1a	Do you think the model captures an appropriate vision of social prescribing within Wales?
	Yes / No This is a promising model for social prescribing for adults in Wales, but as an organisation representing the voices of children and young people, we feel there are issues for how this framework represents the needs of children, which we have outlined further below. Social prescribing can achieve significant outcomes for children, and the framework should be an all-age model.
1b	If not, why not? Is there anything missing / not appropriate?
	Barnardo's supports Welsh Government's focus on social prescribing, and the outcomes this could deliver for children, young people, and families in Wales. Barnardo's Cymru has seen evidence through our own social prescribing services that this is a means of providing support that can be effective early and prevent interventions, which we discuss further below. However, the framework as it is currently designed, is a missed opportunity for children and young people. The framework is designed for adults to access services, and states "...in this model it is recognised that there are opportunities to support children, young people and families in improving their social mental or physical well-being and reconnecting them with local community-based support." However, you cannot apply a framework designed for adults to children without significantly rethinking it. We cover this in more detail below. **Social prescribing and children and young people** Barnardo's delivers one of the largest children and young people social prescribing services in England. This service is based in Cumbria, called LINK, and has supported over 320 children and young people aged 5 to 19 since March 2020. It is funded by three Primary Care Networks (PCNs) and meets a

	growing need for children's mental health services in primary care. Social prescribing for children and young people is about developing non-medical solutions that improve wellbeing, mental health, physical health and connects children and young people to their family, friends, and peers. Many of the young people we see through our service want support for low mood, anxiety, emotional wellbeing, peer pressure, self-esteem, weight management and relationships. 96% of our referrals are accepted. In this model, 'social prescribing' is used to define the provision of workers to help children and young people socially connect to local wellbeing boosting services within their local communities. The outcomes have been as follows: • 88% feel less isolated • 78% have increased self-awareness and feel able to manage emotions • 66% experience positive relationships with friends and family Barnardo's strongly believes that social prescribing can be utilised as an important part of the early intervention and prevention landscape in Wales and welcomes Welsh Government's publication of the framework. However, one key issue is missing – this framework is designed for adults, and we would welcome further thought and development on how this framework can tangibly work for children and young people. We would urge Welsh Government to collaborate with the children's sector to produce a young person-friendly version of the framework. Barnardo's Cymru spoke to families about what they wanted from services and they told us the following: *"Holistic service – not just focusing on one issue, even if that one issue manages to be 'fixed', it doesn't exist in isolation."* *"Services that work with both parents and children"* *"Social opportunities – coffee mornings, supporting each other"*

	"More work with children especially around anxiety and mental health support" *"I've got away, I'm starting again, and I want to learn for myself, I want to link up with education and get qualifications now."* *"Confidence courses, something that would help me make friends because I'm no good at it"* The framework is promising, but it does not demonstrate how children and young people would interact with it. However, with the scale and challenge of children and young people facing mental health difficulties, it is vital that we capture how social prescribing can deliver for all children, young people, and families in Wales. In a recent survey of Barnardo's practitioners across the UK, 88% of practitioners think there has been an increase in children and young people experiencing mental health and wellbeing issues over the last 12 months.[1] Focusing only on adults would be a missed opportunity. Children and young people in Wales are facing increasing mental health challenges which are exacerbated by the ongoing implications of the pandemic, the cost-of-living crisis and poverty in Wales, and much more. It is our view that social prescribing in Wales should be harnessed to support children and young people, and not just adults. **<u>Missing issues in the framework</u>** Barnardo's has several recommendations and questions around how the framework could be improved with children and young people in mind. **Education settings and social prescribing** Alongside the other referral routes outlined (such as third sector organisations, statutory organisations, GP surgeries etc) the framework should also highlight how schools and colleges will be part of the referral pathways that enable children and young people to access services via the teachers and adults who spend a lot of time with them, know them well and are trusted by young people. Schools, colleges, nurseries, pre-schools and other settings are a key part of our communities and play a huge role in the lives

