on CYP, as is family
 - Interventions and support must be available when CYP are ready to access it
 - Sometimes it takes time working with CYP for young people to gain confidence to do new things, mentorship can play an important role

We are working on a pilot scheme of social prescribing for children and young people in the South West of Shropshire.

What do we want to achieve? What are our expected outcomes?

- To provide a range of activities for children and young people
- Improve the health and happiness of young people
- Reduce school exclusion
- Improve school attendance
- Reduce referrals to NHS mental health services

- Alleviate feelings of being lonely and stress caused by school, college, work, money or housing
- Improve individual life skills, access to employment
- Improving problem solving skills
- Increase confidence and motivation
- Positive social interaction
- Improving well being
- To provide measured results
- More children and young people engaged in and continuing to engage in activities

Target Groups:

- **All children and young people, but especially those at risk of struggling with emotional wellbeing**
- **Children and young people who don't currently have support mechanisms or who don't already access activities in their communities**
- **Those children and young people who would benefit from additional support to increase aspirations and outlook**

Can your group or service help to provide activities and interventions?

What could be provided by your organisation or a group of organisations to achieve the listed outcomes and what would be the associated costs?

We are looking for a range of additional interventions offering a wide choice of options for young people and their families. These must be good value for money and we would welcome organisations combining other funding streams with ours to enhance the offer. The funding is one off and not recurrent. Therefore, we are also keen to understand how the funding will be used to ensure that the activity can continue once the grant funding has ended. This might be through investing in volunteering or assets, and it might include connecting with other local and national organisations to create a legacy.

The council will consider making a small grant available to support activities provided by interested providers.

The total amount of grant funding available for this project is £30,000 for the year. It is important that the council maximises the benefits from this and therefore we look to work with several providers who:

- Understand the needs of children and young people in that area
- Understands the needs of on-going engagement with young people to develop activities
- Can prioritise support as required
- Are already providing similar support and activities
- Can show sustainability beyond this short-term funding
- Can measure and report on the number of children referred and participating, what activities they are accessing and on the impact of their activities on children and young people and the area as a whole.

- Can demonstrate that the council's grant complements their existing support activities and contributes to the aims of the social prescribing programme.
- Can evidence compliance with Shropshire children's safeguarding protocols www.safeguardingshropshireschildren.org.uk

Grant conditions are listed in **Appendix A** - the draft grant funding agreement, published with this form. We expect interested parties to meet the grant conditions and to demonstrate value for money.

Next steps: Interested providers need to complete this application form and return it to:

Penny.bason@shropshire.gov.uk by: **25th February 2021**

Interested providers can seek clarifying information from the Penny Bason via the email above.

Regarding the application form, interested parties are asked to provide accurate and concise information, specific for this grant. Non-relevant information will not be considered. The council reserves the right not to award the grant if applications do not meet the council's requirements.

The council's preference is to award several smaller grants to a range of providers up to a total value of up to £30,000, rather than one individual grant. The Council also reserves the right not to award the full £30,000.

If the total amount of grant funding applied for exceeds the council's £30,000, then the council may further negotiate with individual applicants.

The deadline for applications is 25th February 2021. Applications will be evaluated by Shropshire Council Public Health and Commissioning Teams.

The outcome of the evaluation will be communicated on 19th March, 2021

This is a one-off grant agreement. It will start on 1st April, 2021 and end on 31st March 2022

Grant Application Form

Name of Organisation
Address of organisation Website:
Contact person Name: _____ Role: _____ Tel No: _____ Mobile no: _____ Email: _____
What type of organisation are you and what is your legal status e.g. Registered charity?
Are you applying as a partnership / a consortium or an individual organisation? Please describe
We would consider a collaboration/ joint approach.
What are the aims and objectives of your organisation? [500-word count]
What activities /interventions do you currently provide for young people? [500-word count]
In which areas of Shropshire do you already support Children and Young People? <input type="checkbox"/> North Shropshire <input type="checkbox"/> Central Shropshire, including Shrewsbury <input type="checkbox"/> South Shropshire <input type="checkbox"/> Other – please specify
Do you use volunteers to deliver your service, and if so, how many?
How many staff do you have?

Describe your recruitment, induction and training process including what checks are carried out on employed staff and volunteers. [200-word count]

What additional activities / interventions do you plan to provide for young people, using this grant funding and how do these support the aims of the social prescribing programme? [500-word count]

Who are you targeting with your additional activities? [250-word count]

How would you ensure that your activities in support of social prescribing can be sustained beyond the term of this grant fund? [250-word count]

Engagement with young people is essential to the project: Commissioners want to better understand what young people need. Activities should develop as a result of feedback.
How would you use feedback to inform the local authority and how would you use it to develop your own activities? [150-word count]

Please detail how the following will benefit from you receiving a grant award. [300-word count each]

- 1) Children and Young People:**
- 2) The wider community/ other parts of Shropshire:**
- 3) Your organisation and its existing service users:**
- 4) Shropshire Council:**

The council requires evidence that the grant funding contributed effectively to its programme specific aims. Therefore, the council will require three reports from grant recipients:

- 1) A brief interim report with an update of how the grant fund is being used. This includes a breakdown of actual costs covered by the grant fund. To be sent to the council by 30 June 2021**

- 2) An early, more detailed report, reflecting activity and impact of the first 9 months. To be sent to the council by 31 January 2022.
- 3) A final, detailed report reflecting activity and impact of over 12 month of funding period. To be sent to the council by 30 April 2022

In applying for Grant Funding from Shropshire Council I undertake on behalf of (Name of Organisation)

- to abide by the principles and codes of practice set out in the Shropshire Voluntary and Community Sector Compact.
- to comply with the conditions of this grant as set you in the draft grant agreement, published with this grant application form.
- to ensure that activities and staff and volunteers comply with local safeguarding children protocols and general health and safety protocols.
- to hold public liability insurance and employer’s liability insurance. Please enclose copies of your insurance certificates
- to have in place, or will have in place by the commencement of the grant funding, the human and technical resources to ensure compliance with the General Data Protection Regulation and to ensure the protection of the rights of data subjects.

Signed:.....

Name:.....

Position in Organisation:.....

Date:.....

Evaluation of Responses

The Council will review and evaluate all applications received by the deadline for submission. The Council is expecting to approve multiple applications and will determine which applications to accept based on the following evaluation criteria. The Council reserves the right not to accept any application. Where the total combined value of all accepted applications exceeds the maximum available sum of £30,000 the Council may negotiate contract value(s) with individual applicant(s).

Evaluation criteria:

- Your organisation’s (or partnership’s) experience of delivering activities for children and young people which meet the outcomes required from this fund
- The quality of your proposal for service delivery and how well your proposal demonstrates a clear link between the aims of this fund and the activities / solutions being offered
- How your proposal demonstrates good value for money
- How well your proposal demonstrates sustainability beyond the period of this grant fund
- How you will ensure that support is available and accessible to eligible people across the South West of the Shropshire Council area. You should demonstrate your knowledge of the various communities and complementary services within South West Shropshire and the challenges of ensuring accessibility across the area.
- The quality of your approach to delivering and demonstrating customer outcomes and social value outcomes

Appendices:

- A) Draft Grant Funding agreement
- B) Children and Young Peoples Social Prescribing Plan on a Page
- C) Health Watch Shropshire report

APPENDIX A – DRAFT GRANT FUNDING AGREEMENT

Shropshire Council
Department / Team
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date:
My ref:
Your ref:

Dear

Funding Agreement to (add name and address)

The Council agrees to provide grant funding for the amount specified in Clause 2 below in accordance with the following terms and conditions:

DEFINITIONS

The Council means Shropshire Council

Commencement Date:

Expiry Date:

Funding means the sum of £XX that the Council has agreed to pay the Recipient per year during the term of this Agreement

Funding Agreement means this Agreement

Personnel means the Recipient's staff, volunteers, sub-contractors and any other person acting directly or indirectly on behalf of the Recipient in the delivery of the Project

Project: the Project as described in the **Project Specification** appended to this Agreement

Project Specification: **the Grant Funding Application signed on XXXXXX/the Project Specification appended to this Agreement as applicable**

Recipient [name and address of recipient of the Grant]

Regulated Activity in relation to children, as defined in Part 1 of Schedule 4 to the Safeguarding Vulnerable Groups Act 2006, and in relation to vulnerable adults, as defined in Part 2 of Schedule 4 to the Safeguarding Vulnerable Groups Act 2006.

1.0 AGREEMENT

- 1.1 The Council has agreed to pay the Grant to the Recipient to assist it in carrying out the Project.
- 1.2 This Agreement sets out the terms and conditions on which the Grant is made by the Council to the Recipient.
- 1.3 The Recipient agrees to provide the Project in accordance with the Project Specification.
- 1.4 These terms and conditions are intended to ensure that the Grant is used for the purpose for which it is awarded.
- 1.5 The Council may agree to extend this Agreement for a further year and annually thereafter at its own absolute discretion.

2.0 FUNDING

- 2.1 The Council will pay to the Recipient the Funding per annum from the Commencement Date to the Expiry date.
- 2.2 Payment of the Funding shall be made **quarterly/six monthly/annually in advance/arrears** upon receipt of an invoice sent to **XXXXX**. The Recipient agrees and accepts that payments of the Funding can only be made to the extent that the Council has available funds.
- 2.3 The amount of the Grant shall not be increased in the event of any overspend by the Recipient in its delivery of the Project.

3.0 OBLIGATIONS OF THE RECIPIENT

- 3.1 The Recipient shall use the Grant only for the delivery of the Project and in accordance with the terms and conditions set out in this Agreement. The Grant shall not be used for any other purpose without the prior written agreement of the Council.
- 3.2 To provide details of expenditure on an annual basis or as from time to time requested by the Council.
- 3.3 To provide the Council with details of the Project and the delivery of the Project as requested.
- 3.4 Not to make any significant change to the Project without the Council's prior written agreement.
- 3.5 To declare and return at the end of each Financial Year any amount of under-spend of the Funding if requested to do so by the Council.
- 3.6 To promptly repay to the Council any money incorrectly paid to it either as a result of an administrative error or otherwise which shall include (but without limitation) where an incorrect sum of money has been paid or where Funding has been paid in error before all conditions attached to the Funding have been complied with by the Recipient.
- 3.7 To ensure that no aspect of the Project contributed to by the Funding is or appears to be party political in intention use or presentation.
- 3.8 To acknowledge in all publicity wherever reasonably practicable the Council's funding of the Service.
- 3.9 Not Used
- 3.10 Not to spend any part of the Funding on the Project after the expiry of this Agreement
- 3.11 The Recipient shall keep separate, accurate and up-to-date accounts and records of the receipt and expenditure of the Grant monies received by it.

- 3.12 The Recipient shall keep all invoices, receipts, and accounts and any other relevant documents relating to the expenditure of the Grant for a period of at least six years following receipt of any Grant monies to which they relate. The Council shall have the right to review, at the Council's reasonable request, the Recipient's accounts and records that relate to the expenditure of the Grant and shall have the right to take copies of such accounts and records.
- 3.13 The Recipient shall provide the Council with a copy of its annual accounts within six months (or such lesser period as the Council may reasonably require) of the end of the relevant financial year in respect of each year in which the Grant is paid.
- 3.14 The Recipient shall comply and facilitate the Council's compliance with all statutory requirements as regards accounts, audit or examination of accounts, annual reports and annual returns applicable to itself and the Council.

4.0 COMPLIANCE

- 4.1 The Recipient will keep confidential any information it becomes aware of by reason of the operation of this Agreement and shall not use, divulge or communicate the same to any third party without the consent in writing of the Council.
- 4.2 The Recipient, its agents and servants will at all times observe the Data Protection Legislation and honour the confidentiality of any data supplied by the Council for the performance of the Project and in so far as such data constitutes Personal Data within the meaning prescribed by the Data Protection Act 1998 will at all times comply fully with the Data Protection Act principles relative thereto and will at all times indemnify fully the Council from and/or against any cause or action which may be brought against the Council consequent to any breach or non-observance by the Recipient, its agents and servants. Personal or sensitive data must not be stored on portable media such as laptop computers, memory sticks or CD/DVD's unless encrypted. Password protection by itself is not considered sufficient to protect sensitive data.
- 4.3 The Recipient will comply with the law for the time being in force and in particular will comply with the general duty imposed on local authorities by Section 149 of the Equality Act 2010 to eliminate discrimination, harassment and victimisation and promote equality of opportunity between persons who share a protected characteristic and those who do not share it and to foster good relations between persons who share a protected characteristic and those who do not share it.
- 4.4 The Recipient shall indemnify the Council against all reasonable damage liability costs claims actions and proceedings arising out of the performance defective performance or otherwise in relation to the Project and of this Agreement, or its obligations to third parties and shall maintain a comprehensive policy of Public Liability Insurance cover in respect of its liability in accordance with the Council's mandatory levels of £5million Public Liability and £5 million Employers Liability and shall provide copies of its insurance policies to the Council upon request. The Council accepts no liability for any consequences, whether direct or indirect, that may come from the Recipient running the Project, the use of the Funding or from the withdrawal of the Funding
- 4.5 The Recipient shall comply with the Health and Safety at Work Act 1974 and the Human Rights Act 1998.
- 4.6 The Council may cancel the Agreement if at any time it becomes known to the Council that the Recipient has offered given or agreed to give any inducement or reward to any person or body in relation to the obtaining or execution of this Grant or any other Agreement with the Council; or favoured or discriminated against any person in relation to this or any other Agreement with the Council; or committed an offence in relation to any Agreement with the Council under the Bribery Act 2010 or Section 117(2) Local Government Act 1972 (as amended).

