

# **Top Tips for Commissioners and Providers of Social Prescribing and interventions combatting loneliness for unpaid carers**

**These Top Tips are based on good practice case studies set out in *Social Prescribing and interventions combatting loneliness amongst unpaid carers: Good Practice examples document*.**

We know that Social Prescribing and other interventions that combat loneliness are a vital form of support for carers to feel connected to their local community and reduce the loneliness amongst unpaid carers. Through the **Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance (HW Alliance)**, the Carers Partnership worked with the Department of Health and Social Care, and VCSE HW Alliance partners, to highlight good practice in delivering social prescribing for unpaid carers. This project looked at current good practice in partnership working between local VCSE organisations and statutory partners in social prescribing and interventions aimed at combatting loneliness amongst unpaid carers.

Good practice examples were identified through Carers Trust's network of carer support organisations, as well as through the networks of Health and Wellbeing Alliance partners. Carers Partnership were supported throughout this project by fellow Health and Wellbeing Alliance members: British Red Cross, Locality, National LGBT Partnership, and Race Equality Foundation.

The good practice examples are set out in the *Social Prescribing and interventions combatting loneliness amongst unpaid carers: Good Practice examples document*.

From these good practice examples, Carers Partnership has analysed the good practice case studies and distilled some common features amongst them and developed these Top Tips for commissioners and providers based on common factors underpinning good practice that can be replicated.

Reflecting the expertise and networks of Health and Wellbeing Alliance members who have supported this project, there is a particular focus on carers from LGBTQ+ communities, and ethnic minority communities.

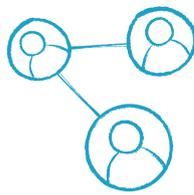
The focus on carers from LGBTQ+ communities and ethnic minority communities does not discount the many other communities that face additional barriers to accessing services. The Top Tips to ensuring that services are open to all members of the community, can be applied to making sure services are open to other communities who face additional barriers to accessing services.

**This project aims to aid commissioners and providers who want to develop and enhance their Social Prescribing and interventions that combat loneliness offer.**

**These Top Tips highlight the success factors in social prescribing schemes and interventions that combat loneliness. They are for:**

- **Commissioners:** Social Prescribing is commissioned by Primary Care Networks, Clinical Commissioning Groups or Local Authorities, or a partnership of these different organisations.
- **Providers:** The Top Tips are aimed at local Voluntary, Community and Social Enterprise organisations (VCSE). We know that local VCSE organisations are often best placed to provide social prescribing and services that combat loneliness.

# PARTNERSHIP WORKING



Social Prescribing, and other interventions that combat loneliness, rely on good partnership working. This is partnership working between the statutory sector and the voluntary sector, as well as within sectors themselves.

It's important to recognise that no single organisation can do everything – so it's vital that organisations build relationships with each other.

## Commissioners:

- Commissioners should encourage partnership working among the Voluntary, Community and Social Enterprise (VCSE) sector. When commissioning services ensure that partnership working is at the heart of the service.
- Codesign and coproduction (more on these below) are vital to ensuring partnership working is embedded. Work with local communities and local VCSE to understand the needs of the local population – including people from communities who face additional barriers to accessing services.
- Commissioners have a role in ensuring that services are open and accessible to all members of the community. Services should take active steps to ensure their services are open to carers from LGBTQ+ communities and ethnic minority communities.
  - This could be achieved through working with local specialist organisations that support people from LGBTQ+ communities and ethnic minority communities who can advise on how to develop truly inclusive services.
  - Work with local communities to understand varying needs to ensure the services you commission are accessible and appropriate to all.
  - Some carers from LGBTQ+ communities and ethnic minority communities may prefer to receive support from specialist organisations. Commissioners should enable that to happen by ensuring these services are available and there are established signposting and referral routes.

## Providers:

Providers should work together to ensure carers can access good social prescribing programmes. Social Prescribing and projects that combat loneliness, should be open to all members of the community.

- Build, develop and maintain relationships with other local organisations. Once those relationships are established create two-way referral routes and ensure that staff are aware of the services available in the local area.
- Services should be open to all members of the community. Organisations should work together and share good practice.
- If you are not a specialist carer support organisation – make links with the specialist organisation in your area and ensure there is a two-way referral system in place.
- Some carers from LGBTQ+ communities and ethnic minority communities may prefer to receive support from specialist organisations. Services should ensure those in the community who are from populations who face additional barriers to access services, can access their services.
  - This can be done by partnering with specialist providers to ensure your services are open to all.
- Partnership working should be embedded on both a strategic and operational level.

## IMPACT MEASUREMENT



Commissioners and providers should measure the impact of Social Prescribing projects and interventions that combat loneliness. For commissioners, this will mean you can have confidence that the services you are commissioning are having the impact you want, and providing value for money. For providers, measuring your impact will enable you to showcase your work and highlight the positive impact your services are having.

There are numerous ways you can do this from collecting testimonials from carers using the service to using more complex quantitative driven tools.

- There is the **ONS Measure of Loneliness**. This comprises of 4 key questions, which the ONS developed as part of their work following the Government's Loneliness Strategy.
- The What Work Centre for Wellbeing developed a guide for charities and social enterprises covering how to combat loneliness as well as an overview of how to measure the impact of loneliness work.
- Many organisations use the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and the ONS Personal Wellbeing Scale at entry and exit.