[1] Barnardo's Quarterly Practitioner Survey (QPS by RET), Wave 13. 7 July – 28 July 2022.

	of children, young people, parents and their families. It is disappointing that there is not currently a vision for harnessing these important institutions that are often the centre of a community for many into a framework that seeks to build on the power and opportunities of community-based support. **Trusted adults** There is not enough detail on the role of a 'trusted adult' for children's social prescribing that would support them through this process. This is detail that we would be pleased to see enhanced in subsequent versions of the framework. Trusted adults would potentially play a significant role in supporting children and young people to access social prescribing services and to do so safely and appropriately, so more clarity on this is vital. **Safeguarding and complex issues** Similarly, there is detail missing on the potential for more complex issues or safeguarding concerns to arise in relation to social prescribing, for children or adults who are vulnerable. Individuals may be referred to social prescribing services, only to later realise or develop more complex needs and require signposting to specialist services. Will social prescribing services be equipped to deal with this? What training will be available for staff and volunteers who may be supporting individuals? We would also welcome more detail on how adults and children accessing social prescribing services will be safeguarded. It is well-known that the public awareness of what to do if they have concerns for the wellbeing of a child is low. If a volunteer or staff member in a social prescribing service were to have these concerns for a child that was referred to them, would they be appropriately trained and supported to recognise the signs and seek support or make a referral? **Sustainable funding arrangements** It is disappointing to note that there is not more discussion of how this ambitious plan will be funded, particularly in the longer term.

	Whilst the potential for the plan to change the way that services are accessed and available is exciting, much of this will not be realised without sustainable funding. We have outlined below the need to invest in the relationship-focused part of this model, particularly when working with children and young people, and this will come with a cost. Furthermore, we have discussed in the questions focusing on a directory and building trust the need to invest in directories and systems that practitioners and members of the public have confidence in and can be kept up to date. **Poverty and social prescribing** Wales faces the highest proportion of children living in poverty in the UK[2], a disturbing fact that has remained stubbornly unchanged for some time. Social prescribing will be forced to interact with the effects of poverty in our communities, particularly as concerns around social isolation become more embedded. We would recommend that the framework be 'poverty-proofed' and for the framework to outline how some of the impacts of poverty will be tackled. An important example of this is the fact that even more people will struggle to travel to access support due to financial barriers. This will be particularly acute in more rural areas. How will the social prescribing framework seek to mitigate this? What action can be taken to support people to access social prescribing services, without poverty acting as yet another barrier to accessing community-based support? **Public health campaigns and social prescribing** Wales has been a leader in recent years on a number of public health issues and campaigns. In future, social prescribing could play a key role in delivering these public health campaigns to more people, and clarity on how this will operate would be welcome.
2a	What is your view of the language/terminology used in the model and supportive narrative? This may include the language and terminology used in both English and, if appropriate, Welsh.
	We recognise that social prescribing is an accepted term used in Wales and beyond, and for many, is an accurate description

[2] https://gov.wales/relative-income-poverty-april-2019-march-2020-html

	of the model. We accept that for the purposes of ease and consistency, it is sensible to continue to adopt this language. We spoke to children and young people, parents and practitioners to gather views on the language in the framework. We spoke to children and young people about the framework, and they felt that the language did not make sense to them or speak to them in a way that they found useful. Parents that work with our services felt alienated by language that didn't feel as though it had been designed for them and doesn't speak to them. The referral pathways, and even 'social prescribing' itself, falls into this category for these parents. Practitioners noted that 'social prescribing' still sounds like a medical term and may be off-putting to people who would not necessarily have trust in institutional settings. People with no recourse to public funds may not know that this is a service that is open to them, for example. Practitioners were concerned that the phrase still sounds 'remote' and 'unhelpful' - even to them as professionals who worked in this landscape and were accustomed to such terminology, let alone families who might feel intimidated and put-off by language that doesn't speak well to them. It is our recommendation that if this is the most appropriate terminology for the framework, then the public communication messages focus on more accessible language, that reflects the services and support that people are used to seeing in their communities and looks to complement this. There should be a well-funded campaign that pools the organisations, stakeholders and voices already present in their communities that can help promote and explain social prescribing in a multitude of ways that will speak directly to the communities that they serve and are a part of. Social prescribing will look very different to the different groups of people who seek to access it, and it will be important to reflect this as we engage with different communities across Wales. In England, Barnardo's is part of the HW Alliance, which is a national alliance of VCSE organisations working in partnership with the Department of Health and Department of Health and Social Care. As part of the alliance, we lead a consortium of 15