- 4.7 The Recipient will ensure that all its Personnel are made aware of the Council's policy "Speaking up about Wrongdoing" and that the details of this policy are fully explained to them and shall provide the Council with evidence of doing so upon request.
- 4.8 The Recipient shall have and keep in place adequate procedures for dealing with any conflicts of interest and shall have and keep in place systems to deal with the prevention of fraud or administrative malfunctions.
- 4.9 The Recipient acknowledges that the Council is subject to the requirements of the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 and shall assist and co-operate fully with the Council (at the Recipient's expense) to enable the Council to comply with these information disclosure requirements and within the statutory timetables. Under no circumstances shall the Recipient respond directly to a request for information unless expressly authorised to do so by the Council. The Council shall be responsible for determining in its absolute discretion whether any information is exempt from disclosure in accordance with the provisions of the Freedom of Information Act or the Environmental Information Regulations 2004. The Recipient shall ensure that all information produced in the course of the Agreement or relating to this Agreement is retained for disclosure and shall permit the Council to inspect such records from time to time.
- 4.10 The Recipient warrants, undertakes and agrees that:
- 4.10.1 it has all necessary resources and expertise to deliver the Project (assuming due receipt of the Grant);
- 4.10.2 it shall at all times comply with all relevant legislation and all applicable codes of practice and other similar codes or recommendations, and shall notify the Council immediately of any significant departure from such legislation, codes or recommendations;
- 4.10.3 all financial and other information concerning the Recipient which has been disclosed to the Council is to the best of its knowledge and belief, true and accurate;
- 4.10.4 it is not subject to any contractual or other restriction imposed by its own or any other organisation's rules or regulations or otherwise which may prevent or materially impede it from meeting its obligations in connection with the Grant;
- 4.10.5 it is not aware of anything in its own affairs, which it has not disclosed to the Funder or any of the Funder's advisers, which might reasonably have influenced the decision of the Funder to make the Grant on the terms contained in this Agreement; and
- 4.10.6 since the date of its last accounts there has been no material change in its financial position or prospects.
- 4.11 The Recipient shall keep accurate and complete written records of all complaints received and the responses to them and shall make these records available to the Council on request

5.0 TERMINATION

- 5.1 This Agreement may be terminated prior to the Expiry Date in the following circumstances:-
- 5.1.1 by either the Council or the Recipient by giving **3 months** Notice in writing to the other party
- 5.2 This Agreement may be terminated by the Council:
- 5.2.1 if the Recipient becomes the subject of a voluntary arrangement under section 1 Insolvency Act 1986 or is unable to pay its debts within the meaning of section 123 Insolvency Act 1986; has a receiver manager administrator or administrative receiver appointed over all or any parts of its undertaking assets or income; has passed a resolution for its winding up; has a petition presented to any court for its winding up or for an administration order; or if any distraint

- execution or other process is levied or enforced on any property of the other and is not paid out withdrawn or discharged within 14 days
- 5.2.2 if the Recipient uses the Funding for purposes other than those for which it has been awarded
 - 5.2.3 if the Council believes in its reasonable opinion that the Recipient is delivering the Project in a negligent manner or that the Recipient has not made satisfactory progress with the delivery of the Service
 - 5.2.4 if the Recipient obtains duplicate funding from a third party for the Service
 - 5.2.5 if the Recipient ceases to operate for any reason
 - 5.2.6 if the Recipient fails to comply with the terms and conditions of the Funding or as set out in this Agreement and fails to rectify any such failure within 30 days of receiving written notice detailing the failure
 - 5.2.7 the delivery of the Project does not start within [6 months] of the Commencement Date and the Recipient has failed to provide the Council with a reasonable explanation for the delay;
 - 5.2.8 the Recipient provides the Council with any materially misleading or inaccurate information;
 - 5.2.9 the Recipient undertakes activities that are likely to bring the reputation of the Project or the Council into disrepute;
 - 5.2.10 the Recipient fails to comply with any of the terms and conditions set out in this Agreement and fails to rectify any such failure within 30 days of receiving written notice detailing the failure.
- 5.3 In the event of this Agreement being terminated at any time prior to the Expiry Date for any reason then the Council's obligations under clause 2 Funding will cease and no further payments will be made and the Recipient may be required to repay to the Council all (if any) of the Funding already received (after the liabilities of the Recipient in the provision of the Project in accordance with this Agreement have been made).
- 5.4 It is recognised that this Funding may provide part of the Funding for the Project and that the Recipient may be unable to provide the Project should any contributions to the Funding cease. The Council will therefore ensure that should a decision be made to either cease or reduce the Funding the Recipient shall be notified at least 6 months prior to the end of the Funding period or at least 6 months prior to the end of each annual Funding period.
- 5.5 Where a notice to terminate is served by either party further to this clause 5, this Agreement shall terminate with effect from the date specified in the notice.

6.0 ASSIGNMENT

The Recipient may not, without the prior written consent of the Council, assign, transfer, sub-contract, or in any other way make over to any third party the benefit and/or the burden of this Agreement or, except as contemplated as part of the Project, transfer or pay to any other person any part of the Grant.

7.0 AGENCY

The Recipient is an independent agent and nothing in this Agreement shall render it an agent or partner of the Council and the Recipient shall not hold himself out as such nor have any right or power to bind the Council to any obligation.

8.0 FORCE MAJEURE

Neither party shall be liable for any delay in performing any of its obligations under this Agreement if such delay is caused by circumstances beyond the reasonable control of the

party so delaying and such party shall be entitled (subject to giving the other party full particulars of the circumstances in question and to using its best endeavours to resume full performance without avoidable delay) to a reasonable extension of time for the performance of such obligations.

9.0 SAFEGUARDING

- 9.1 Where the activity being undertaken in the Project is a Regulated Activity the Recipient shall:
- (i) ensure that all individuals prior to undertaking a Regulated Activity are subject to a valid enhanced disclosure check undertaken through the Disclosure and Barring Service including a check against the adults' barred list or the children's barred list, as appropriate; and
 - (ii) monitor the level and validity of the checks under this clause 9 for each member of the Recipient's Personnel.
- 9.2 The Recipient warrants that at all times for the purposes of this Agreement it has no reason to believe that any person who is or will be employed or engaged by the Recipient in the provision of Regulated Activity is barred from Regulated Activity in accordance with the provisions of the Safeguarding Vulnerable Groups Act 2006 and any regulations made thereunder, as amended from time to time.
- 9.3 The Recipient shall immediately notify the Council of any information that it reasonably requests to enable it to be satisfied that the obligations of this clause 9 have been met.
- 9.4 The Recipient shall refer information about any person carrying out Regulated Activity to the Disclosure and Barring Service where it removes permission for such person to carry out Regulated Activity (or would have, if such person had not otherwise ceased to carry out Regulated Activity) because, in its opinion, such person has harmed or poses a risk of harm to children or vulnerable adults.
- 9.5 The Recipient shall not employ or use the services of any person who is barred from, or whose previous conduct or records indicate that he or she would not be suitable to carry out Regulated Activity or who may otherwise present a risk to children or vulnerable adults.

10.0 GOVERNING LAW AND JURISDICTION

It is the responsibility of the Recipient to comply with all relevant European and English legislation. This Agreement shall be governed by and construed in accordance with English Law and the parties agree to submit to the exclusive jurisdiction of the English and Welsh Courts.

11.0 DISPUTES

- 11.1 If any dispute or difference shall arise between the parties as to the construction of this Agreement or any matter or thing of whatever nature arising under this Agreement or in connection with it then the same shall be dealt with as follows:
- 11.1.1 In the first instance a special meeting of both the parties to this Agreement shall be arranged on 14 days written notice to the other party and the matter shall be discussed and the representatives shall use their reasonable endeavors to resolve the dispute.
 - 11.1.2 If the dispute cannot be resolved in accordance with the preceding sub-clause then either one of the parties may serve the Council's Chief Executive or the Recipient's senior officer or such other authorised officer of either party whose details have been notified to the other party, with notice of the dispute and those officers shall then appoint their representative to adjudicate and use their

reasonable endeavors to resolve the dispute within 21 days of receipt of such notice.

12.0 THIRD PARTY RIGHTS

The parties to this Agreement do not intend that any of its terms will be enforceable by any person not a party to it by virtue of the Contracts (Rights of Third Parties) Act 1999.

13.0 JOINT AND SEVERAL LIABILITY

Where the Recipient is not a company nor an incorporated body with a distinct legal personality of its own, the individuals who enter into and sign this Agreement on behalf of the Recipient shall be jointly and severally liable for the Recipient's obligations and liabilities arising under this Agreement.

14.0 WAIVER

Any failure or delay by either party to exercise any right or remedy under this Agreement shall not be construed as a waiver of any other right or remedy.

15.0 NOTICES

All notices and other communications in relation to this Agreement shall be in writing and shall be deemed to have been duly given if personally delivered, or mailed (first class postage prepaid) to the address of the relevant party, as referred to above or otherwise notified in writing. If personally delivered all such communications shall be deemed to have been given when received (except that if received on a non-working day or after 5.00 pm on any working day they shall be deemed received on the next working day) and if mailed all such communications shall be deemed to have been given and received on the second working day following such mailing.

16.0 TRANSPARENCY

16.1 The parties acknowledge that, except for any information which is exempt from disclosure in accordance with the provisions of the FOIA, the content of this Agreement is not confidential information. The Council shall be responsible for determining in its absolute discretion whether any of the content of the Agreement is exempt from disclosure in accordance with the provisions of the FOIA.

16.2 Notwithstanding any other term of this Agreement, the Recipient hereby gives his consent for the Council to publish this Agreement including from time to time agreed changes to the Agreement, to the general public.

16.3 The Council may consult with the Recipient to inform its decision regarding any exemptions but the Council shall have the final decision in its absolute discretion.

16.4 The Recipient shall assist and cooperate with the Council to enable the Council to publish this Agreement.

17.0 JOINT AND SEVERAL LIABILITY

Where the Recipient is not a company nor an incorporated entity with a distinct legal personality of its own, the individuals who enter into and sign this Agreement on behalf of the



Recipient shall be jointly and severally liable for the Recipient's obligations and liabilities arising under this Agreement.

18.0 BREACH

In the event that the Recipient is in breach of its obligations under this Agreement then the Council shall service a Notice requiring the Recipient to take such action as the Council deems necessary to remedy the breach upon the terms and within the time stipulated within the Notice.

19.0 VARIATION

This Agreement may only be varied by consent of both of the parties and any such variation must be in writing and it must be annexed to this Agreement and shall record the date from which the agreed variation shall have effect.

Please would you signify your acceptance of the above terms and conditions by signing below and returning to me at your earliest convenience. I enclose another copy of this letter for your records.

Yours sincerely

XXXXXXXXXX

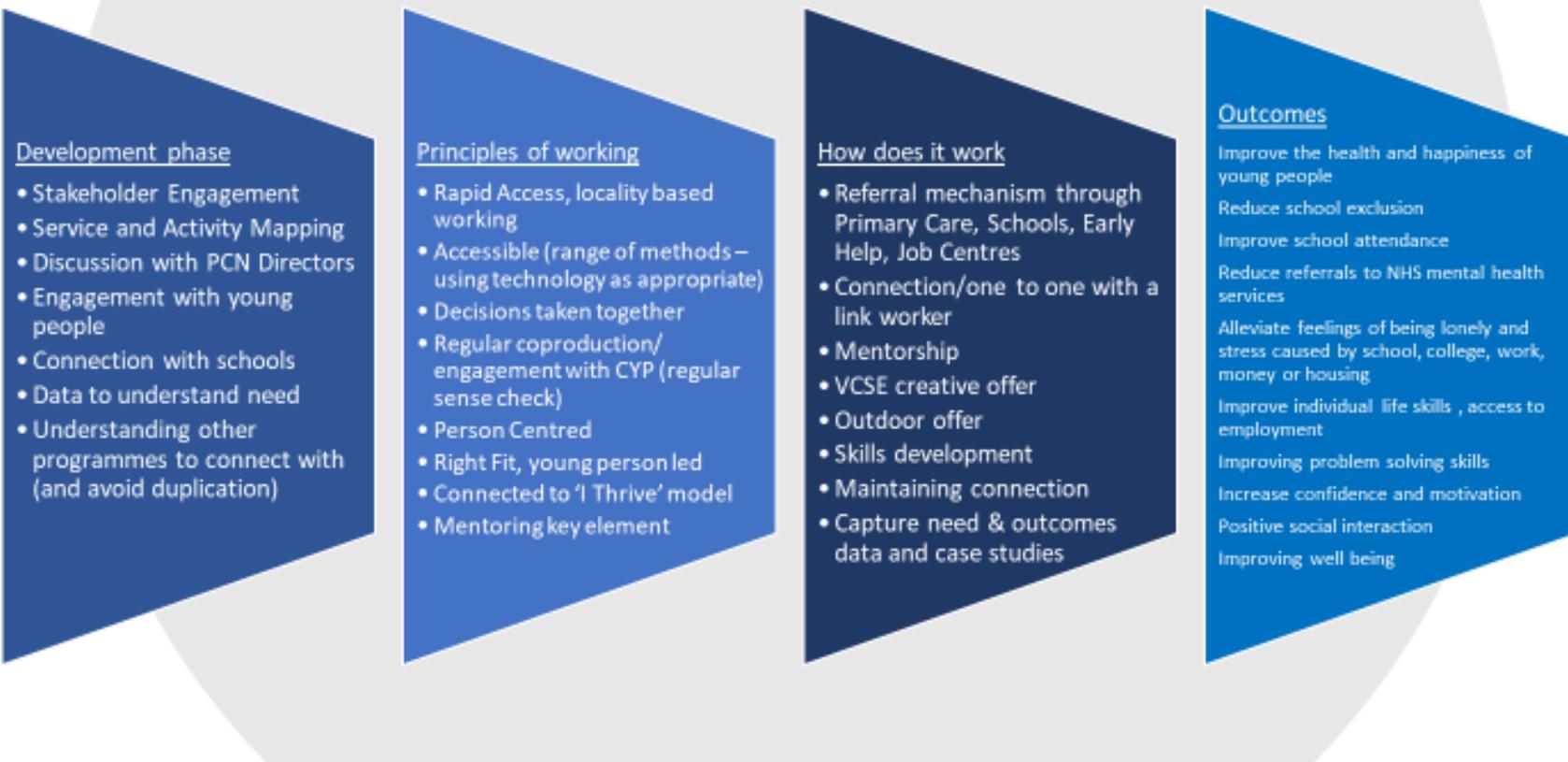
The Recipient agrees to provide the Project in accordance with the above Terms and Conditions

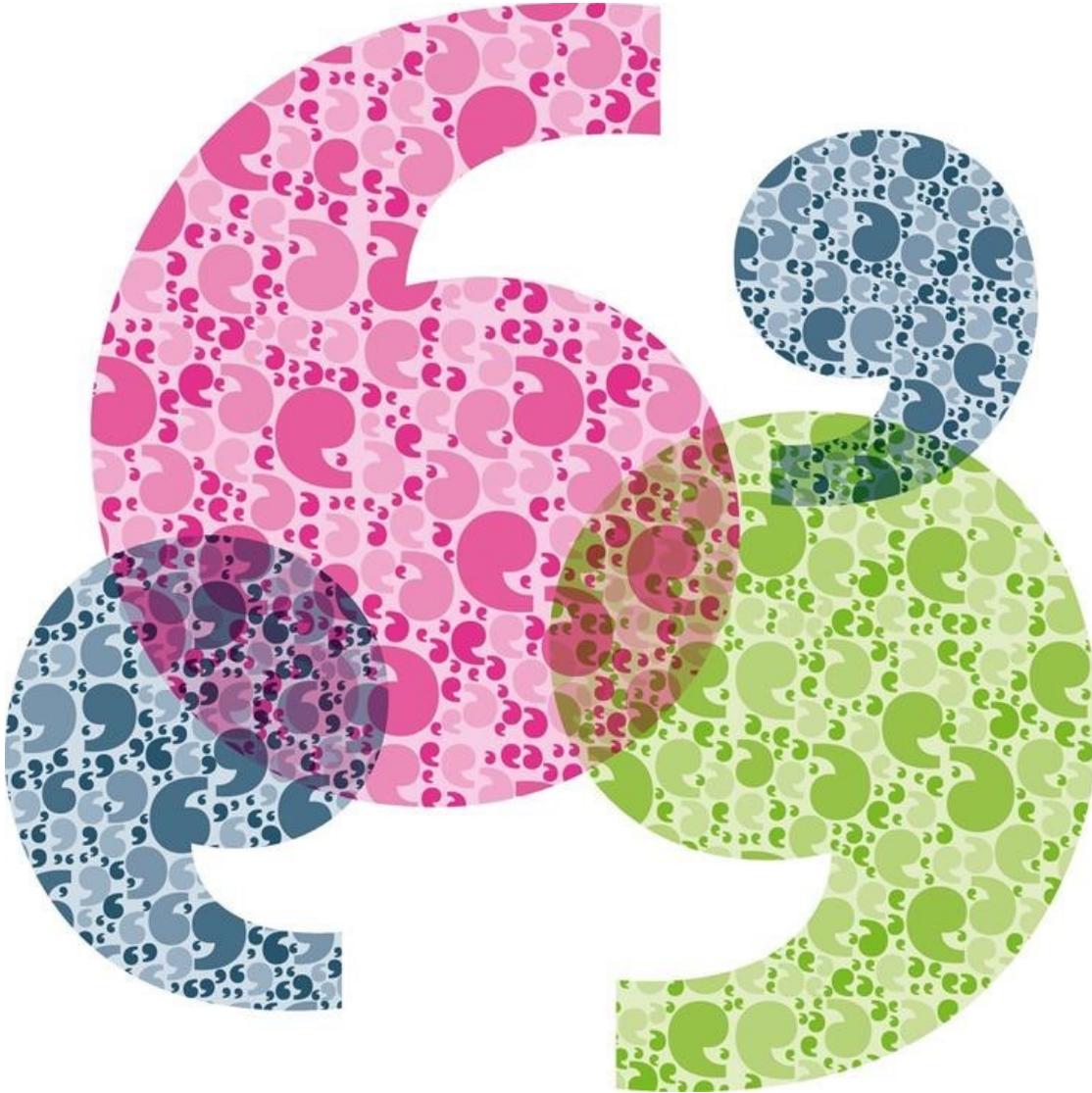
Name..... **Date**

(Authorised Signatory on behalf of the Recipient)

Appendix B – CYP Social Prescribing Plan on a Page

Shropshire CYP Social Prescribing





Social Prescribing

for 16-25 year olds

Engagement Report

Engagement period:

Publication date:

November 2019 to April 2020

16th July 2020

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About Healthwatch Shropshire



HEALTHWATCH SHROPSHIRE IS THE INDEPENDENT HEALTH AND SOCIAL CARE CHAMPION FOR LOCAL PEOPLE

We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen.

Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g. Shropshire Clinical Commissioning Group and Shropshire Council)
- service regulators (the Care Quality Commission, NHS

England)

- our national body Healthwatch England to let them know how services are working in Shropshire

We are not experts in health and social care and use a variety of public engagement methods to ask people to share their views with us including

- Talks and stands at events or places where people gather
- Poster and flyers asking people to contact us
- Questionnaires and surveys on particular issues
- Focus groups and 1 to 1 interviews where we can ask people detailed questions

PLEASE NOTE

We continue to want to hear from people who are willing to share their views and experiences with us about Social Prescribing and we will share them with the providers to help them to continue to develop and evaluate the service.

THE CONTEXT

Shropshire Together is ‘a collection of partners working to improve the health and wellbeing of people living and working in Shropshire.’¹

The Healthy Lives Programme is one of the ways these partners work together by combining ‘the key health prevention actions of Shropshire Council, Shropshire CCG, the Voluntary Sector and NHS providers to take a collective approach to reducing demand on services and improving health & wellbeing.’

Social Prescribing is one of these approaches.

Social Prescription
Social Prescription is available in this GP Practice.

- Social Prescription is a non-medical programme, which enables people to access services and support in their own communities with the help of a trained Advisor.
- The Advisor helps people understand their health and wellbeing needs, supports them in setting realistic goals and develops an action plan to achieve these.
- Many people can benefit from Social Prescribing. This includes those who may be....

- Caring for someone who can't manage without this help
- Living with a Long-Term Health Condition
- Wanting to change their lifestyle e.g. giving up smoking or losing weight
- Feeling worried or anxious
- Feeling lonely or socially isolated

Your Practice feels this is something that could work well for you, and following a discussion with you, will arrange an appointment with a trained Social Prescribing Advisor.

Please turn over to find out more

For GP Practice use:
Please tick as appropriate

Appointment made

Referral made

Please add in their consultation 'referred to social prescribing' (shown in a blue box for those not typing 'social prescribing' their 'referred to social prescribing' shown as an option) and also add the reason for referral to assist the Advisor and for monitoring.

What is Social Prescribing?

According to the Shropshire Together website:

- ‘Social Prescribing is designed to support people with a wide range of social, emotional or practical needs. It is a way of enabling GPs, health and social care professionals, the voluntary sector and other partners such as Job Centres and pharmacies, to refer people to a Social Prescribing advisor.

The scheme is evolving in Shropshire and is currently available in a number of GP practices and community centres, with plans to roll out across the county.’

‘Individuals are referred to a Social Prescriber who will work with them to discuss their health and well-being. Together they will come up with a plan of action that refers them to community activities that can make them feel happier and healthier.’

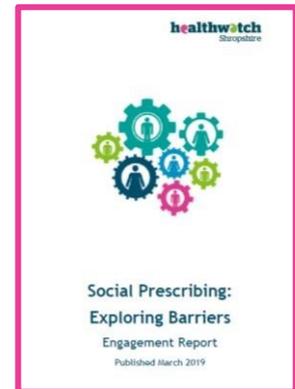
¹ <http://www.shropshiretogether.org.uk/>

In 2018 the Healthy Lives team at Shropshire Council asked Healthwatch Shropshire to engage with the people of Shropshire regarding 'Social Prescribing' to find out what they knew about it, what might prevent them from accessing services (e.g.

rurality) and where there were gaps in services. We were asked to focus our engagement on rural areas, young men and people under 65, and people not already accessing social support. The report was published March 2019 and is available on our website:

[https://www.healthwatchshropshire.co.uk/report/2019-03-](https://www.healthwatchshropshire.co.uk/report/2019-03-03/social-prescribing-exploring-barriers)

[03/social-prescribing-exploring-barriers](https://www.healthwatchshropshire.co.uk/report/2019-03-03/social-prescribing-exploring-barriers) Late 2019 we are asked to do a second piece of engagement.



When Social Prescribing was first introduced it was primarily aimed at adults and older adults and they were referred to community activities designed for that age group. By the time we were approached, 11 GP practices across Shropshire were offering Social Prescribing. Most referrals were made for people over 40 and the majority of these were for people aged 60+. Of the 498 referrals made up to May 2019 only 7 had been for people aged 18-19 and 36 for people aged 20-29.

Plans are in place in Shropshire to extend the Social Prescribing offer to 16-25 year olds and so we were asked to speak to people in this age group to find out what they think about Social Prescribing, how it could work for them, (e.g. who it should be delivered by, when and where) the potential barriers that could stop them taking part and what activities they would consider taking part in.

EXECUTIVE SUMMARY

Spring 2020 Healthwatch Shropshire engaged with young people aged 16-25 through an online survey and focus groups to find out what they thought about Social Prescribing for this age group and to understand the kind of activities they are currently involved with, what benefits they get out of them and potential barriers to taking part.

One of the focus groups was with nine Psychology Students from the University Centre Shrewsbury (UCS). Some of these students chose to conduct their own research into Social Prescribing for this age group as part of a community project for their degree and shared their findings with us.

The Covid-19 pandemic and national lockdown meant we were able to complete two of the four focus groups we had planned.

This report summarises what we heard from 70 young people (49 through the on-line questionnaire, 17 people who took part in focus groups and five people interviewed by USC students) and five professionals with an interest in Social Prescribing for this age group (three GPs, two Community and Care Coordinators).

MAIN FINDINGS

24 of the 49 people who completed the on-line questionnaire were already involved in a group, activity or were a member of a team/club (49%). Between them they attended 28 activities and half of these were sports or fitness based. Other activities included, choir, clubs, Explorers and Young Farmers. One person volunteered at Severn Hospice.

The majority of people had been made aware of the activity by a friend (38%) or family member (25%). Four (16%) had heard about it through their school or college.

17 people had been attending the activity for over two years (61%). 79% of these were attending weekly (47%) or more than once a week (32%) indicating a regular, long-term commitment.

When asked to describe what the activity involved, 39% said it was to play sport, train or exercise and 23% said it was to socialise. Four people (10%) said it involved some kind of volunteering. However when asked to think about whether or not the different activities they took part in included some kind of volunteering or helping others, 13 said 'yes' (48%). Some talked about raising money for charity while others gave examples of helping or teaching others involved in the group/activity, e.g. 'My friend is disabled so needs a bit of help.'

Enjoyment was the main reason given for joining and continuing to go to a group/activity. Followed by meeting, spending time with and socialising with people and keeping fit/exercise. 89% of people said that the social aspect of the group/activity they took part in was either 'very important' or 'quite important'. This was supported by the interviews conducted by the UCS students.

The top five reasons given by this group for not going or stopping going in the future were:

1. lack of time
2. transport
3. difficulties with meeting people for the first time
4. lack of interest
5. cost

When the people not currently taking part in any kind of group or activity were asked the same question the response was similar. Although not the first answer given the issue of not wanting to go to a group on their own and shyness were reasons given by both groups.

Transport and confidence were also highlighted in the interviews conducted by the UCS Psychology students.

Focus group participants highlighted the timing of activities affecting whether or not they would attend, e.g. a number of people work in bars and restaurants meaning they are not free in the evening or at weekends. Many young people in education, training and employment are not free in the day and many have to supplement their income by having a job in the evening or at weekends. Transport was also a factor for these young people, as well as talking about public transport and cost, some people told us they did not want to travel at night or in the dark and described anxiety about travel in general.

50% of people not already involved in an organised activity said they would be 'very likely' or 'quite likely' to consider being part of an activity to help other people.

51% of people who completed the questionnaire said they would be 'very likely' or 'quite likely' to join a club, group or activity that could help with particular problems such as feeling lonely or stressed out by school, college, work, money or housing. 42% of those already taking part felt that the club, group or activity helped with problems like these.

When asked to suggest groups or activities that could help with these kind of problems, as well as youth clubs, sport and social groups, suggestions included community gardens, mindfulness classes and yoga. Focus group participants told us they would be interested in groups that help with money/housing problems, life skills, mental health, weight management and substance misuse.

In both the questionnaire responses and focus groups we heard about difficulties people face when attending a group or activity for the first time, describing the need for 'handholding' at first. Focus group participants identified some things that might help, including meeting the group or group leader beforehand, e.g. on-line, or being able to take someone else, like a friend, along.

- 'The fear of the unknown, might stop me going. Hearing other people's positive experiences, someone you can relate to, seeing maybe a video clip on YouTube would help.'

There was a need for reassurance that they would have things in common with other people and their information and participation kept confidential.

For some, continuing to go to a group was down to motivation and organisation, describing a need for encouragement and reminders to go, e.g. by email. They wanted regular catchups with the Social Prescriber to help maintain motivation.

52% of people who completed the questionnaire said they would rather speak to an individual than attend a group if they were feeling lonely or stressed out. 25% would consider attending a group and just 6% said they would like to receive support online. Those people who were not sure explained that it would depend on the problem and how they felt.

People we spoke to in the focus groups placed great importance on the Social Prescriber and people offering 1:1 support or running groups. They wanted to speak to someone who was friendly, took them seriously and related well to young people. Several people mentioned that they would like the person to have had similar experiences to them and act as a mentor.

When discussing the Social Prescriber role, several suggestions were made for the name of the role but it was clear that it was most important for them to know what Social Prescribing is. Some people commented that the term is unhelpful and made them think about drugs, one person explained 'I thought it was everyone coming together to pop pills together'.

- 'It's important to make sure we know. If you know about it you can come forward and ask for it.'

They wanted information about what to expect, their options and outcomes. We heard from some people who felt let down by their previous experiences of the NHS which meant they expected long waiting lists, a lack of flexibility and no follow-up. Suggestions for sources of information about the service included GP practices, colleges, posters and the internet.

Some raised questions about confidentiality and how their information would be used.

All three GPs thought Social Prescribing would be better situated in community hubs rather than NHS settings, partly to encourage people not to expect medical solutions to their problems. When we asked young people particularly about their first contact with the service it became clear that there needs to be a flexible approach. For example some people wanted the initial contact to be by phone, email or on-line chat, partly due to the cost/travel. If first contact is face-to-face respondents wanted to be able to choose where the meeting would take place, preferably somewhere familiar to them:

- 'There should be a choice about where to have the conversation, so you can feel more comfortable.'

This could include their GP practice, a public place or where they receive support (e.g. Housing project, education or training provider).

Our conversations with professionals showed that they had a good understanding of the motivations of young people to take part in groups/activities, the needs of this age group and some of the barriers they face in accessing Social Prescribing (e.g. transport, cost, confidence). The professionals did not mention the issue of 'lack of time' that the young people described.

RECOMMENDATIONS

Our findings suggest that:

1. The Social Prescribing model for 16-25 year olds should be co-produced with the young people who will use the service
2. Social Prescribing for this age group would need to be highly flexible and tailored to the individual at each part of the process
3. The language around Social Prescribing would need to be carefully considered and de-medicalized and become more informal
4. The issues around lack of currently available groups, transport and cost would need to receive careful consideration
5. The qualities of the Social Prescriber including their age and personal experience in relation to the person being referred would need to be 'matched' as would any group and group leader
6. Follow up by the Social Prescriber would need to be agreed with the young person and is likely to need to be on-going and supportive.
7. A mixture of virtual groups, physical groups, peer support and 1:1 sessions could enable a young person to participate and get the most out of Social Prescribing and the programme of activities they are referred to.

WHAT WE DID

In order to hear from as many people as possible we decided to use a variety of engagement methods:

- We conducted an on-line survey from 29th January to 30th April and heard from 49 people aged 16-25 (*Appendix 1*)
- We ran two focus groups, each running for an hour and a half
 - One with 9 University Centre Shrewsbury Psychology students
 - One with 7 residents of The Foyer in Ludlow
- We spoke to professionals with an interest in Social Prescribing for this age group
 - Three GPs
 - Two Community and Care Coordinators

About Ludlow Foyer

A Foyer is a housing project that provides accommodation for young people aged 16-25 and is linked to training. Ludlow Foyer opened its doors in 2000.

Residents are given opportunities to gain new skills, either by taking up formal education courses or getting involved in centre-led projects, such as a current initiative to learn and use multi-media skills, including video-making and computer editing. The training is individually tailored to each resident to enable them to become more independent, so that eventually they can take on a tenancy of their own.

Ludlow Foyer's mission is to provide a safe and supported environment for young people to gain the confidence to lead their lives in the community, often achieving new skills and making new friends along the way.

<https://connexus-group.co.uk/care-support-services/assisted-accommodation/ludlowfoyer>

Other sources of information:

After we contacted the department and arranged a focus group, three University Centre Shrewsbury (UCS) Psychology students chose to complete a small research project: 'Exploring Social Prescribing for Shropshire-based youth: Exploring social group barriers, motivations and engagement' with young people aged 18-25. They interviewed a total of five young people, four were students at the UCS and one was a student from Shrewsbury

6th Form College. They had responded to posters in and around the university and Shrewsbury Town Centre. The students shared their final report with Healthwatch Shropshire and key messages are included in this report.

IMPACT OF COVID-19

Unfortunately many of the offers of help to promote the questionnaire did not progress with the disruption to working conditions and the closure of schools and colleges.

Two further focus groups at Shrewsbury Colleges Group with Health and Social care students were planned to take place on March 24th but were cancelled when we went into lockdown.

As it became clear that people in Shropshire would experience a range of challenges during the pandemic and in lockdown the Social Prescribing offer was extended and the Healthy Lives Team began to develop the offer for this age group.