## CODESIGN AND COPRODUCTION



Services should be rooted in the local community, and be coproduced and codesigned with carers using the service. Codesigning and coproducing services with carers and specialist organisations will ensure:

- Services are open to all members of the community including those who face barriers to accessing services and face health inequalities.
- There are specialist services available if the carer using the service wants or needs to access them.

### **COPRODUCTION IS:**

A way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development & evaluation.

Coproduction acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, coproduction helps to ground discussions in reality, and to maintain a person-centred perspective. Coproduction is part of a range of approaches that includes citizen involvement, participation, engagement & consultation.

As part of coproduction and codesign, commissioners and providers must create mechanisms to allow carers to give honest and open feedback. This will enable services to be evaluated, and improve over time based on the views and needs of the people who use them.

### **Commissioners**

- Enable carers to use their lived experience to shape and design services.
- Work with local VCSE organisations and carers to codesign and coproduce services.
- Ensure there are mechanisms and processes in place to allow meaningful engagement with unpaid carers to allow them to shape the services they access.
  - Ensure that you are hearing from a diverse range of carers including carers from communities who face additional barriers to accessing services.

## Providers

- Work with commissioners and carers to design services that meet the needs of carers.
- Enable carers to shape your services through genuine coproduction.
- Connect carers with commissioners to allow carers to shape the services that are being commissioned.
- Connect to organisations that provide specialist support for LGBTQ+ communities, and ethnic minority communities and work with them to ensure your services are serving the needs of carers from these communities.

## PERSON-CENTRED APPROACH



Services should be based on the needs of the people using the service. Services must work with carers to develop a plan that meets their needs. Social prescribing should always have a specific approach to working with people and putting them front and centre about what they want from life – what matters to them – that is at the core of the work.

## Commissioners

- When commissioning services, prioritise services that highlight their person-centred approach.
- Work with local VCSE organisations and the local population to develop service specifications.
- Ensure the services available in the local area are wide and varied and can meet the diverse needs of the local population.

## Providers

- Services must have early and clear conversations with unpaid carers using the service to identify the challenges they face and their needs.
- Often it is beneficial for the carer to have help with what they perceive as their biggest challenge first, before being supported for wider challenges.
  - For example, if a carer is facing problem debt, it is a good idea to support them to deal with the debt before they engage more fully with social prescribing projects. Work with specialist support organisations to help the carer manage their biggest challenge(s) and then the carer may feel more able to engage with wider Social Prescribing projects.
- Asking the question “What matters to you?” is a good starting point as it will enable providers to identify what the carers’ priorities are for themselves.

## FLEXIBLE APPROACH



### Commissioners

- Commissioners should allow providers to adapt the way their services are delivered to enable the best outcomes for carers.

### Providers

- Providers should ensure they are flexible to ensure they can provide a person-centred service.
- Flexibility is key in ensuring carers get the support they need from the organisation best placed to provide that support, at the time they need it.

## NO WRONG DOOR



The “No Wrong Door” approach was developed within the children and young people’s sector. It aims to provide integrated support to ensure people receive the support they need, at the time they need, in the place they need it.

This approach can be expanded to other services to ensure people get the support they need.

The “No Wrong Door” approach means if someone engages with a service but after further conversations need support from a different service, they are actively signposted and supported to access that service. This approach can only be successfully implemented if partnership working and referral pathways are embedded throughout local areas and organisations.

## CO-LOCATION



Physical co-location is where organisations are located in the same physical space.

Co-location is both supported by and can enhance, partnership working.

Relationships are built through being in the same physical environment, and services can more easily work together – enhancing other good practices such as flexibility, and the No Wrong Door approach.

Co-location could work in several different ways:

- One organisation could act as a landlord to other community organisations – renting out office and meeting spaces. Organisations should take advantage of this physical co-location to learn about each other’s work and develop working partnerships where possible.
- Social Prescribing Link Workers are employed by a VCSE organisation but located at local GP surgeries. This helps develop the relationship between VCSE organisations and GP on an operational and strategic level.

## **USEFUL RESOURCES**

A **model for co-production**: NHS England and NHS Improvement and coalition for personalised care (formerly coalition for collaborative care).

### **British Red Cross: Tackling Loneliness Together**

The **HEE Loneliness Elearning** – available to all health, social care and volunteer workforce from across all sectors: Tackling Loneliness and Social Isolation - e-Learning for Healthcare (e-lfh.org.uk).

The **Tackling Loneliness and Social Isolation Webinar** - YouTube.

**What Work Centre for Wellbeing developed a guide for charities and social enterprises.**

The **Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)**.

Locality's **Getting Started on Impact Measurement**.

**Sefton CVS – Sefton Council Collaborative Agreement.**

**Wandsworth Carers' Centre LGBTQ+ Toolkit.**

**LGBT Foundation's Pride in Practice**

**ONS Measure of Loneliness**

# ABOUT CARERS TRUST

Carers Trust is a major charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems. We do this with a UK wide network of quality assured independent partners and through the provision of grants to help carers get the extra help they need to live their own lives. With these locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities. Our vision is that unpaid carers count and can access the help they need to live their lives.

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