	grassroots, voluntary sector charities supporting children and families predominantly from Black and Asian communities. They ran 13 focus groups reaching 40 families and 80 young people about social prescribing. 73% of people hadn't heard of social prescribing before. Comments included raising awareness of social prescribing and ensuring the model was embedded in the community as well as primary care. It was also clear that any social prescribing model needed to be culturally competent to ensure access and inclusion.
2b	Do you have any suggestions on alternative language / terminology? This may include the language and terminology used in both English and, if appropriate, Welsh.
	We do not recommend changing the language, given that social prescribing operates on a wider basis, and this could cause confusion. Instead, we would urge Welsh Government to work with a plurality of communities to understand how this could be effectively communicated in a communications campaign that speaks to our diverse communities. There is currently no discussion of how the framework will be communicated to people in Wales, and we would welcome further clarity from Welsh Government on how this will be established.
3	How do we at a national level develop a common understanding of the language/terminology used to describe social prescribing for both professionals and members of the public alike? This may include the language and terminology used in both English and, if appropriate, Welsh.
	Social prescribing should be embedded into every part of civil society, so that individuals engage with social prescribing as readily as they do trusted community groups, GPs surgeries and dentists. We have discussed above the need for a communications campaign to support this. For children and young people, social prescribing needs also to be embedded within schools, community groups and broader social networks including youth clubs/centres. This came across strongly in our research. Also, if the Wales social prescribing model does include children and young people then the narrative from the beginning needs to be 'all age' so GPs and referrers understand that this is not only for adults. The narrative around 'all-age' is a key learning point from the England social prescribing roll-out.

4a	What actions could we take at a national level to help professionals (from healthcare, statutory and third sector organisations) know about, recognise the value of and be confident in referring people to a social prescribing service?
	Regional Partnership Boards (RPBs) should provide leadership on this. RPBs have the networks and expertise to ensure that social prescribing is properly embedded within professional services. There should be a requirement for professionals and practitioners to engage with social prescribing, with appropriate training and signposting provided. We spoke to a number of Barnardo's professionals in our children's services teams about how confident they currently feel about social prescribing and the role it plays in their day-to-day jobs. Barnardo's practitioners feel that they are regularly signposting children, young people and families and helping them to take advantage of other sources of support in the community. It is their view that this is a well-established part of the role that comes naturally to the third sector which is often embedded within communities. For example, Beyond the Blue[3], Barnardo's whole-family mental health service is based in the YMCA in Neath, and feel that signposting children, young people and their families to other forms of community support that they may benefit from is a standard part of providing support. Beyond the Blue is not only based in a community setting but is also an established part of the community more generally, and regularly provides support both in the YMCA but also elsewhere in the community where this is the best option for the child or family. The team use DEWIS when necessary to help identify sources of support but find that it is not always up to date or easy to navigate. Although we know that such referrals and signposting make a positive difference to people's lives, it is difficult to quantify this in terms of providing feedback on an intervention, as we do not have an insight into the role of this suggested form of support in a person's life moving forwards.