What we found out

The survey



We promoted the online questionnaire with:

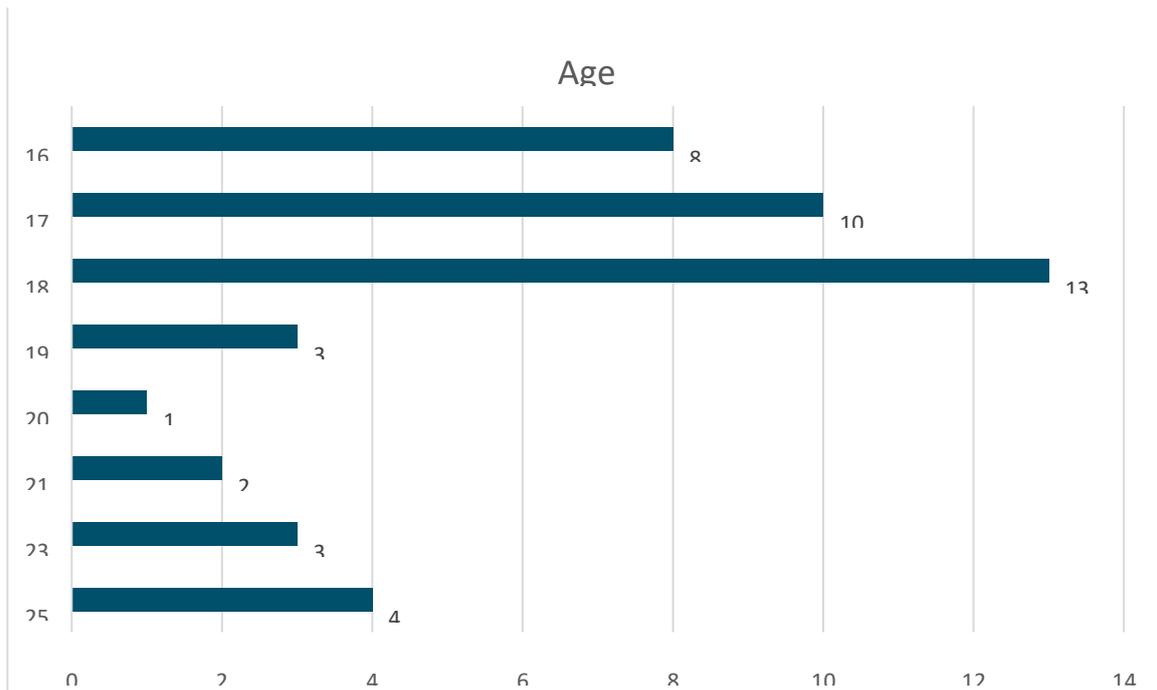
- Shrewsbury Colleges Group
- Derwen College
- Oswestry Job Centre
- Ludlow College
- Wem Sixth form
- Thomas Adams Sixth Form College
- The Marches Academy Trust
- Crossroads Young Carers
- Shropshire Youth Association
- Shropshire Youth Support Trust
- Shropshire Federation of Young Farmers Clubs

We received **49 responses** to the on-line questionnaire. Two people did not give their gender but 37 responses were from females (79%) and 10 from males (21%).

We heard from people aged 16-25 and the average age of respondent was 18.6 years:

- 31 were aged 18 or less (63%)
- 13 were aged 19 or more (27%)
- Five people did not give their age (10%)

The small sample size makes it difficult to infer any difference between the responses from females and males and people of different ages (e.g. we only heard from one person aged 20.)



Please note: After each question the ‘N’ number is the number of responses / answers to the question.

THE QUESTIONS

Q1. Do you go to any groups, teams or activities? [N: 49]

All 49 respondents answered this question.

24 people who completed the questionnaire attend a group, activity or were a member of a team (49%). (One respondent answered ‘No’ but her other answers mean that it should be ‘Yes’.) Of these 20 were female (83%) and 4 male (17%).

RESPONSES FROM PEOPLE ALREADY ATTENDING A GROUP, ACTIVITY OR A MEMBER OF A TEAM

Of the 24:

- 17 were aged 18 or less (71%)
- 6 were aged 19 or more (25%)
- 1 did not give their age (4%)

Q2.1 and Q3.1 What is the group, team or activity you go to? [N:28]

Four of the 24 people who told us they attended a group, activity or were a member of a team listed two activities. Of the 28 activities named, the most popular were:

- Sports and fitness (14)
- Dance (4)

Ten other activities included choir, youth club, book club, St John's Ambulance, Explorers, house group (church), band, Young farmers, Volunteering at Severn Hospice, one was not named.

For complete answers, see Appendix 2

Q2.2 and Q3.2 How did you find out about the club, group, team or activity? [N = 24/8]

Top sources:

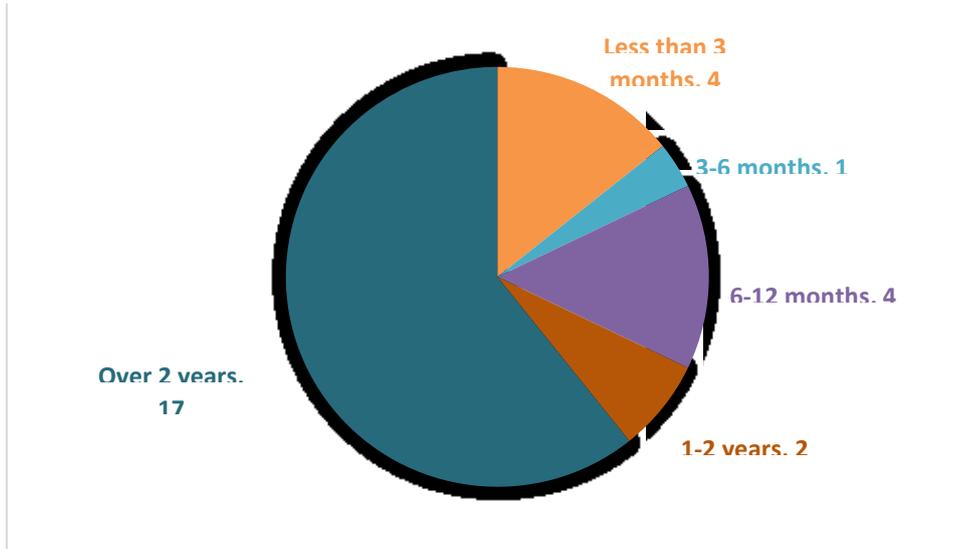
1. Friend (9)
2. Family member (6)
3. Local knowledge (e.g. poster) (4)
4. school/college (4)



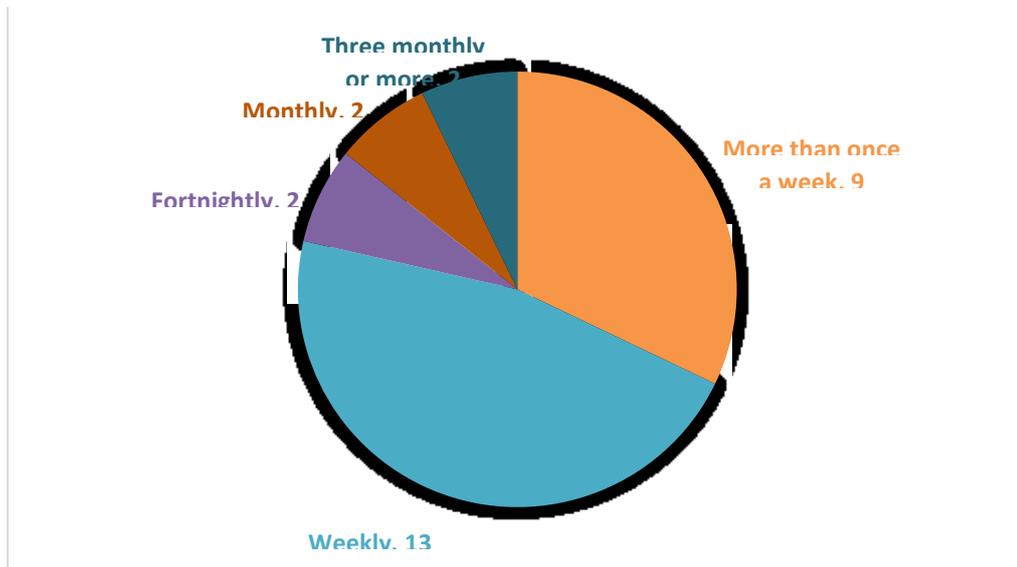
Other (5): I was selected [for national tennis team]; project worker; support worker; church; internet.

Those answering about two activities all heard about each activity from a different source.

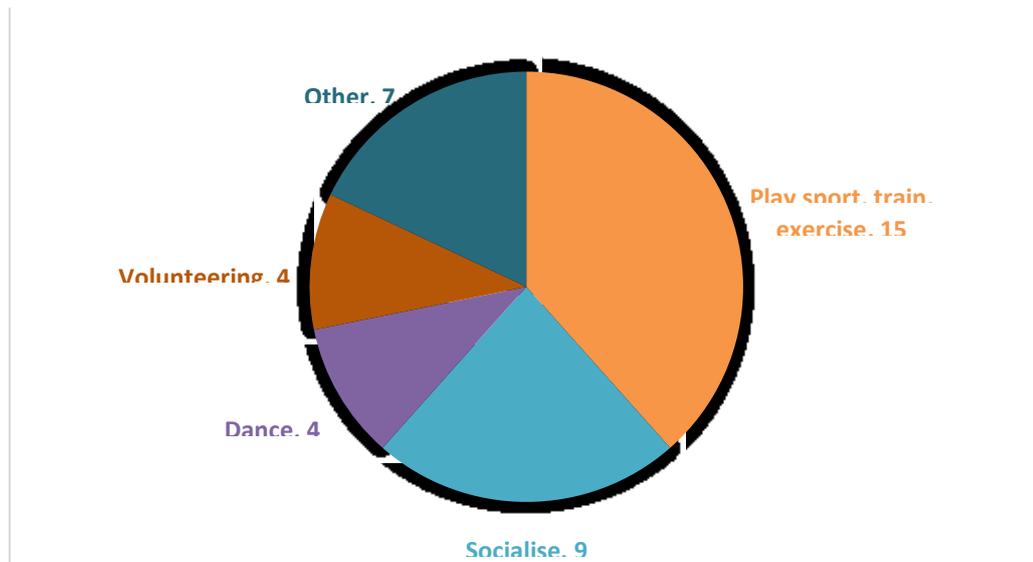
Q2.3 and Q3.3 How long have you been going to the group? [N = 28]



Q2.4 and Q3.4 How often do you go? [N = 28]



Q2.5 and Q3.5 What do you do when you go to the club, group, team or activity? [N = 28. Some respondents gave more than one answer]



Other includes:

- Practicing a musical instrument
- Working in a charity shop

For complete answers, see Appendix 3

Q2.6 and Q3.6 Looking at your answers to the previous question which activities would you say are volunteering/helping? [N = 27, one person stopped answering at this point until Q6.]

This was a free text question.

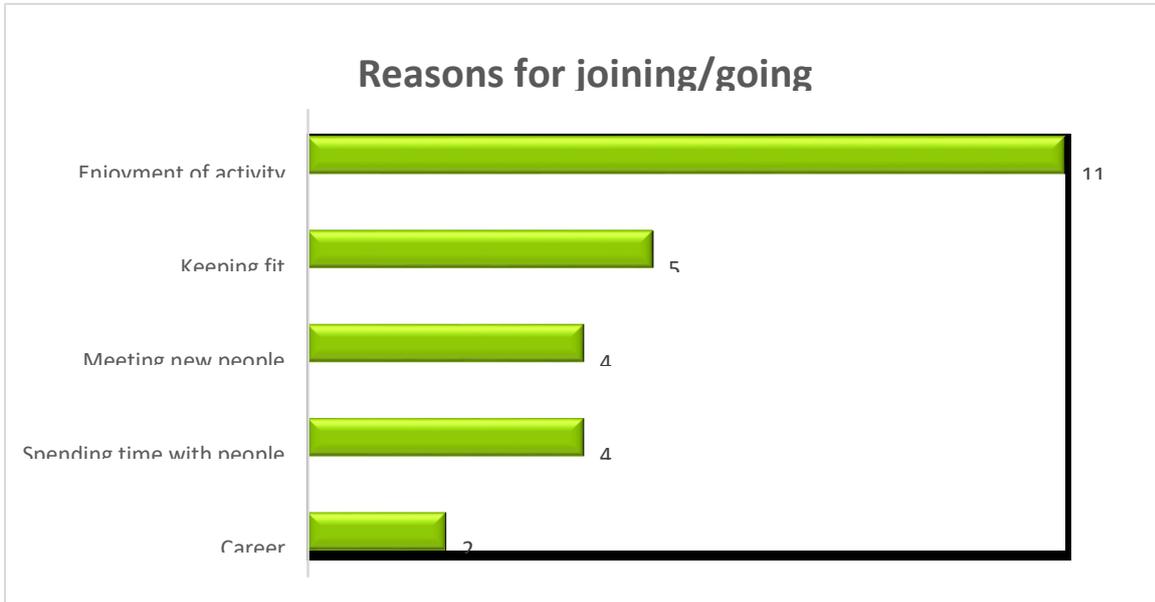
Three people told us they did not think the activity they were involved in included some kind of volunteering/helping.

Thirteen people said the activity did:

- 'Helping other people'
- 'Supporting other people'
- 'We are training for a marathon to raise money for White Ribbon'
- 'Organising some elements of the group. Hosting the group sometimes.'
- 'Yes [St John's Ambulance]'
- 'My one friend is disabled so needs a bit of help.'
- 'Occasionally volunteer work [Explorers]'
- 'Fundraising for charities.'

- 'There are older members who I am helping emotionally.'
- 'Sometimes, I am a qualified timekeeper and have got my Judge 1 qualification; sometimes I attend galas as an official with no monetary reward.'
- 'I have helped to teach a front flip to the younger participants on an unofficial basis.'
- 'The dance workshop was in aid of mental health week and helped to raise awareness of the issues around mental health and strategies that could help people to prevent or cope with these issues, such as dancing and working with other people.'
- 'I used to do an hour of coaching for the younger group each week with no monetary reward.'

Q2.7 Why did you join the group, club, team or activity? [N = 27, respondents could give more than one reason] The top five reasons given were:

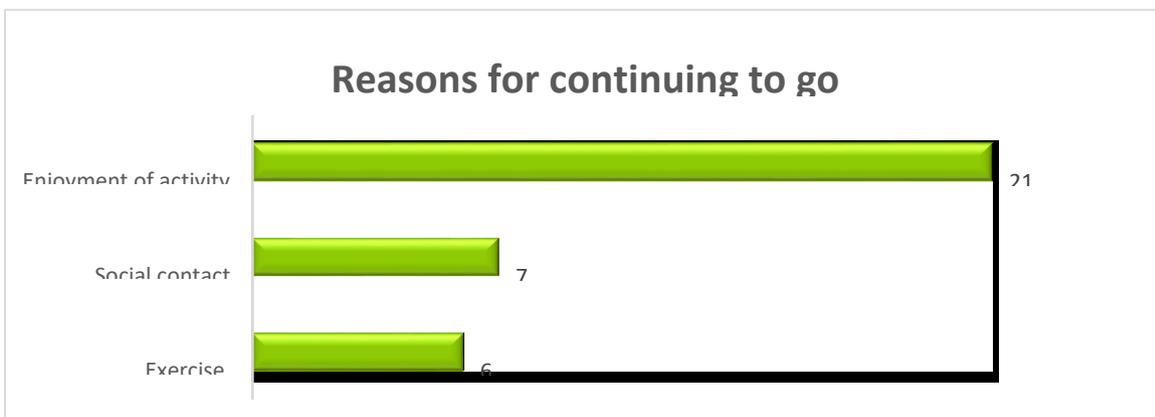


Other reasons given (1 each):

- to get out of the house
- local
- to funnel my anger
- stress relief
- learn others' views
- to go out

Detailed replies in Appendix 4

Q2.8 Why do you keep going to the group, club, team or activity? [N = 27, respondents could make more than one reply]



Other reasons (1 each):

- learn something new
- necessary for my development (career) □ for a good cause.

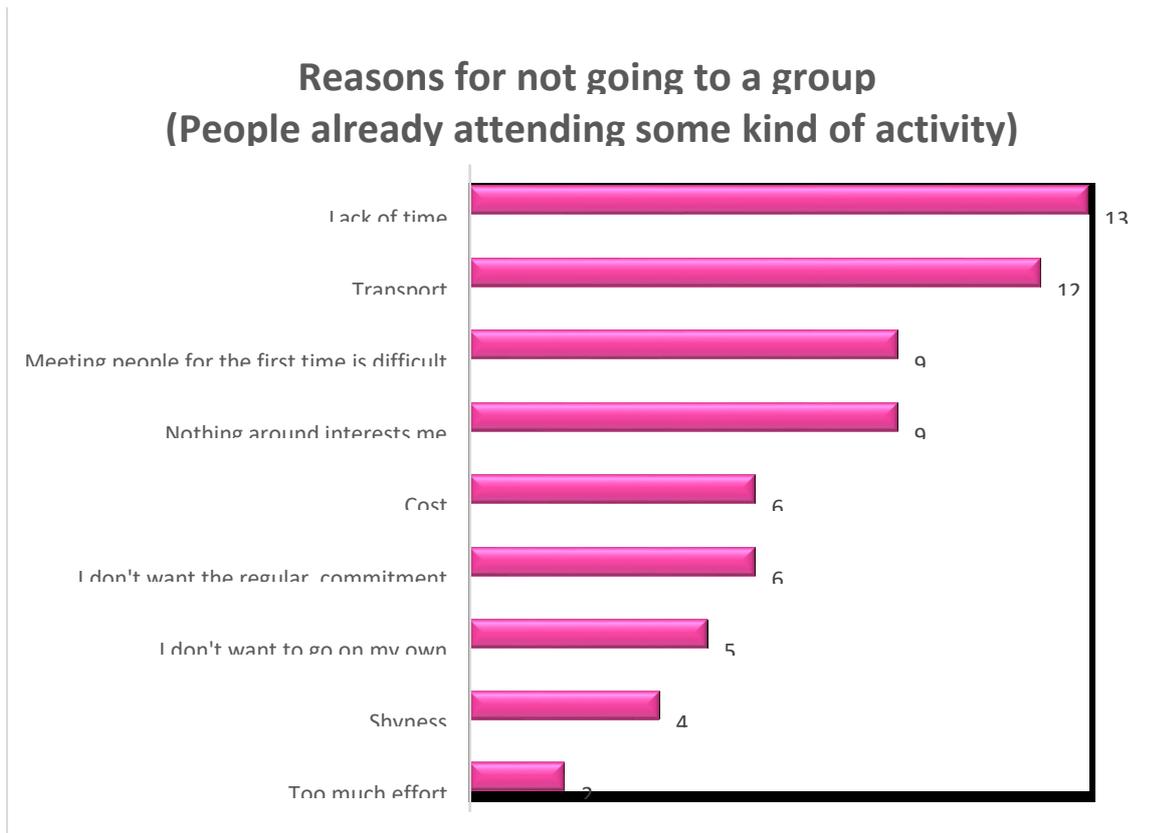
[Detailed replies in Appendix 5]

Q2.9 How important is the social aspect of the group? [N = 27]

89% responded that the social aspect of the group was either ‘Very important’ (9) or ‘quite important’ (15).

Other responses were: ‘not really important’ (1); ‘not at all important’ (1); blank (1).

Q4 Thinking about groups, clubs, teams or activities in general what sort of things have stopped you going or might stop you going in the future? [N = 24: those who did attend some activity were asked this question]



Other reasons given:

- ‘I don’t like groups’
- ‘Feeling anxious performing in front of others, making it difficult to talk to others. Don't like talking to people I don't know’

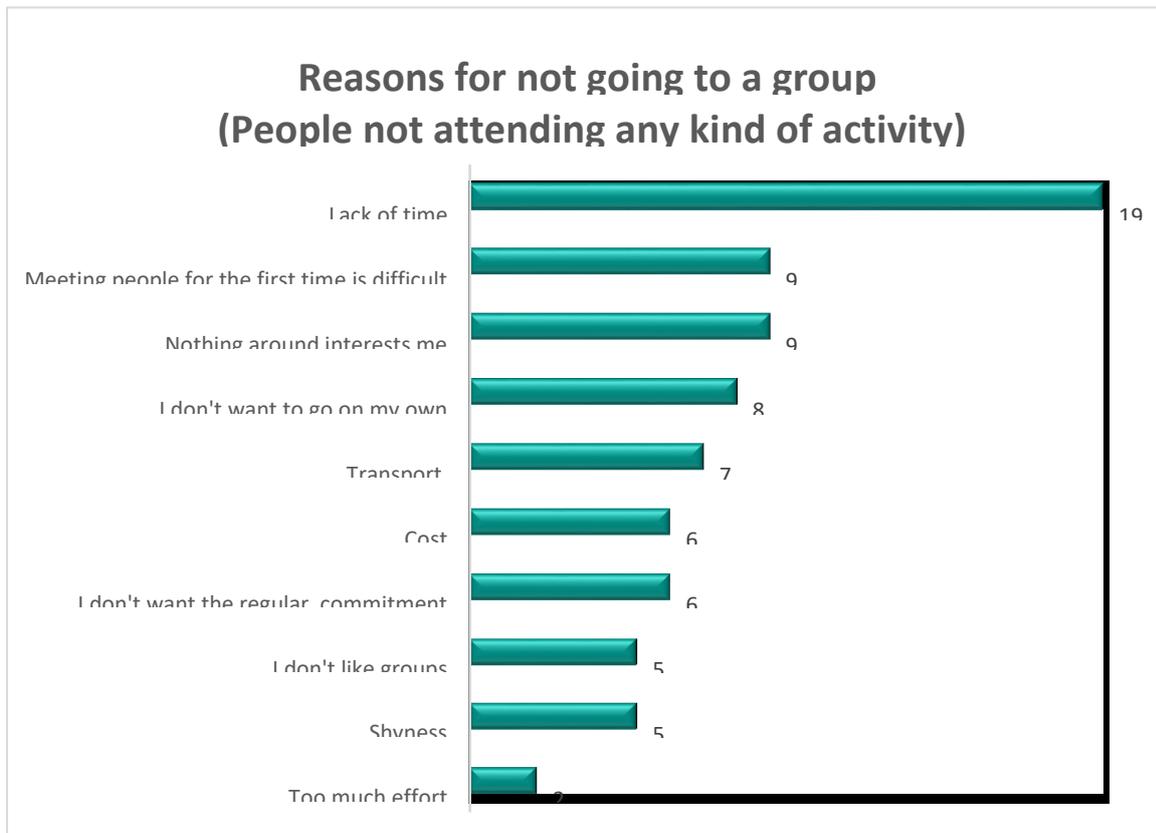
- ‘I don't really like people or clubs and I would rather be at home alone doing things which interest me’
- ‘There aren't many things for people my age’
- ‘Mental health, struggle to socialize’
- ‘Broken back’
- ‘College workload, stress, tiredness, anxiety, fear, embarrassment’

RESPONSES FROM PEOPLE NOT ALREADY ATTENDING A GROUP, ACTIVITY OR A MEMBER OF A TEAM

This group of 25 consisted of:

- 17 females (68%) and 6 males (24%), 2 did not give their gender
- 14 were aged 18 or less (56%)
- 7 were aged 19 or more (28%)
- 4 did not give their age (16%)

Q5 We would like to understand why you are not currently going to a group, club, team or activity. [N = 25]

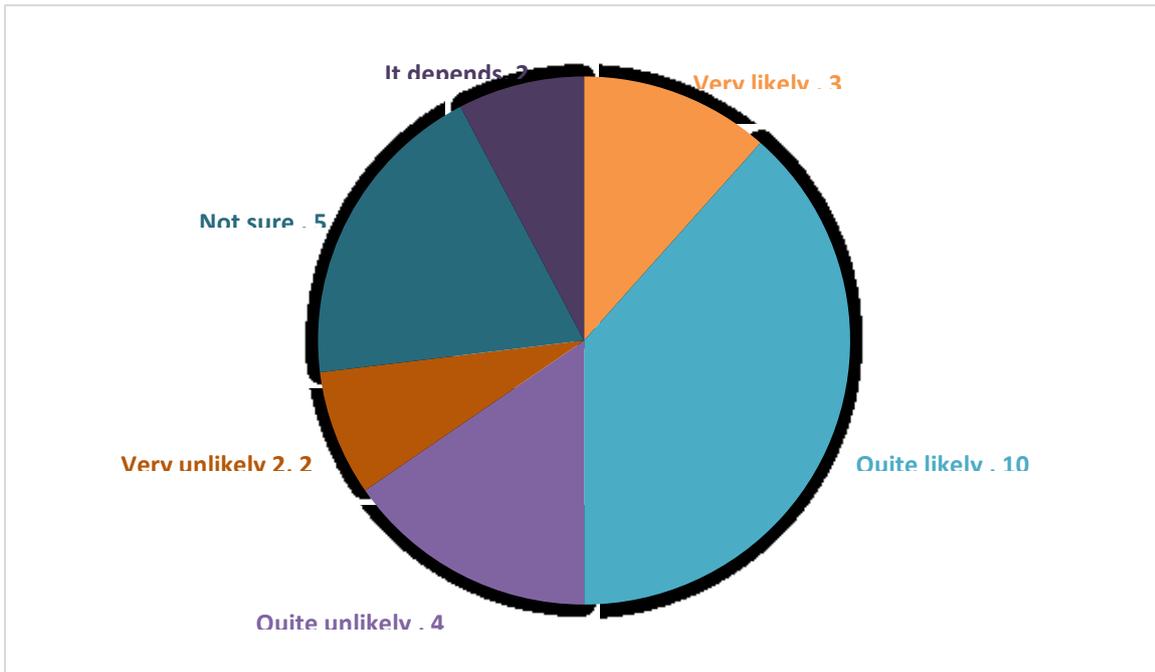


- ‘Feeling anxious performing in front of others, making it difficult to talk to others. Don't like talking to people I don't know’

- ‘I don't really like people or clubs and I would rather be at home alone doing things which interest me’

Q6 How likely are you to consider being part of an organised activity to help other people? [N = 25, asked of those not attending an activity]

50% of the group not currently attending any activity said they would be ‘very likely’ or ‘quite likely’ to consider being part of an activity that means they would be helping other people.



The two people who said ‘it depends’ explained:

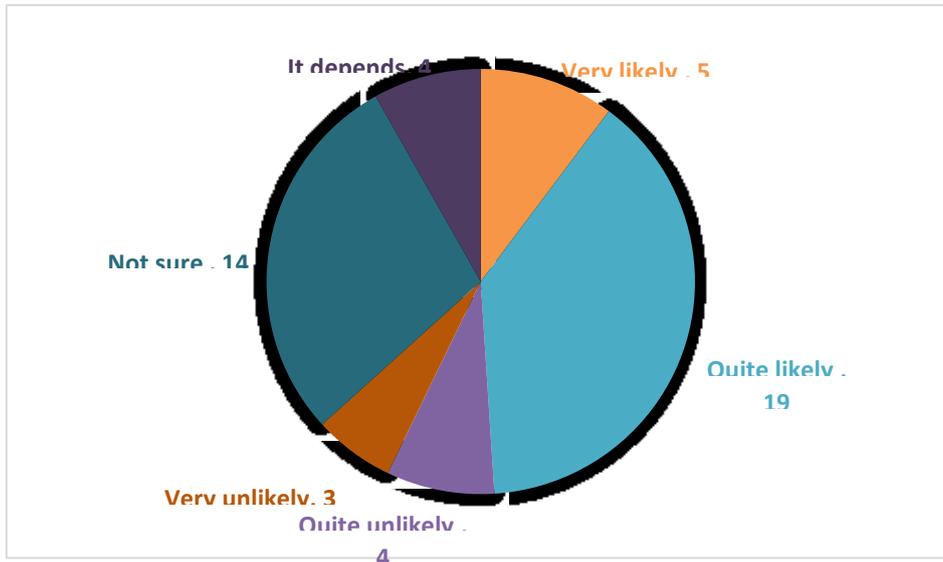
- It depends ‘Whether the activity is something that interests me. I am a student nurse.’
- ‘I think if I was doing something I am confident I could do well at, then I'd be ok helping others do it too.’

ALL RESPONDENTS (TOTAL: 49)

Q7 If there are groups, clubs or activities that may help with particular problems how likely would you be to go? [N = 49]

All respondents were asked this question.

51% said they would be ‘very likely’ (11%) or ‘quite likely’ (40%) to go along if the group/activity helped a particular problem e.g. when you are feeling lonely, stressed out by school, college, work, money or housing.

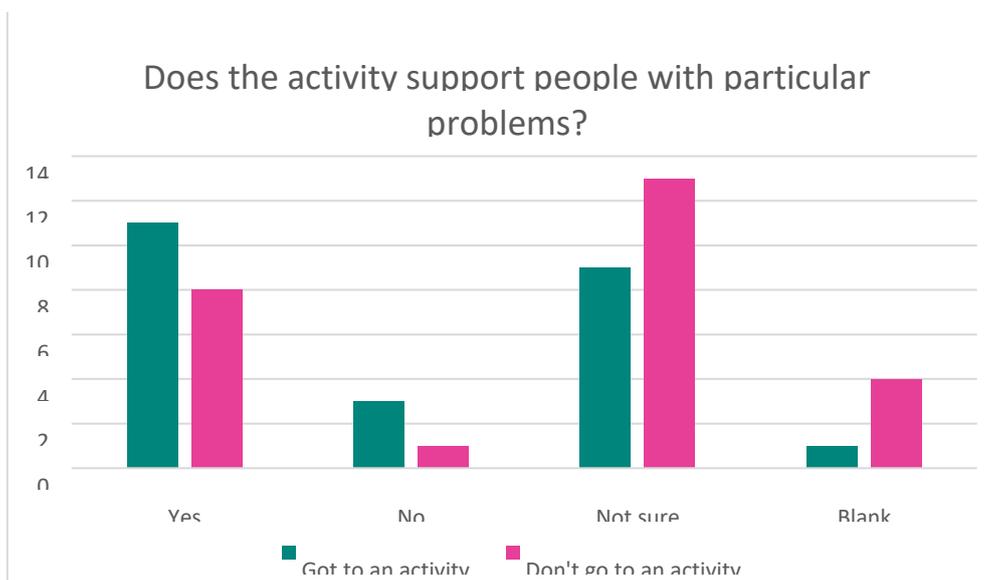


Of the four people who said ‘it depends’ three gave more detail:

- ‘It depends what activities are involved in the group’
- ‘If I had one of the above problems then I may attend a group’
- ‘Depends on who refers me, not likely if a teacher, more likely if someone I respect like a GP so independent and confidential’

Q8 If you go to a group, club, team or activity do you feel it supports people if they have particular problems? E.g. when you are feeling lonely, stressed out by school, college, work, money or housing [N = 49]

Despite the wording of the question it was answered by 45 people.

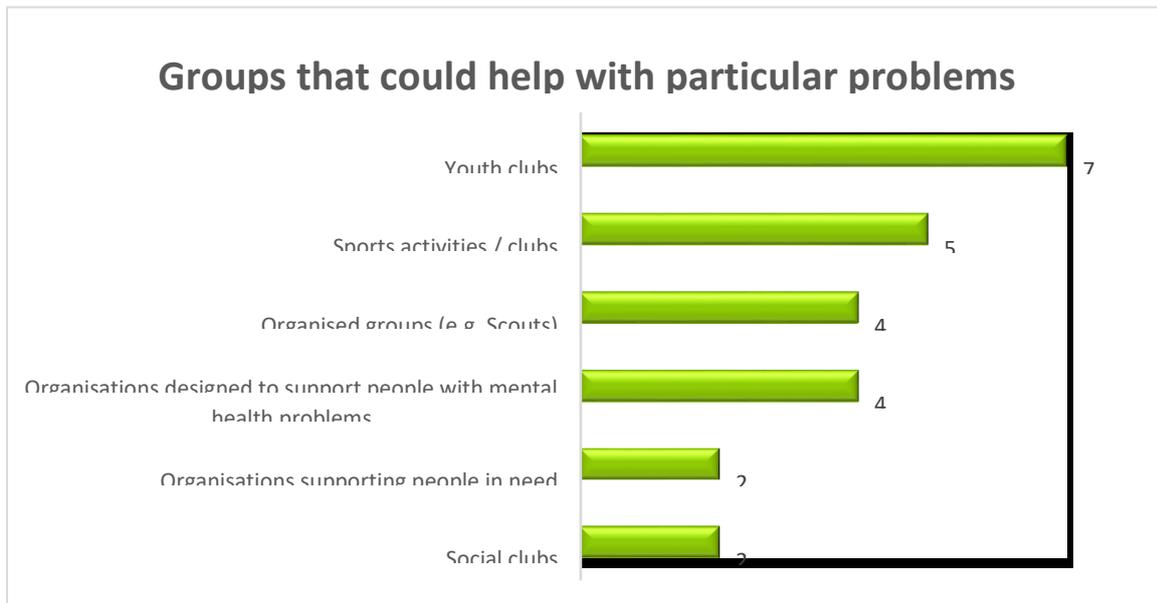


Yes - comments:

- 'Yes definitely, the youth club supports everyone with any type of problem and the staff are good at recommending other ideas and other places beneficial.'
- 'A person struggling with certain personal problems might find someone with similar issues and can confide in each other.'
- 'Knowing you aren't alone in what you're going through helps massively. Talking through things with others and getting others opinions on how to tackle it better/be more positive is amazing!'
- 'Allows time for being away from work/school/stress and to interact with people of similar interests.'
- 'Support is a large aspect of St John's.'
- 'Helps people relax and have fun (Explorers).'
- 'If they're stressed out a club activity can help relax them whilst also having them socialise at the same time to combat loneliness.'
- 'Groups in my area are usually quite small so if anyone has any difficulties the leaders are aware and very helpful.'
- 'It may give them a chance to get away from any problems that they have. It could be something that they look forward to and therefore support them with problems they may have'
- 'Helps with feelings of loneliness and gives a sense of community.'
- 'Helping to socialise and keep your mind off something that could be distracting you.'
- 'Helps to socialise and take mind off other things.'
- 'People who maybe don't have the opportunity to socialise at home or in college can use it as an escape as they are surrounded by a whole new group of people.'
- 'If a group is aimed at a particular problem then this can offer support of those who attend.'
- 'It encourages people.'
- 'At the trampoline park, there are specific nights for disabled or mentally handicapped people, and the staff are well trained to deal with situations related to this.'

Q9 Can you suggest any groups or activities that would help with these particular problems? E.g. when you are feeling lonely, stressed out by school, college, work, money or housing [N = 49, respondents could give more than one answer]

Top responses:



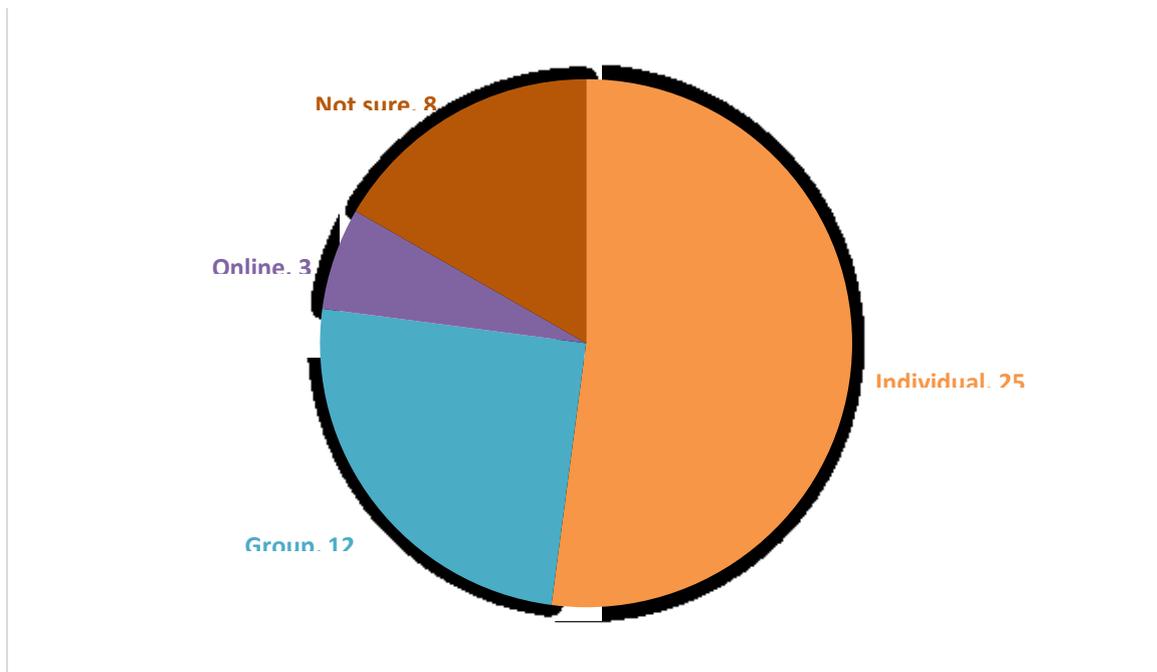
- 'Youth club - perhaps for older 16+. I have been to a youth club before and it has been a mix of older and younger children and it becomes more stressful than fun'
- 'Support groups that help young people aged 11-25 with mental health problems due to their mental health problems not being dealt with or recognised and not getting the support they need to make themselves feel better'
- 'Loneliness - most groups could help with this'
- 'Anything social that helps people relax'
- 'For mentally handicapped or disabled people, I think any group that promotes positive social interaction with people that are not discriminatory against the persons'

Other suggestions included:

- community gardens
- walking
- casual social groups (e.g. quiz nights)
- talking; something non-pressurising
- most groups will help with loneliness
- mindfulness or yoga classes
- dancing and singing

[The complete list appears in Appendix 6]

Q10 If you were feeling lonely, stressed out by school, college, work, money or housing would you prefer to go to a group activity or talk to an individual? [N = 49]



Those responding who were 'not sure' made the following comments:

- 'It really depends on how I feel. Sometimes I prefer being on my own and doing an activity like meditation or going to the gym'.
- 'Depends how I feel'
- 'It would probably depend on the situation and all of those situations for me wouldn't be helped by just one of those solutions.'
- 'Depends, if I was lonely a group activity would suit. If stressed about money/ work would talk to individual as more private'
- 'I've experienced group therapy before but think now I would prefer 1:1'
- 'Groups make it easy to hide and not talk through personal stuff, individual is scary and intimidating'

Q13 Is there anything else you would like to say?

- 'I am currently homeless at the moment having to sofa surf and I have mental health issues. I'm trying so hard to keep strong and motivated, I attend college three days a week and youth club Friday night, college have been extremely supportive and

are helping me get into clubs like boxing. I used to do work experience on a farm project called Red George where I did ¾ fantastic hours there mentoring children and young adults with special educational needs and behavioural difficulties and whilst gaining experience. In this category I also managed to gain an ASDAN award too and a fantastic friendship with the owners

and staff at Red George. I would love to set up a sports activity thing for children with special educational needs and behavioural difficulties and support and help them to make friends and improve on their behaviour. I eventually want to become a Family Support Worker. Thank you for taking the time to read this. [This will affect his answers].’

- ‘We need more support for Mental Health of Young People.’
- ‘I really enjoy going to activities, they are definitely a way to de-stress and enjoy yourself and I think that it’s important to have this social aspect alongside things such as work and school.’
- ‘I am now employed by a group that I volunteered at when I was younger and have responsibility in its running. It helps children with autism and supports parents.’

THE FOCUS GROUPS

Two focus groups were held with young people to hear their views about a Social Prescribing service for 16-25 year olds. Each ran for an hour and a half, one with nine University Centre Shrewsbury psychology students and one with seven residents of The Foyer in Ludlow.



The findings are reported under the following headings:

- Accessing the Social Prescribing service
- The interview
- After the interview: going to a group
- After the interview: follow-up with Social Prescriber □ What should the Social Prescriber role be called?
- How can the Social Prescribing model work for young people?

ACCESSING THE SOCIAL PRESCRIBING SERVICE

Participants were asked how they thought they might meet the Social Prescriber and what they felt about it. First, they were rather wary of the whole idea. The label ‘social prescribing’ was unhelpful (see below) and ‘chat’ or ‘one-to-one’ would be better than ‘interview’. Second, participants’ experiences of the NHS meant they had low expectations: they mentioned long waiting lists, the fear of not having enough follow up sessions, lack of flexibility, and being unsure of the outcome. As a result they thought the service might make you anxious.

Hearing about the service

There was no agreement about how they would be most likely to hear about the service. While one suggested it could be on the internet, another said that ‘I don’t use social media if I can help it’, adding:

- ‘But it is important to make sure we know. If you know about it you can come forward and ask for it.’

Others mentioned posters, at college or the GP surgery.

Meeting the ‘Social Prescriber’

Participants were asked where they would prefer to meet the Social Prescriber: the GP practice, a pub, a coffee shop, a specific Social Prescribing building (‘somewhere that’s relaxed’) were all suggested. However, there was no agreement. Some would hesitate to go to the GP practice, a café or a public area (‘what if someone saw me?’).

- ‘I like the idea of my GP practice because it’s familiar and it feels safe. Meeting in an open coffee shop would feel terrible. I’m not sure where, it needs to be private. I might not want others to know I was going to see them.’

The Ludlow group was asked if it would be helpful if the Social Prescriber came to the Foyer: some thought so, but not others. These diverse answers support those who emphasised the need for choice and flexibility:

- ‘There should be a choice about where to have the conversation, so you can feel more comfortable’.

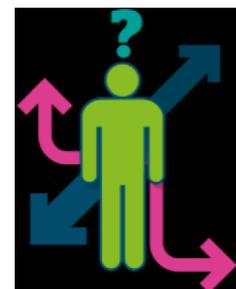
The referral

Participants were asked how they would feel about being referred to the service, and described a range of different responses: fear of the unknown, feeling like ‘I’m not worth the GP’s time’, fear of being ‘passed from pillar to post’, doubt about if it would actually help. One wondered:

- ‘What are you going to do with my information?’

Another asked:

- ‘Knowing the state of the NHS, why should I go if it’s unlikely to have a follow up, like everything else?’



Finding money to pay to travel to the service would be a problem for many. Some thought that an initial contact by phone, e-mail or online chat would be a better way to start, providing data security was protected.

THE FIRST INTERVIEW WITH THE SOCIAL PRESCRIBER

Participants were asked to think about their first meeting with the Social Prescriber.

The Social Prescriber and the approach

They wanted someone who was friendly, took them seriously, and related well to young people.

- 'I would like someone my age or similar to be the Social Prescriber. GPs at my surgery and other professionals are 45, and they haven't grown up with the things we have. It's really hard now. Even my mum doesn't get it. Some of the nurses are younger so I feel they might understand a bit more.'

Similarly, one person asked that the interview be person-centred, rather than consist of a standard set of questions. The discussion should focus on the individuals' circumstances and lifestyle, and any suggestions should be compatible with those. There was a marked difference in the response of the two groups. The Housing project residents placed heavy emphasis on the need for assurance of both confidentiality and that they will 'fit in' with any potential groups whilst the University participants were looking for factual detail and evidence of effectiveness.

It should be clear how the suggested course of action would help the young person; and the limitations, of both the individual and of what was available, should be acknowledged. Some thought that the length of interview was important, and that a shorter session might be the best way to start.

Many participants mentioned the need for a clear and written plan of action:

- 'If there was no outcome to that first meeting, I'd wonder what was the point?'
- 'Options of what you are referred to should be clear and person specific.'

Several mentioned the setting of achievable short-term goals, and the plan needed to make you feel you would make progress. Clients might want to contact the Social Prescriber later, and should therefore have contact details.

The Social Prescribing offer - issue based v. activity based

Participants were asked what sort of services they thought they might be referred to, or might like to be referred to. Some would be interested in groups that help with money problems, with mental health (depression, self-harm, suicidal feelings), with being overweight, with drugs and alcohol abuse, and with housing problems. Others suggested other groups that might be suggested by Social Prescribers: sports groups, university societies, voluntary work (to help others and yourself), life skills training.

When asked what groups would appeal to them, social clubs were mentioned. There were also some specific suggestions: ‘a green group, like the Forestry Commission’, campaigning groups, pet groups. Several participants mentioned that without social clubs, young people were more likely to get into trouble, or at least to be seen as trouble-makers:

- ‘We hang around on the streets now, ‘cause we have nowhere to go, and the older generation look down on us.’
- ‘Youth groups are needed for this age group otherwise they end up on the street.’

Leadership and mentoring

Several people mentioned the need for good leadership, by someone with understanding and preferably experiences similar to those of group members.

- ‘Young people need an older person to run the group who has gone through the same stuff.’

Another mentioned the mentoring role of group leaders:

- ‘Someone looking out for you, teaching and helping you get through’.

Information

Participants talked about the sort of information they would want about groups to which they might be referred:

- group size
- location
- exactly what it involves
- why you’re being referred
- what kind of treatment is this?



In providing such information,

- ‘other people’s experiences could be helpful, e.g. online videos’
- ‘real life case studies/examples’

AFTER THE INTERVIEW: GOING TO A GROUP

Participants identified a large number of factors which would influence whether they would be willing to go to a group as suggested by a Social Prescriber.

When? Where? How and Why?

First, there were issues about the timing of group gatherings:

- ‘timing of when things happen is difficult as everyone is different, needs flexibility’

Evenings, which might seem the obvious time, were not necessarily suitable as ‘a lot of us work in bars and restaurants’.

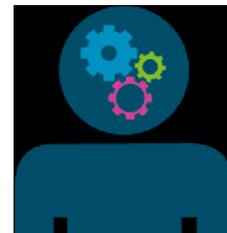
Second, there are issues about location, as most would find it difficult to afford travel costs. Some had other travel-related difficulties, such as not wishing to travel at night, or anxiety about travel in general.

Third, any charges related to group attendance would make it difficult for many to join: one person described how paying a fee like £5 would mean having no meal that evening, and others agreed.

Fourth, there were issues of motivation and personal organisation. Some would need help to make contact with the group: one would ‘want someone to set it up for me’, another mentioned ‘hand-holding’ at the initial stage. Others thought that, even after joining, they would need reminding to go to the group, e.g. by e-mail.

Mental health

Many anxieties were expressed about the psychological difficulties associated with joining a new group. For some, this was simply because groups raised anxiety: ‘groups can be intimidating’, and ‘I don’t like groups’.



One person found small groups easier than large ones.

Many anxieties were expressed about going along to the first meeting: ‘not knowing anyone, or what to expect’; ‘having to turn up on your own’. However, suggestions were made that might help: a chance to meet group members in advance, or meeting the leader beforehand, or even a group e-mail; or being able to take someone else along. ●

‘The fear of the unknown, might stop me going. Hearing other peoples positive experiences, someone you can relate to seeing maybe a video clip on YouTube would help. Making it a normal thing would be important. Debunking it would be important. It’s

like smear tests - I thought they would be terrible, but when you see other people's experiences and realise it is just a brief moment of being uncomfortable, it makes it all the better.'

It would also help if those attending could be sure that group members would have things in common, so that

- 'everyone in the group is in the same position and is there for the same purpose'

For example, if it was a group to help you lose weight, 'it would be good to all be the same size', to save embarrassment. And some participants admitted that they didn't like the idea of being seen to need to have someone 'make friends for them'. They wouldn't want to have to explain their attendance to friends.

Sixth, great stress was laid by all participants on confidentiality, and the difficulties of preserving this in groups.

- 'Confidentiality is really important. You don't want strangers to know all your problems, some things are no one else's business but mine.'
- 'I wouldn't want someone to have my phone number, I want them to know just the things I choose.'

Participants were asked if they would prefer a real or a virtual (online) group. Some could see advantages in a virtual option: you could start online and then meet in person later, and online contact allowed for confidentiality: you 'could make avatars and they could do the talking, message and chat'. For others, the virtual option seemed second best: 'virtual feels like you're being brushed off', and there is a 'lack of facial expressions, empathy'.

AFTER THE INTERVIEW: FOLLOW-UP WITH THE SOCIAL PRESCRIBER

Participants were asked about what sort of follow-up contact with their Social Prescriber they would like or expect.

Weekly or monthly catch-ups were suggested, either in person or by phone, though this would depend on how often the group meets: 'if the group meets weekly then monthly, if monthly then every couple of months'. Several people commented that to wait for three months for a catch-up was unacceptable. It might be useful to have a quick catch-up early on, just to help motivation:



- 'Would feel more likely to continue if there was that early check-up'.

Several mentioned that they would want to see the person they had met with initially: continuity is important.

The focus groups were asked what they would see as a positive outcome. There was a variety of answers:

- Feel better
- More confidence in self-help
- New skills
- Problem-solving improved
- More energy, optimism
- Friendships
- Regular attendance

What should the Social Prescriber role be called?

Participants were clear that the term ‘social prescribing’ was unhelpful. Several agree with the person who said:

- ‘I thought it was everyone coming together to pop their pills together’

Another said:

- ‘If you use the word ‘prescriber’, it needs more words after it to explain it in normal words’

Such comments suggest that it is the wrong term to use. Another pointed out that ‘social’ is also ambiguous, as it might imply a social gathering.

Alternative suggestions included:

- advisor
- individual Obi-Wan [from Star Wars]
- shaman
- guru
- link worker (but that one has been taken)
- social options officer/advisor/facilitator/support

How can the Social Prescribing model work for young people?

Given the significant challenges of travel, money, confidentiality and anxiety, it seems reasonable to consider how suitable the Social Prescribing model is for supporting young people.

The group facilitator noted that:



- ‘It may be that seeing someone on an individual basis might be more helpful than joining a group.’

She also noted that:

- ‘They seemed to engage the most with the idea of the initial interview and follow up sessions; having an hour of protected time with someone to discuss their concerns and bring together a plan of how best to approach these concerns. We discussed the idea of a Social Prescribing referral being to a ‘befriender’; someone within their age range, ideally with similar experiences, that they could have contact with to support them through their plan. A kind of peer counselling. They engaged more with this idea and liked the thought of having someone to contact regularly in their own age range.’

It is also worth mentioning that several young people were concerned that Social Prescribing would just be a means of ‘fobbing them off’:

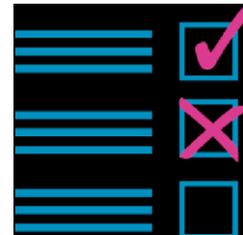
- ‘My fear is that I will be dumped in Social Prescribing and not get the expert help I need from professionals.’

This suggests that the Social Prescribing service may be blamed for shortcomings in the NHS over which it has no control.

Designing a service that effectively addresses all these challenges will clearly be a challenge in itself.

UNIVERSITY CENTRE SHREWSBURY PSYCHOLOGY STUDENTS’ RESEARCH FINDINGS – KEY MESSAGES

We received two reports from Psychology Students at UCS sharing findings from interviewing five young people aged 18-25.



The two reports shared with us aimed to explore:

- potential barriers young adults may experience when attending/engaging in Social Prescribing
- motivations and engagement to join and/or regularly attend a group referred to through Social Prescribing

Barriers

Transport: most of the people interviewed did not have their own transport and public transport, mainly buses were ‘at times unreliable’. People said they were more likely to use a train, ask for a lift or walk.

- ‘Bus runs every hour into town, but it’s always late and sometimes the weathers bad and there’s quite a few cancellations.’

Confidence: have e.g. individual’s confidence to attend groups or group-based activities. Some people said they ‘would prefer to have someone they knew prior to the group in attendance’ the first time they attended. The author of the report suggested this kind of support could be offered by a friend or professional.

- ‘I would like someone I knew there for the first time, just to sort of guide me about a bit. Know people in the group well enough to want to go back.’

Motivation and engagement

Physical activity and sport: Many of the people interviewed said they would prefer to be involved in ‘physical based activity and sports groups’, all commenting that ‘exercise could help with mental well-being’ whether they were currently involved in these kind of activities or not. Report authors drew a connection between the impact on mental health, socialisation and teamwork that physical activity and sport provides, one suggested: ‘Physical activity groups are a common ‘go to’ for the age group because it’s more active and boosts wellbeing in a way which is discreet, simple and personal.’

Social activity and social support: People interviewed talked about opportunities to socialise; making and ‘maintaining friendships’

- ‘I think just maybe improving talking to people...and just meeting new people. The feeling of being part of something like being involved in the local community.’
- ‘I feel like it would mainly be making friends, just having the support of a friend relationship and there’s anything on your mind you can speak to them...say if there is anything that you couldn’t really talk about with someone in your family.’

Self-development: developing skills and confidence, e.g. one person ‘expressed their desire to reach out to others and make new friends, whilst simultaneously improving their abilities to achieve their personal goals’.



THE PROFESSIONALS

Five interviews were conducted, with three GPs and two Community and Care Co-ordinators working across Shropshire. Four interviews were conducted by telephone and one by e-mail. This is a summary of what was said.



Which young people would benefit from social prescribing?

- Those with mental health problems, including self-harming, impulsive behaviours
- Those needing life skills (self-care, for resilience, and for work)
- Those needing help in managing social media, or with other peer relationship problems
- Those struggling with loneliness

low mood,

In particular, unemployed young people and young single mothers were mentioned.

What are the potential barriers to the uptake of social prescribing?

There was clear agreement that transport and money were important barriers. In a lot of the county, public transport is scarce, and even where it exists, it is often unaffordable for young people. There is also a scarcity of community resources to which Social Prescribers can refer.

What resources are needed?

- Healthy lifestyle advice (healthy eating, alcohol/drugs education, sexual health education)
- Physical activity
- Mentorship schemes
- Activity-based groups, as long as there is also support for young people in the group who present with problems
- More mental health support
- Carer support

One person noted that more activities are currently available for adults than for young people, and suggested that groups for adults could be redesigned to include younger members as well.

How can young people be motivated to take advantage of social prescribing?

- Recommended activities need to be enjoyable from the start
- One to one sessions may help those reluctant to join groups
- Activities should have a clear link with improvements in employment and income

Where should the service be based?

All three GPs thought that Social Prescribing would be better situated in community hubs than in NHS settings. This was partly to encourage people not to expect medical solutions to their problems, and partly to encourage community ownership of the service. One person suggested that the Social Prescribing service may sit better in Education than in Public Health, where it is at present.

Both Community and Care Coordinators reported that personally they had helped only small numbers of young people. One had only helped three, but had been able to refer all three appropriately.

SERVICE PROVIDER RESPONSE

Healthwatch Shropshire received the following response to this report and recommendations from the Consultant in Public Health leading on social prescribing in Shropshire:

‘Thank you for this report, whilst I acknowledge some of the limitations, that you describe due to the COVID19 situation (e.g. not being able to complete all focus groups planned), it’s still an insightful and valuable piece of work that can support the consultation that we need to do to engage local young people. I really like some of the feedback the young people provided and their motivation to want to help others, comes across.

As part of the recent development of the Children and Young People’s Task and Finish group on Emotional health and wellbeing, children and young people’s social prescribing is one of the projects that the group has identified, and that has received endorsement from Shropshire Council for us to progress. This will therefore be a useful first piece of work that can support its development.

We plan to build on it with a wider engagement piece, using forums and social media platforms that young people are now using, as we feel it’s important to use tools/technologies that they relate to.

This report offers us valuable insight into the way in which young people perceive social prescribing. It also provides us as professionals with pointers to think about to make sure that whatever is developed fits around these suggestions.’

Acknowledgements

Healthwatch Shropshire would like to thank:

- The young people who shared their views with us by completing the questionnaire or taking part in a focus group.
- The Psychology students from the University Centre Shrewsbury who shared their research findings with us,
- The professionals who gave their time to speak to us and
- The organisations who helped us to arrange and conduct the focus groups and promoted the questionnaire.



We would also like to thank one of our Healthwatch Shropshire volunteers for their time and help analysing the data and comments we received.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.

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GROUPS, ACTIVITIES AND WELL-BEING QUESTIONNAIRE

This is a questionnaire about you and any groups you are in. By group we mean something organised, that meets regularly e.g. Young Farmers, youth group and sports groups.

1. Do you go to any groups, clubs, teams or activities? *

- Yes [answer questions 2, 3, 4, 7, 8, 9, 10, 11, 12, 13, 14]
- No [answer questions 5, 6, 7, 8, 9, 10, 11, 12, 13, 14]

Please tell us about one or two groups, clubs, teams or activities that you go to.

FIRST GROUP, CLUB, TEAM OR ACTIVITY

2.1 What is the group, club, team or activity you go to?

- Free Text

2.2 How did you find out about the group, club, team or activity?

- School / college
- Family member
- Friend
- Social media
- Local knowledge (e.g. poster)
- other (please explain below)

2.3 How long have you been going to the group?

- Less than 3 months
- 3 to 6 months
- 6 months to a year
- 1 to 2 years
- Over 2 years

2.4 How often do you go?

Please pick an answer that best describes how often you attend the group club, team or activity

- More than once a week
- Weekly

-
-
-

Fortnightly

Monthly

3 monthly or more

2.5 What do you do when you go to the group, club, team or activity?

For example spend time with friends, play games, course work, sports and fund raising.

- Free Text

2.6 Looking at your answers to the previous question which activities would you say are volunteering/helping?

For example helping other people, helping to run part of the group, and helping to fund raise.

- Free Text

2.7 Why did you join the group, club, team or activity?

- Free Text

2.8 Why do you keep going to the group, club, team or activity?

- Free Text

2.9 How important is the social aspect of the group?

- Very important
- Quite important
- Not really important
- Not at all important

If you would like to tell us about a second group, club, team or activity you attend please do so here. If not please skip to the next page.

3.1 – 3.9 REPEATS QUESTIONS 2.1 – 2.9

4 Thinking about groups, clubs, teams or activities in general what sort of things have stopped you going or might stop you going in the future?

Please choose as many of the reasons below that apply

- Transport
- Cost
- Lack of Time
- I don't like groups
- Shyness

I don't want to go on my own

Meeting people for the first time is difficult

Too much effort

- I don't want the regular commitment
- Nothing around interests me
- other (please specify below)

5 We would like to understand why you are not currently going to a group, club, team or activity.

Please choose as many of the reasons below that apply

- Transport
- Cost
- Lack of Time
- I don't like groups
- Shyness
- I don't want to go on my own
- Meeting people for the first time is difficult
- Too much effort
- I don't want the regular commitment
- Nothing around interests me
- Other (please explain below)

6 How likely are you to consider being part of an organised activity to help other people?

For example helping directly, helping to run a group, helping to fund raise

- Very likely
- Quite Likely
- Not sure
- Quite unlikely
- Very unlikely
- It depends (Please explain)

-
-
-

Can groups, clubs, teams or activities help with feelings of isolation, loneliness, stress caused by school, college, work, money or housing?

7 If there are groups, clubs or activities that may help with particular problems how likely would you be to go?

e.g. when you are feeling lonely, stressed out by school, college, work, money or housing

Very likely

Quite likely

Not sure

- Quite unlikely
- Very unlikely
- It depends (Please explain)

8 If you go to a group, club, team or activity do you feel it supports people if they have particular problems?

- Yes
- No
- Not sure
- If 'Yes' please explain:

9 Can you suggest any groups or activities that would help with these particular problems?

Free Text

10 If you were feeling lonely, stressed out by school, college, work, money or housing would you prefer to go to a group activity or talk to an individual?

- Group
- Individual
- On-line
- Not sure (please explain below)

11 How old are you?

□

□

□

- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25

12 Gender:

- Male
- Female
- Transgender
- Non-binary

13 Where do you live?

Please tell us which town, village or hamlet you live in or closest to where you live.

Free Text

14 Is there anything else you would like to say?

Free Text

APPENDIX 2 TO 6 - SURVEY ENTRIES

Appendix 2: Actual entries Q2.1 and Q3.1

- Charleston dancing
- Tennis national team
- Rugby club
- Choir
- Youth club [taken from statement at end of survey]
- Pure gym and HLC gym for group fitness classes [Hadley learning community]
- Book club
- St John's Ambulance
- Hockey
- Explorers [Scouts 14-18]
- Zumba [classified as dance rather than fitness]
- Rugby
- Football
- Scottish dancing
- Hockey
- Kickboxing
- Swimming club
- House group (church)
- Local band
- Rowing club
- Trampolining
- Pony club
- Archery
- Dance
- (Left blank)
- Young Farmers
- Jujitsu

Appendix

- Volunteering at Severn Hospice

3: actual entries, Q2.5 and Q3.5

- Learn Charleston routines
- We train and go to the gym together, play lots of tennis
- Train or play
- Sing together as a group with some friends
- Play sports, interact with other young people and get support of youth workers for any issues on my mind. Sometimes I help out there and support other people.
- Fitness training and socialising
- Chat and talk about the book just read
- Learn first aid, complete grand prior awards, gain life skills, volunteer
- Spend time with friends and play hockey
- Team and outdoor activities [explorers]
- Dance exercise, fundraising classes
- Play rugby
- Train and play football spend time with friends from football
- Dance
- Play hockey and training
- Martial arts
- Swim training for galas and other events
- Sit, chat and discuss different topics around the bible.
- Practice my instrument, talk to other people and work as a group to perform music
- Rowing, so its fitness
- General trampolining, spend time with friends and work on improving fitness
- Socialise and ride
- Shoot stuff with arrows
- Dance with friends, dance independently, annual dance show, dance workshops (e.g. for mental health week), trips
- (left blank)
- Socialise
- Jujitsu training
- I work on the till in the charity shop most weeks. I serve customers, talk to people and answer their questions. I stack the shelves and rails and clean the shop floor.

Appendix

4: answers to Q2.7 and Q3.7

- To get out of the house in the evening
- Because it's the next step in my career
- Fun
- I love singing and it was a good activity to add outside of school work
- I joined because I wanted to make new friends and interact with new people and also to be motivated to do something too and to keep fit.
- To train for a marathon, look after my wellbeing, spend time with friends and keep active
- I love reading. To meet new people.
- I want to become a doctor when I am older and gain insight into first aid
- Because I enjoy sport and it is local
- Thought it would be fun
- Exercise
- I had previously played for a different football team and when Telford United contacted me I saw this as the next challenge for me and I wanted to push myself and this is how I would do it. *[classified as 'enjoyment of activity' as this is implicit]*
- For exercise and experience
- I enjoy sports and playing with others
- It was a way to funnel my anger
- I started swimming lessons around the age of 2, and after I had passed all the stages and completed my rookies life guarding course, joining the local swimming club was an obvious step for me *[classified as 'enjoyment of activity' as this is implicit]*
- Because it's good to hear other people's opinions and get to know other people on a deeper level than you might have been able to before.
- To meet new people when I moved to the area
- Inspired by the Olympics *[classified as 'enjoyment of activity' as this is implicit]*
- I went with my family several years ago and went back when my friend expressed an interest also *[classified as 'enjoyment of activity' as this is implicit]*
- To improve and meet new people
- Get outdoors, stress relief, physical activity, human contact, fresh air
- I wanted to take part in something I enjoyed and could do once a week. I also wanted to do something that is maybe different to other everyday activities
- To go out

Appendix

5: answers to Q2.8 and Q3.8

- It's good exercise/ it gets me out the house/ learn something new
- Because it is necessary for my development
- Fun
- Because I enjoy singing
- Because it gets me out doing something I love
- Its great fun and for a good cause
- Enjoy it
- I enjoy it and I get what I want out of it
- It is fun and something to do in a rural area
- Enjoy it
- Exercise and I enjoy it
- I have a passion for the sport and I enjoy the physical aspect of it. I also enjoy seeing my friends when I go.
- I find it fun
- I enjoy playing hockey and socialising
- It's fun
- Because I enjoy the social aspect of it as well as it being a means to keep fit
- Everyone is nice, and they have tea and biscuits. It's also interesting.
- I enjoy playing music with other people and getting a chance to use my talents
- I enjoy the fitness side and it helps me socialise with people I normally wouldn't socialise with
- I find it really rewarding and I enjoy keeping fit while having fun
- I enjoy it and love the people there
- It benefits both physical and mental health. I really enjoy it and look forward to it each week.
- (left blank)
- It's fun
- The social as well as fitness aspects and it is rewarding to progress in terms of belts
- (left blank)

6: answers to Q9

- Community gardens
- Going on walks really helps me personally
- Youth clubs, BBO, Mind Sanctuary (Shropshire mind), Samaritans, Beam, sports clubs, scouts, beavers, cadets, boxing, etc.

Appendix

- Something that doesn't induce pressure to do anything
- Casual social groups - board games nights / pub quizzes for charity / bar nights etc.
- Youth club - perhaps for older people 16+, I have been to a youth club before and it has been a mix of older and younger children and it becomes more stressful than fun.
- Youth clubs
- Social clubs
- Support groups that help Young People aged 11-25 with Mental Health Problems due to their Mental Health Problems not being dealt with or recognised and not getting the support that they need to make themselves feel better
- Team sports, youth clubs.
- St John Cadets as they help build confidence and teamwork as well as working independently
- Youth clubs
- Any talking
- Youth clubs
- Sports
- Martial arts
- Youth club
- Loneliness- most groups would help with this
- Stress- a mindfulness class/ yoga to help alleviate stress
- Anything social that helps people relax, such as dancing or singing activities
- Youth clubs
- For mentally handicapped or disabled people, I think any group that promotes positive social interaction with people that are not discriminatory against the persons

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APPENDIX 7 – FOCUS GROUP NOTES

Focus group 1: University Centre Shrewsbury

Step 1- Referral

-What information would you want and in what form?

- I'd want to be told exactly whats going to happen
- Structured personal plans
- Exactly what it involves
- Fully informed- why you're being referred
- Other peoples experiences could be helpful, e.g. online videos □
Advertising- in colleges etc.
- 'Real life' case studies/examples

'What are you going to do'

'Knowing the state of the NHS, why should I go if it's unlikely to have a follow up like everything else'

Talked about if they were just given a lot of leaflets and phone numbers to manage themselves 'not going to ring that number on my own' 'want someone to set it up for me'

'Scary if you don't know what it means - social prescribing'

'Prescribing is linked to drugs'

'I would like someone my age or similar to be the social prescriber GP's at my surgery and other professionals are 45 + they haven't grown up with the things we have. It's really hard now. Even my mum doesn't get. Some of the nurses as younger so I feel they might understand a bit more.'

'I'd want to know the kind of groups, what kind of treatment is this?'

'Looking for information I wouldn't go to the council website I'd google, You Tube and use social media. Posters in the GP surgery would be good. I read the screens, perhaps I'm old fashioned but I do read what is up and read the screens. It makes it normal.'

'I don't use social media if I can help it. But it is important to make sure we know if you know about it you can come forward and ask for it.'

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'The University and when I was at the college they advertise things all the time, workshops could spread the word amongst the children.'

'If you use the word 'prescriber' it needs more words after it to explain it in normal words. Social interventions? But then intervention can mean a big gathering of help, it's hard to get the meaning right'

-Where would you like the interview to be held?

- Options for location (specific SP building, somewhere that's relaxed)
- Flexible locations; whatever is comfortable
- Can be in person or over the phone

Talked about the benefits of an informal vs formal setting, there was a hesitancy to go to the GP practice and wait; 'what if someone saw me'. Also a hesitancy to go and sit in a café or a public area (same quote).

Location - it would be good if it was flexible. I like the idea of my GP practice because it's familiar and it feels safe. Meeting in an open coffee shop would feel terrible. I'm not sure where it needs to be private. I might not want others to know I was going to see them..

-How would you feel about being referred?

- Fear of the unknown
- Feel like I'm not worth the GP's time
- Being passed from pillar to post
- Fear of unknown
- Does it actually help/work?

'What are you going to do with my information'

'It depends on the problem you'd gone in for'

'My issues aren't worth their time'

-What might stop you going to the interview?

- The fear of not having sufficient follow up sessions
- Lack of flexibility
- Wording of the title 'Social prescribing'
- Long waiting lists

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- Not Being able to relate to prescriber
- Could make you more anxious
- Unsure of outcome

Step 2- The interview

-What would make you feel this interview is worthwhile? What would you expect to get out of the interview?

- An outcome from very first meeting- aim, plan etc.
- An organised follow up appointment
- Taken seriously- confident a change will happen
- Social prescriber 'befriend' attitude
- Make the interview person centred, not generic □ Length of interview; shorter session to start?
- Creating a plan; progress. Worth while
- How to contact your social prescriber
- How would social prescribing influence my day to day life; how it is prioritised
- Discussions about limitations from early on (yours or groups etc.)
- Work phone number for your Social prescriber
- Stepped plans- short term goals to complete plan

'If there was no outcome to that first meeting, I'd wonder what was the point'

'Something that makes it feel worth it'

'Need to feel that you're taken seriously'

'Baby steps- short outcomes and goals rather than long term ones'

-What do you think might be on offer for you to go to?

- Sport group
- University groups/societies
- Voluntary work to help others and yourself; may feel more like work

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-Which groups do you know about that might be useful for someone who is lonely or anxious or needing to building confidence?

-What barriers would there be to attending the group(s) and how could they be overcome?

- Social barriers to attending groups; maybe be introduced to group members before.
- A shared email contact before going; e.g. food provided etc.
- Support- ‘hand holding’ making the appointments etc.
- Flexible around groups- speak to leader about involvement, just arrive when your comfortable
- Self motivation
- How you define success
- Anxiety about meeting group for first time- could bring social prescriber or a plus one for emotional support
- Regular commitment
- Travel paid for
- Issues with travelling on evenings
- Difficulties with time of day
- Groups are paid for or the first few sessions; discounted prices

‘Waiting can make you quite anxious’

‘Not knowing anyone, or what to expect’

‘Having to turn up on your own’

‘The fear of the unknown, might stop me going. Hearing other peoples positive experiences, someone you can relate to seeing maybe a video clip on YouTube would help. Making it a normal thing would be important. Debunking it would be important. It’s like smear tests I thought they would be terrible but when you see other peoples experiences and realise it is just a brief moment of being uncomfortable it makes it all the better.’

-What would be the difference for you between attending a virtual & physical group?

- Virtual feels like you’re being brushed off

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- More socialisation and meaningful support
- Virtual groups- in what form? Just messaging; lack of facial expressions, empathy

General discussion points:

‘It could be distressing to talk about’

‘If something is online you miss all the facial expression’

‘a plan needs to feel like you are making progress’

‘needs to be written down not just in your head’

‘timing of when things happen is difficult as everyone is difficult, needs flexibility’

‘I think it would up the prior of doing these things if it is linked directly back to how it is going to help me’

Step 3- The follow up

-What follow up would you expect?

- 3 months is too long to wait for some people
- Follow up at one month, just to check on well being
- Follow up once a month
- Want them to know enough about what’s being happening to ask targeted questions
- More likely to commit when we have meeting in the interim
- In person- face to face or phone call (choice) debrief
- Up to half an hour
- 6 weeks; phone call, catch up, any questions
- 3 months; face to face
- Option to be referred back into the system

‘3 months is rubbish, expected it to be more than that’

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‘3 months is a long time to commit, especially if once a week activity’

‘Would feel more likely to continue if that that early check up’

-How likely is it that you will have continued to go to the group(s)

- Friendly atmosphere in group
- Referred to a single person- similar age etc. Someone who may understand your lifestyle e.g. also a student. Removes some anxiety from being in a new group
- Email reminder- encourage you to go

-What would you see as a positive outcome from the intervention?

- Feel better, on track, confident in self help
- New skills, attendance, friends
- Continuing with club
- Personal change e.g. more energy, optimistic
- Friendships

‘Made a friend’

‘Know how to solve issues now for yourself’

-How would you like the success (or not) of the social prescribing to be measured?

- Personal feedback- success is personal
- Work together to define/achieve success
- Reviews from past users
- Personal journal about clubs; don’t have to and no need to explain yourself/share
- Changes in feelings
- Motivated- would you recommend it?
- Beneficial; if not, wouldn’t go
- Group chats

Additional thoughts about Social prescribing

- Embarrassing
- Not focussing on root cause

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- Would work for 4-16 and 40+
- Easy to just 'cover' the problem
- Befriender- someone the same ages/with same experiences

Table had some additional discussions about SP; they felt that for their 16-25 age group it would be quite hard to get people fully onboard, especially compared to other age groups. Concerns about being 'fobbed off'.

Perception of others played a lot into how likely they felt they would be to fully engage in the program. They admitted that they didn't like the idea of being perceived to need to have someone 'make friends for them' or 'enforce social activity'. It would be a concern for them to have to explain their attendance to friends.

They seemed to engage the most with the idea of the initial interview and follow up sessions; having an hour of protected time with someone to discuss their concerns and bring together a plan of best to approach these concerns.

We discussed the idea of a social prescribing referral being to a 'befriender'; someone within their age range, ideally with similar experiences, that they can have contact with to support them through their plan. (Sort of peer-to-peer counselling). They engaged more with this idea and the thought of having someone to contact regularly in their own age range.

Summary discussion

There should be a clear aim that the person hopes to achieve. This should be acknowledged and follow up of the progress ongoing, more than just the three months of the current system.

Consistently follow progress - keeping an ongoing relationship is important to encourage continuation

It is important that while you might be using social prescribing that you are not ignored by mental health professionals/ other medical health professionals. Referral as appropriate to services should be made if it is clear this is not working. ('My fear is that I will be dumped in social prescribing and not get the expert help I need from professionals').

Options of what you are referred to should be clear and person specific

It maybe that seeing someone on an individual base might be more helpful than joining a group. Referrals to 1:1 interventions should be considered.

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There needs to be a recognition that this may not always be successful and something might be needed.

Suggested Name for the role: Social Options Officer/Advisers/Facilitators/
Support team

Focus Group 2: The Foyer, Ludlow

Step 1- Referral

-What information would you want and in what form?

'Group size, where (location)', everyone in the group is in the same position and are there for the same purpose', 'groups I don't like groups', 'could be really embarrassing if you went to a group and you're fat and everyone else there is skinny', 'It would be good if it was about weight to all be the same size', 'confidentiality is really important you don't want strangers to know all your problems, somethings are no one else's business but mine', 'I had this problem (others knowing my problems) with counselling group sessions', 'the problem in Ludlow is everyone can get to know your problems', 'you have your own private business and you don't want everyone else to know about it'. *All of the group agreed with statements about confidentiality and sharing problems within a group setting.*

-Where would you like the interview to be held?

'1:1 in a room in the GP practice', 'pub with them but not good for everyone', 'costa coffee shops but depends on what the problems are going to be, mums with kids often go to coffee shops to talk about their problems together', 'there should be a choice about where to have the conversation, so you can feel more comfortable', 'You need to feel you have some control if you are going to make yourself vulnerable to someone else'.

Would it be helpful if someone came to the Foyer? Some positives from group but not all.

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- How would you feel about being referred?

'It would take time to think about it', 'it's not taking a service away from you it's adding another so it could worth doing'

-What might stop you going to the interview?

'calling it an interview for starters', 'better to call it, a chat or 1:1', 'no money , lots of money struggles so if you need money for transport', 'they'd have to offer to help with transport costs if you could have a free bus pass, then I'd know I wouldn't have to worry about money', 'taking a trusted person of your choice might help but what if you have no friends.'

Does the interview have to happen in person? 'email, online chat if secure', 'this generation is more comfortable online'

Step 2- The interview

-What would make you feel this interview is worthwhile? What would you expect to get out of the interview?

-What do you think might be on offer for you to go to? What sort of groups?

'to help with money problems', 'finances', 'mental health is a given', 'overweight', 'having the relationship first then the activity', 'groups can be intimidating', 'housing problems -home finders group', 'could be putting you in touch with another person Buddying people up', 'helpful if flexibility over the size of the group'.

What groups are there in Ludlow? 'not a lot', 'I don't know of any'.

Where would you look for information about a group? 'Internet', 'there are notices boards but not really read'. *Most of the group did not know where the main notice boards are.*

How would you like to know about groups? 'Texts, email, word of mouth' letter in post'.

What would happen if you decided that there was a good group for you to go to in Church Stretton? 'The problem is finances', 'the train is frequent enough but', 'I wouldn't go because I have a fear of travelling, I don't' have anyone I could ask for help'.

What if you had to pay for the session £5 for example? 'I wouldn't go', 'this would mean the session or eating tea for two nights, I need to eat'. *All the group agreed with this.* 'these must be free or money off for this age group', 'need

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reminding to go to the group', 'not on the morning about 8pm at night, we work late shifts'.

What time would the groups need to be? 'prefer afternoons to mornings', 'like between 1 or 3pm, maybe 2pm', 'a lot of us work in bars and restaurants at this age', 'a selection of time blocks would be good', 'having a say in timings is another way that you can have some control over things', 'choice about what time is best you for you'

-Which groups do you know about that might be useful for someone who is lonely or anxious or needing to building confidence?

-What barriers would there be to attending the group(s) and how could they be overcome?

-What would be the difference for you between attending a virtual & physical group? Does it have to be a real group or virtual? 'I wouldn't want someone to have my phone number, I want them to know just the things I choose', 'younger ones could make avatars and they could do the talking, message and chat', 'could start one way and then progress to in person', 'could lead to friendships starting out the group', 'if the group is established as long as 2 of you starting new together then it would be OK'.

Step 3- The follow up

-What follow up would you expect? 'the review could maybe back with the GP', 'weekly catch up to see how it is going and then you have a chance to change', 'something regular', 'depends on how often the group meets', 'if the group meets weekly then monthly, if monthly then every couple of months', 'ideally with a trusted person, the same person that has been with you through this process'. *All the group felt an established relationship was very important.*

-How likely is it that you will have continued to go to the group(s)? *Mixed response from the group.*

-What would you see as a positive outcome from the intervention?

-How would you like the success (or not) of the social prescribing to be measured?

Additional thoughts about Social prescribing

What are the issues that people might be using social prescribing for?

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'life in general', 'money, budgeting', 'decision making about money', selfconfidence which can lead to lots of other things like being suicidal''self harm', 'depression', 'money problems', 'drug problems', 'alcohol problems', 'way to look at yourself cause your own thought processes can put you down which leads you spend money'

What groups would appeal?

'Working group', 'gaming', 'green group like forestry commission, campaigning groups', 'event planning a confidence rave, a party without alcohol or drugs', 'like a party which you can talk a bit and jam', 'social club style', 'like the things youth groups use to do, we hang around on the streets now cause we have nowhere to go and the older generation look down on us', 'young people need an older person to run the group who has gone through the same stuff', '*(the group leader needs) experience not just book learning*', '*(the group leader needs) or previous experience in another group,*', 'mentoring, someone looking out for you, teaching and helping you get through' '*(someone who is) like Obi-Wan Kenobi with Luke*', 'pet groups', 'dog walking', 'sleeping and eating pizza group', 'youth groups are needed for this age group otherwise they end up on the street', 'where I come from 13s and evn as young as 9 are on the streets with knives and drug', 'I used to go to a youth group', 'planning the NHS', 'social club, a group with different things going on'

Suggested Name for the role currently social prescriber or link worker

'social prescribing I thought it was everyone coming together to pop their pills together', 'yes I thought that everyone taking medication together', 'advisors is better than prescriber', 'individual Obi-Wan', 'the Sharman', 'the Guru'. 'link worker but that one has been taken'

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Appendix