[3] https://www.barnardos.org.uk/what-we-do/services/beyond-blue

	Headroom[4], Barnardo's First Episode Psychosis Service, in partnership with Cardiff and Vale University Health Board, provides support to young people aged 14 – 25 who have experienced psychosis for the first time or are at risk of experiencing it for the first time. Central to this service is the role of helping young people identify sources of support in their community. Whether that is social groups, activities, sport, befriending, advocacy, and mentoring. Again, this is a service that is embedded within communities and works with young people to build relationships, understand their lives, needs and interests, and signpost to sources of support because of this. It is notable that since the cost-of-living crisis has taken even more of a hold in Wales, signposting to external sources is becoming more difficult as young people have less disposable income than previously. Practitioners said that they struggle to recommend that young people take part in paid-for activities such as swimming, or activities that incur a transport cost, because this is a significant barrier. Tackling this barrier will have to be built into a social prescribing model for Wales, particularly at such a difficult time. We believe that the framework should be backed up with a fully funded action plan that demonstrates how Welsh Government will make a long-term commitment to funding and embedding the framework fully.
4b	In the case of self referrals, what actions could we take at a national level to help members of the public know about, recognise the value of and be confident in contacting a social prescribing service?
	The communications campaign and awareness raising will be critical in meeting this objective. The Ending Physical Punishment campaign in Wales was effective, well-funded and is a good example of how reaching out to different groups of the public should be targeted by a government campaign. We would urge Welsh Government to consider how to create a campaign that reaches out to communities across Wales to build trust in the system and

[4] https://www.barnardos.org.uk/what-we-do/services/headroom-first-episode-psychosis-service-feps

	make the case for how social prescribing can support people across Wales. It is our view that members of the public should be able to be confident in the relationship-based nature of the social prescribing model in Wales, and how this will be central to supporting children, young people and families. One case study from our LINK service in Cumbria highlighted how important the relationship-based model was: Leah, aged 15, said: *"I was so angry at everyone… I was kicking off at school and at home and then we were all in lockdown and I was just stuck in my room refusing to talk to anyone without it ending up in shouting and screaming. Talking to LINK helped me work out what I was really angry about and also how to try different ways of talking to my family. It didn't always work but things are so much better now, I can even sit and eat with my brother again."* Another case study illustrated the same need for a relationship-based model: *Case study with a 13-year old young person:* *"We started working with the young person in February 2021 and completed 6 virtual sessions over 8 weeks. The young person chose virtual over face-to-face.* *"This referral was made to us because the young person was struggling with bereavement after Gran died and had experienced bullying at school. The young person wanted support as they felt anxious when being alone, or walking alone, as they were afraid of being kidnapped. They also had not slept in their own bed for several years due to anxiety, and not feeling comfortable when alone.* *We helped the young person set themselves two goals:* *GOAL 1:To be able to walk into the village alone* *GOAL 2:To be able to sleep in my own bed* *We explored with the young person what was working well in their life, their achievements and what needed to happen to meet their goals. We focused on building strong, trusting connections with the young person. Through our sessions we set short-term, manageable activities and created a positivity*

	toolkit. At the end of the support sessions, the young person was sleeping in their own bed every night (for just over two months when we finished) and was comfortable walking into the village alone and was doing this daily." We would urge Welsh Government to consider how a relationship-based model can be embedded and communicated to the public, to help people build trust in what may sound like a new way of receiving support for issues that are very difficult to share and seek advice and support on. Referral routes need to be easy, accessible, quick, avoid waiting lists and family focused. Embedding social prescribing into existing systems and the places where families go already will be paramount.
4c	In the case of targeted referrals, what actions could we take at a national level to help organisations identify specific populations/groups of people who might benefit from contacting a social prescribing service?
	The starting point for this should be needs assessments held by Regional Partnership Boards, alongside an understanding of what already exists, and support for social prescribing groups to help fill these gaps. The key to many successful social prescribing models is to invest time in developing relationships with individual to understand their lives, their challenges and their needs going forwards. Work with GPs to understand local demographic data and areas of deprivation to link social prescribing to addressing health inequalities. In one area in England, they are targeting social prescribing to children with an identified high number of ACEs (Adverse Childhood Experiences). Wales has done a lot of positive work in this area over the previous years.
5	What actions could we take at a national level to support organisations/groups offering community based support to engage with social prescribing services?
	As outlined above, many third sector organisations feel that social prescribing is part of the job of supporting children, young people and families with their mental health and wellbeing.

	For social prescribing to be successful in our view, we need to go to where people already are and not expect them to come to us. That means investing in local community connectors who can embed themselves in communities by attending existing groups, using social media on a very local basis who can make the case for social prescribing and the role it can play in a community. It will also be important to harness what already exists and helping to join organisations up so that they can signpost between them and fund action to help fill gaps, rather than trying to replicate work that already exists. Social prescribing requires places to signpost people onto. There needs to be investment to ensure there are thriving communities with different activities and groups.
6a	What actions could we take at a national level to minimise inappropriate referrals into a social prescribing service?
	Training and guidance for professionals – linked through the RPBs Clear referral process but also a no wrong door approach too.
6b	What actions could we take at a national level to minimise inappropriate referrals from a social prescribing service into community based support
	It must be remembered that safeguarding risks may come with a widespread use of social prescribing and community-based support. Many community organisations in Wales are often grassroots and run by volunteers – which is their strength and their unique contribution to their local area. However, it is disproportionate to expect these organisations to be able to manage safeguarding concerns and risks that may well present if someone with more complex needs presents at a social prescribing service. There must be clear routes of support which ensure that community organisations can quickly access support for individuals who need more specialist support. Similarly, community organisations must be trained, supported and empowered to play their role in safeguarding children and young people, and in knowing how to respond if they feel that a child or young person is showing signs of being at risk.

	The proportion of the general public who would know what to do if they believed that a child is at risk is low. Whilst reaching out to more community organisations is incredibly important as part of a national framework on social prescribing, this must be done with a clear view as to how we support these organisations to deal with safeguarding issues in a timely and appropriate way. Also, a child or adult could be referred to a social prescribing service and either already have or later develop a more complex mental health need that requires referral to a specialist service. Social prescribing services must be trained and empowered to support and refer people back to the most appropriate service (e.g. CAMHS) without causing undue delays that would potentially undermine confidence in the service and have serious unintended consequences.
7	Which actions could be taken at a national level to support strong leadership and effective governance arrangements?
	Regional Partnership Boards should play a leadership role and ensure good governance of a Wales framework for social prescribing. We should also ensure that any model and leadership includes service users (adults and children/young people).
8	What actions could we take at a national level to support the commissioning process and help engage the public in developing a local level model which meets the needs of their community?
	Many mental health and wellbeing services that currently exist are not services that a person can self-refer to. We will need to consider this when examining how to embed social prescribing within Wales. Initial upfront investment/resources to support local participation and the development of offers that meet local community needs will also be needed. This could be led by the voluntary sector.

9a	Do the current online directories and sources of information provide you (in an easily accessible format) with the all the information you need to make decisions on the appropriateness and availability of community based support?
	As noted above, our teams often use local directories to provide support, including DEWIS.
9b	Are there other online directories / sources of information you use?
9c	What are the key features you think online directories should provide to help people access community based support?
	People will need to be confident that online directories are up-to-date and well-managed. This will require investment in ensuring that directories are well managed, and not just rely on volunteer-led organisations to update their details. This creates a disproportionate burden on volunteers in organisations that might not be digitally literate or confident.
10a	What actions could we take at a national level to help address the barriers to access?
	The barriers to access could include: • Lack of awareness For many people, social prescribing will feel like a very new initiative and so significant outreach work will need to be undertaken to help communities understand social prescribing and how it can deliver for them. • Lack of trust We have discussed the need to build trust in the relationship-based nature of the service and for people to build confidence in a new system, particularly with barriers related to language and terminology for some groups of people. • Supporting the whole family It will also be important to ensure that social prescribing is not only offered as a 1-1 service but can possibly work with a whole-family approach, particularly for families with children with disabilities and young carers.

	Another means of addressing barriers discussed throughout this response would be in committing to co-production throughout the process of developing social prescribing for Wales. What makes Barnardo's social prescribing service, LINK, unique is that it is a co-production success story – children and young people have been actively involved from the outset, from forming part of interview panels to designing what the service would look like, resulting in a truly personalised offer which includes one-to-one support with a Link Worker, drop-in wellbeing groups in various settings and connecting children and young people to appropriate resources best suited to their needs, interests and circumstances. LINK ultimately empowers children and young people to be able to look after their own wellbeing and recognise when they need more support, which is what we should be aiming to achieve with social prescribing in Wales. LINK won the award for the Best Children and Young People Social Prescribing Project at the Social Prescribing Awards in March 2022.
10b	What actions could we take at a national level to help address barriers to access faced by more vulnerable and disadvantaged groups?
	There are a number of recommendations that we would make here: • Develop the role of a trusted adult and ensure that this is a resource for children and young people. • Invest in sustainably funding the model to ensure that people feel that they can rely on it to be there for them, that directories are accurate and up-to-date and accessible for all. • Work with communities to communicate effectively with those who might not otherwise consume messages put out by government and other traditional institutions. • Ensure that social prescribing is properly embedded within the communities it serves and complements activity that already exists and is provided by trusted local activists and organisations – do not seek to replicate the work of others. • Any model needs to be culturally competent

11a	Should the national framework contain a set of national standards for community support to help mitigate safeguarding concerns? Yes / No / Not sure
	Safeguarding arrangements for children and young people are already well-established and training should be provided for staff, practitioners and volunteers.
11b	If yes, what are the key things the national standards for community support should cover?
11c	If no or not sure, what are your main concerns around the introduction of national standards for community based support and how might these be addressed?
12	What actions could we take at a national level to help overcome barriers to using digital technology for community based support?
13	What action could we take at a national level to support effective partnership work to secure long term funding arrangements?
14	What actions could we take at a national level to mitigate the impact of the increased demand on local community assets and well-being activities?
	Social prescribing is about connection to communities so there will be an inevitable increase in demand on local community assets. This will require funding and resources to ensure social prescribing

	thrives. Social prescribing is not just about investment into the worker/service but equally the wider community.
15	In your view what are the core things we need to measure to demonstrate the impact of social prescribing?
	• Waiting list times for health care • The number of people in mental health crisis • Impact on GP attendance • Reductions in social and emotional isolation • Improved local community based activities • Increased volunteering in the voluntary and community sectors • Experience of participants and outcomes in their own words – e.g Outcomes Star
16a	Do you have any research or evaluation evidence you'd like to share with us?
16b	Do you have any suggestions on how the implementation of the national framework in Wales can and should be evaluated
	Ongoing monitoring should be an important part of the framework. Engagement with adults and children should focus on what they think outcomes should be and how they would perceive success as part of this model. Furthermore, if the ambition of this policy is to reduce waiting lists and improve access to GPs, then this should be one of the measurable outcomes of the framework.
17a	What are the key knowledge and skills the planned competency framework should cover?
17b	How can the planned competency framework best complement existing professional standards?

18	Are there benefits and/or disadvantages of education and training to underpin the competency framework, that is academically accredited?
	Advantages – recognised social prescribing qualification and shows the value and worth of social prescribers. Disadvantages – a risk of low retention as post-qualification we find that some workers will move on more quickly onto other higher paid work.
19	What other actions could we take at a national level to support the development of the workforce?
	Community Connectors should be trained in how to work with children and young people, with a focus on how to support them and communicate effectively with them.
20a	What are your current experiences of using digital technology in the following areas of social prescribing? • Referral process • Assessment process • Accessing community based support • Delivery of community based support • Management of information and reporting of outputs / outcomes
	We use digital support for all of the above via Teams/Zoom. Barnardo's delivers online 1:1 and group support as part of the children and young people social prescribing offer in Cumbria. In rural areas, digital support has been helpful to connect children and young people to services and to their communities.

20b	How could the use of digital technology enhance delivery of social prescribing in the following areas? • Referral process • Assessment process • Accessing community based support • Delivery of community based support • Management of information and reporting of outputs / outcomes
21a	We would like to know your views on the effects that the introduction of a national framework for social prescribing would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?
21b	Please also explain how you believe the proposed a national framework for social prescribing could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.
22	We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them: