

# **Social Prescribing and interventions combatting loneliness amongst unpaid carers: Good Practice examples**

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# BACKGROUND

## What is the Health and Wellbeing Alliance?

The Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance (HW Alliance) is a partnership between voluntary sector representatives and the health and care system. It is a key element of the Health and Wellbeing Programme, enabling the voluntary sector to share its expertise at a national level to improve services for all communities.

Its purpose is to:

- Provide a co-ordinated route for health and care organisations to reach a wide range of VCSE organisations.
- Support collaboration between VCSE organisations and provide a collective voice for issues related to VCSE partnerships in health and care.
- Enable health and care organisations and VCSE organisations to jointly improve ways of delivering services which are accessible to everyone by making it easier for all communities to access services will reduce health inequalities.
- Ensure health and care decision-makers hear the views of communities which experience the greatest health inequalities.
- Bring the expertise of the VCSE sector and communities they work with into national policy making.

The HW Alliance is jointly managed by the Department of Health and Social Care (DHSC), and NHS England & Improvement (NHSE&I) and is made up of 18 VCSE Members that represent communities who share protected characteristics or that experience health inequalities, and a VCSE coordinator. Through their networks, HW Alliance Members can link with communities and VCSE organisations across England.

## The Carers Partnership

Carers Trust and Carers UK are members of the HW Alliance as the Carers Partnership. Carers Partnership worked with the Department of Health and Social Care, and VCSE HW Alliance partners, to highlight good practice in delivering Social Prescribing to and, tackling loneliness amongst unpaid carers.

## What is Social Prescribing?

Social Prescribing connects people to practical, social and emotional community support, through Social Prescribing link workers, who are based in GP practices and the VCSE and take referrals from all local agencies. Link workers have time to build trusting relationships, starting with what matters to the person, create a shared plan, and introduce people to community support.

It helps people get more control over their healthcare, to manage their needs and in a way that suits them. It can especially help people who:

- have one or more long-term conditions.
- need support with their mental health.
- are lonely or isolated.
- have complex social needs which affect their wellbeing.

Social Prescribing links people to a range of activities that are typically provided by voluntary and community sector organisations, for example, volunteering, art activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

## What is this project?

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 – including young carers and young adult carers. It highlights:

- current good practice in Social Prescribing and interventions that combat loneliness for carers.
- good practice for ensuring Social Prescribing and other interventions serve communities who face additional barriers to accessing services – namely carers from the LGBTQ+ communities, and carers from ethnic minority communities.

We know that unpaid carers face loneliness. A Carers Trust survey (1) of over 1,500 carers found that 51% of survey respondents said they had to give up on hobbies or personal interests because of their caring role. Carers not being able to pursue a life outside of caring is likely to leave them feeling isolated and alone with a negative impact on carers' wellbeing. Carers UK research found that 81% of carers have felt lonely or socially isolated because of their caring role (2). Research published by Carers Week also found that 35% of carers said they were always or often lonely – this is 7 times more likely than the general population (3). We also know that young adult carers are more likely to feel lonely than their peers not in a caring role. The most recent GP Patient Survey found that 32% of young adult carers felt isolated or lonely, compared to 21% of those aged 16 – 24 not in a caring role.

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. Organisations shared details of their interventions with Carers Trust and then further developed the final case studies.

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.

Some of the good practice examples are provided by specialist local carer support organisations, whilst others are provided by other VCSE organisations where unpaid carers are referred for support. What they have in common is delivering services that tackle loneliness amongst carers.

The good practice examples set out how organisations have ensured their services are open to members of the community who face additional barriers to accessing services. 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 examples set out below and the *Top Tips for Commissioners and Providers of Social Prescribing and interventions combatting loneliness* document can be applied to ensure services are open to all members of the community.

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(1) <https://carers.org/downloads/resources-pdfs/pushed-to-the-edge.pdf>

(2) [https://www.carersuk.org/images/News\\_\\_campaigns/The\\_world\\_Shinks\\_Final.pdf](https://www.carersuk.org/images/News__campaigns/The_world_Shinks_Final.pdf)

(3) <https://www.carersuk.org/for-professionals/policy/policy-library/getting-carers-connected-2>

The good practice examples set out how different organisations have delivered Social Prescribing and interventions that combat loneliness to the communities they serve, including carers. Some are specifically aimed at unpaid carers, whilst others are delivered in a way to ensure that unpaid carers can access them and be supported in their caring role.

From these good practice examples, Carers Partnership has developed *Top Tips for Commissioners and Providers of Social Prescribing and interventions combatting loneliness* document based on common factors underpinning good practice that can be replicated.

These aim to aid commissioners and providers who want to develop and enhance their Social Prescribing and interventions that combat loneliness offer.

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 loneliness amongst unpaid carers.

# GOOD PRACTICE EXAMPLES


This good practice document should be read alongside:

- Top Tips for commissioners and providers document based on common factors underpinning good practice that can be replicated.

## Sefton Carers Centre

### Listening Ear

**Good Practice showcased**



**Person-centred approach**      **Flexible**      **Partnership working**      **Codesign and coproduction**

The Listening Ear service is available to all adult carers who have faced difficulties getting out and would benefit from talking to someone providing them with emotional support via regular phone calls.

Carers can be referred through several routes, including the Local Authority and other charities, and are initially sent to the Carers Support Team Lead who will review the case to ensure that the service is suitable for the carer. Once this has been completed the referral will be passed to the Listening Ear Team Leader who will contact the carer and discuss the service, what support they need and if there is a volunteer available to support. The Team Leader will identify a suitable volunteer based on the needs and interests of the carer and discuss and agree on contact days and times with the volunteer and carer.

Listening Ear can be provided to carers as “standalone” support or can be provided as after support following counselling. Listening Ear improves the wellbeing of unpaid carers and can also provide early intervention support to unpaid carers as the service can refer carers for further support from Sefton Carers Centre if they believe there is a risk of a crisis developing in the carer’s life.

Listening Ear is monitored through outputs such as the number of calls volunteers make, and through testimonials provided by carers about the positive impact the service has had on their wellbeing. The impact is also measured by the number of carers who move from counselling to this service and then move to self-care.

Carers can access Listening Ear alongside other services Sefton Carers provide, such as the Living Well Service. The positive impact of the intervention is based on the wrap-around support service being provided to carers.

### ***A carer's story***

Barry is 70 years old and cares for his husband who has multiple health problems including heart and renal failure and requires supervision and 24-hour care and support. Barry himself is in poor health and has stated he feels isolated; his mental health has deteriorated, and he is lonely.

The problems faced by the carer:

- Isolation.
- Loneliness.
- Poor mental health.
- Poor physical health.
- Low confidence.

### **How Sefton Carers helped**

Barry was initially registered for another Sefton Carers project but based on conversations between him and the caseworker, he was referred to the Listening Ear to provide further support to him in his caring role.

Through the wrap-around support provided by the Listening Ear and Active Older Carers projects, Barry now attends activities organised by Sefton Carers, such as coffee mornings. Barry enjoys face-to-face interactions, and through the support provided by Sefton Carers, is now empowered to socialise and share his experiences with other carers. This means he can connect socially with other carers whilst also giving him a break from his caring role.

Barry feels that his confidence has grown, and he can now share experiences with like-minded people, he feels empowered and there has been a significant increase in his overall health and wellbeing.

For more information **contact Sefton Carers Centre.**

## Sunderland Carers Centre

### Good Practice showcased



**Person-centred approach**



**Flexible**



**Partnership working**



**No Wrong Door**

Sunderland Carers Centre is a part of All Together Better - a city-wide Social Prescribing project. All Together Better is an alliance bringing together providers and commissioners in Sunderland to deliver personalised, pro-active, and joined up care.

The Sunderland GP Alliance lead on the delivery of the All Together Better Social Prescribing Project. Sunderland Carers Centre are an integral partner in the project, offering specialist support, information, advice, and guidance to unpaid carers.

Referrals are triaged by Sunderland GP Alliance and two core referral pathways currently exist – unpaid carers to Sunderland Carers Centre and older people to Age UK Sunderland. Sunderland Carers Centre provide training to members of the Social Prescribing Team on how to identify carers, and carers' support needs. Once a GP or link worker identifies a carer, the carer is referred to Sunderland Carers Centre. Carers then get access to the full suite of Sunderland Carer Centre services that support them according to their needs.

The project also helps in the early identification of carers which helps carers manage and maintain their health and wellbeing. The project is based on good partnership working between Sunderland Carers Centre and local GP services, good commissioning practices, and a "No Wrong Door" approach adopted by all partners.

In addition to this, currently, Sunderland Carers Centre are part of a pilot scheme funded by the Thriving Communities Fund. Sunderland Carers Centre has partnered with charities from the arts and culture sector to provide young carers and parent carers with creative projects such as art classes and theatre groups.

These partnerships will improve the range, quality and reach of Social Prescribing community activities in Sunderland – particularly for people affected by Coronavirus and health inequalities.

This project allows for the early identification of carers and provides them with the support they need. Six months in, the pilot is going well, and Sunderland Carers Centre and partners hope that it can be developed and offered on an ongoing basis.

For more information **contact Sunderland Carers Centre.**

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(4) 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.



## ***A carer's story***

Martha was referred to Sunderland Carers Centre (SCC) by a member of the Sunderland Social Prescribing Team having visited her GP with anxiety around her husband's recent diagnosis of vascular dementia and Alzheimer's disease.

The Social Prescriber contacted SCC directly on behalf of Martha, who had initially stated that she was not a carer but simply helping her husband of 46 years who she loved very much. Having explained the information, advice, guidance and support available from SCC the Social Prescriber gained Martha's consent to make a referral.

By contacting the SCC Contact team, the Social Prescriber was able to explain Martha's situation, her anxieties and discuss possible support available to her and ways in which both services would connect with Martha.

Following the referral, a member of the contact team connected with Martha to discuss her situation and plan the most appropriate support pathway to meet her needs. Initial actions were very much on a practical level, the team supported Martha to register for a Carers Emergency Card and access the support of the Alzheimer's Society and Dementia UK. Martha wanted to better understand the implications of her husband's diagnosis, what the future may hold and coping mechanisms.

The team spent time with Martha working through a range of information and coping strategies, maintaining regular contact offering a listening ear, which Martha described as a 'lifeline', particularly on more challenging days. The Social Prescriber also maintained contact with the SCC team to ensure that Martha was accessing the service and felt supported.

Martha accessed ongoing listening ear support from the team for several months, and as her husband's dementia progressed her caring role became more challenging, it was suggested that Martha access a carers assessment to explore further possible support and coping mechanisms. Martha requested that the assessment take place at Sunderland Carers Centre as she did not feel able to talk in the home with her husband there. This was within a period of restrictions due to Coronavirus, however a Coronavirus secure room enabled a one-to-one carer's assessment with a member of SCC Assessment team.

The asset-based assessment triggered an adult needs assessment for Martha's husband, as well as some support with household cleaning through an allocated budget to allow Martha more time to spend on a one-to-one basis with her husband. As a result of the adult needs assessment a care package was put in place enabling Martha to spend more quality one to one time with her husband.

The couple enjoy walks with their dog, and their daughter spends time with dad, whilst Martha goes swimming with an Everyone Active free swim through Sunderland Carers Centre. This allows her to have a break and take some exercise which she described as being "the time that keeps her strong".

By working in partnership with the Social Prescribing Team Martha was identified as a carer before she had recognised that she was now in a caring role. By gaining her trust and permission to contact SCC on her behalf the Social Prescriber precluded the risk of the carer taking SCC number and not making contact, possibly until the situation was in crisis.

The SCC team were able to agree on a clear support plan with Martha, and by maintaining regular contact ensure that the support was appropriate and reflected the ever-changing caring role as a result of the progression of dementia. Martha continues to receive support and a listening ear from the team regularly.

## Mindful Peak Performance

### Good Practice showcased



**Person-centred approach**



**Flexible**



**Partnership working**



**Codesign and coproduction**



**Impact measurement**

Mindful Peak Performance (MPP) offers a mix of boxing and mindfulness to improve the physical and mental wellbeing of service users, which include unpaid carers. More about MPP: <https://vimeo.com/449275280>.

MPP offers their services to young carers by working directly with young carers services. Before the Coronavirus pandemic, MPP provided in-person services, enabling young carers to attend sessions and practice mindfulness and boxing. MPP found that through this, young carers were able to talk about problems they might be facing, express their energy and emotion within the boxing training and then find some calm and clarity after the meditation. When the pandemic struck, MPP switched to an online service and feedback from both young carers and their parents was positive. The feedback showed that for young carers and their families, who often faced restrictions on their daily lives before Coronavirus, online activities were often preferable as it allowed young carers to access the service more easily. Young carers could gain the benefits of the services including improving their physical and mental health whilst remaining at home.

MPP highlights that good communication between MPP and the young carer and their families is key to ensuring the programme makes a positive impact for young carers. MPP produced this video with young carers about MPP's activities and how young carers benefited: <https://vimeo.com/604993971>.

MPP also work closely with carers to create content that works for other carers. For example, a mini-meditation series was developed with young carers to ensure that during the pandemic, young carers could still practice mindfulness. As a result, MPP has been awarded funding to develop an app, so that young carers can also have helpful mini workouts and meditations they can use at home. MPP contact the families weekly to talk about the progress made. MPP also offer monthly forums for staff supporting young carers – which both enables them to practice mindfulness and brings them together to discuss the programme.

For more information **contact Mindful Peak Performance**.

# Swindon Carers Centre

## Good Practice showcased



**Person-centred approach**



**Flexible**



**Partnership working**



**Codesign and coproduction**

Young carers and young adult carers who are referred for support receive an assessment of their needs. Referrals come from self-referrals, Children's and Adult's Services, schools, voluntary organisations and health services.

Swindon Carers Centre work in partnership with statutory and voluntary services, and schools and colleges, to ensure the right support is in place for the young carer. Adopting a Whole Family Approach, where appropriate, discussions take place with the parents or guardians, and it is established if additional signposting is needed to support the young person and/or family.

Young carers and young adult carers may need support because:

- Young carers often feel overwhelmed physically and/or emotionally.
- They often miss/are late for school or unable to do their homework.
- They tend to be isolated because they cannot attend after school clubs, sports clubs, birthday parties, go out to play etc and sometimes get bullied as a result.
- The transition from school to college or work is very difficult and leaving home can often feel impossible for young carers, as they worry about leaving the person they care for.

### Supporting young carers in the LGBTQ+ community

If a young carer is part of the LGBTQ+ community, Swindon Carers Centre will ensure they are signposted to the right agency for support, such as 'Out of the Can' in Swindon, who support under 18s within the LGBTQ+ community.

Swindon Carers Centre engaged with Out of the Can to highlight the support needs of young carers and the work that Swindon Carers Centre undertakes. When speaking to Out of the Can, Swindon Carers Centre were able to connect with young people who identified as young carers, and this enabled young carers to make direct links to peers who were already attending both Out of the Can and receiving support from Swindon Carers Centre.

As a service Swindon Carers Centre promotes equality and inclusion, and the importance of being respectful to all individuals, which encourages and supports breaking down barriers. Relatively small measures have been taken to ensure young carers and young adult carers know that Swindon Carers Centre is open to all. For example, staff chose to use pronouns on email signatures, and young carers from the LGBTQ+ community are asked if they would like a pronoun badge to wear at activities.

LGBTQ+ young carers registered with Swindon Carers Centre at secondary school/college have now formed friendships and communicate outside of the service.

Swindon Carers Centre are passionate about ensuring support and social opportunities are still available after the young person has turned 18. Swindon Carers Centre have developed an 18-25 group, called Our Time which has proven very successful and is being developed with young adult carers at its heart.

For more information, **contact Swindon Carers Centre.**

# Southmead Development Trust



Southmead Development Trust (SDT) run services in North and West Bristol and are the VCS locality lead for the ICS in North and West Bristol. SDT hold the contract for Social Prescribing for the area. SDT run several projects that work together to support their Social Prescribing work. SDT have a holistic way of working ensuring that services are based on the needs of the individual and linked together.

As SDT hold the contract for Social Prescribing in the area the link workers are employed directly by them and are based in GP Surgeries. This allows the link workers to be connected with local community-run projects.

One of the challenges is whilst the Social Prescribing contract funds link workers, it does not fund projects. SDT has overcome that challenge by working with commissioners to ensure some of the funding can go towards link workers undertaking community development work. This means time is dedicated during the week to build a relationship with the local community and local projects – therefore enabling them to work with individuals referred to them to ensure they can access the support that best meets their needs and interests.

Referrals to the Social Prescribing projects are through self-referral or GPs. It starts with an individual having up to six sessions with the link worker to explore their needs. The first session will usually be focused on the individual's biggest challenges – for example, this is often around debt management or housing.

After signposting the individual for support to tackle their main challenge, SDT will work with the individual to find out which projects would interest and benefit them.

SDT support carers in part through their connection with the local carer support organisation – Carers Support Centre Bristol and South Gloucestershire.

Often carers are referred to SDT due to wider issues they are facing, and not due to their caring role directly. However, soon after SDT will identify them as carers and be able to refer them to the Carers Support Centre as part of their wider support.

These connections between VCSE organisations develop a web of support for carers so they can access the support they need; in the place they want and at the time they need it.

The Neighbours Connect Southmead project started as a partnership with the council's adult social care team. It was initially aimed at people with support needs, however, as the project developed it became clear that unpaid carers of people with support needs would also benefit from the project.

Unpaid carers were referred and were linked into volunteers for support. The support provided is based on the needs of the carers. The support could include the volunteer sitting with the person with care needs to enable the carer to pursue a hobby or accompanying the carer as they leave the house for a few hours.

SDT use a range of tools to evaluate the effectiveness of their interventions, including simple outputs and outcome measures including the Short Warwick-Edinburgh Mental Wellbeing Scale and the ONS Personal Wellbeing Scale.

### ***A carer's story***

#### **Mary, age 66**

#### **Reason for Referral: Reduce Social Isolation, Address Practical Support Needs**

#### **Number of sessions: 2**

Mary is a carer for her brother who has learning disabilities. Their parents passed away a few years ago since then Mary has become his main source of support. Although her brother has support workers, Mary's brother relies heavily on her for his emotional and social needs, and Mary was feeling a lot of guilt about taking any time for herself to look after her own needs. Mary's stress and anxiety about her caring role were affecting her sleep and mental wellbeing, as well as her ability to enjoy her own social life and do the activities she wanted to do. She couldn't see how things would ever change or be different and felt that no one understood the way she was feeling, making her feel quite isolated.

In her first session, together with her link worker, Mary identified that she would like to get some support for her anxiety and learn some strategies to help her relax and was signposted to the Managing Anxiety Virtual Group Consolation (VGC) course. The link worker helped Mary to talk through some of her feelings of guilt about taking time for herself, and they discussed how this was preventing Mary from properly looking after her own mental wellbeing. The link worker also signposted Mary to the Carers Support Centre, and through them, she got signed up to a 6-week course, 'Caring with Confidence', as well as workshops on 'Sleep' and 'Mindfulness'.

In the second session, Mary reported that she felt she had a way forward, and that taking the actions of attending the Managing Anxiety Group and calling the Carers Support Centre had helped her feel empowered to take control of her wellbeing and get more comfortable in her caring role. She said she felt more confident to be able to dedicate time to look after herself. Mary attended SDT's Managing Anxiety Virtual Group course and said that it really helped her to understand why she was feeling the way she was and learn strategies to improve things, as well as meet other people who were having similar experiences to her, reducing her feelings of isolation.

Mary felt that the sessions with the link worker had helped her to find a way forward and showed her the importance of self-care and taking time to look after her own health and wellbeing.

For more information, **contact Southmead Development Trust.**

## Bath and North East Somerset Carers Centre

### Good Practice showcased



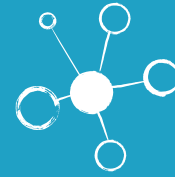
**Person-centred approach**



**Flexible**



**Partnership working**



**Codesign and coproduction**

Bath and North East Somerset Carers Centre (BaNES) has several services that combat loneliness amongst unpaid carers. Whilst these are not part of the Social Prescribing services commissioned in the areas, BaNES Carers Centre can and do signpost carers to those services.

Referrals to support from BaNES come from a variety of sources – including health and care partners, hospitals, and self-referrals. One of the main routes of referrals is through local hospitals. BaNES Carers Centre have a data-sharing agreement in place with hospitals which makes it easy for hospitals to transfer a carer's data once they have been identified. This means carers are then able to access the suite of activities and services BaNES Carers Centre have. Identification of carers is the first step in enabling them to get the support they need.

The Wellbeing Team at BaNES run a Café Programme for unpaid carers. During the pandemic, this was switched to being online and as restrictions eased, the service was offered both online and in person. BaNES Carers Centre invested in large screens to enable a better digital experience, as well as a marquee to allow for events to be held outside. BaNES Carers Centre offer activities that bring carers together. These include arts and crafts, dance, and games to bring carers together.

BaNES organises days out for carers. This is based on people's interests and offers the chance for carers to come together and for them to have a break from their caring role. Alongside this, activities such as Twos Company allows carers to take part in activities with a guest of their choice who can be the person they care for or a friend. Again, this allows carers to enjoy social activities with both people they know and other carers.

These services are developed in consultation with the unpaid carers who use the services. BaNES regularly asks for carers' feedback on services and works with them to develop projects and activities which will interest and benefit carers.

For more information, **contact BaNES Carers Centre.**

## St Margaret's House

### Good Practice showcased



**Person-centred approach**



**Flexible**



**Partnership working**



**Co-location**



**Codesign and coproduction**

St Margaret's House is a long standing community organisation based in East London. It runs performance led art activities such as theatre shows, workshops, comedy nights, open mic nights and uses performance techniques as a way of improving the overall wellbeing of people accessing the services.

St Margaret's House (SMH) uses a holistic approach to help people and is embedded in the local community – often taking shows out to the community, including for example putting on shows at local assisted living housing.

### Health Tree

Health Tree is a project which started in April 2021 and is part of the Thriving Communities project funded by Arts Council England. It is a partnership project led by St. Margaret's House working alongside Social Action for Health, London Arts and Health, Spare Tyre Theatre, Fevered Sleep, Outside Edge Theatre, Tower Hamlets GP Cares Group and has partnership working at its heart. St. Margaret's House is working towards expanding this programme and helping create a Tower Hamlets Arts & Health Hub.

Referrals are made through the borough-wide Social Prescribers. The organisations involved in Health Tree have good relationships with local Social Prescribers and this means that the Social Prescribers have a good knowledge of what services are available and can make referrals. Communication between the Social Prescribers and the project providers is vital in ensuring referrals are made and Social Prescribers are aware of what services are available. All activities are also open to the public.

The Social Prescribers have found that there is a better response to regular recurring activity (weekly) with a drop-in aspect as opposed to one-off 'sign-up' only activities. The Social Prescribers have also said it can take up to three months for someone to attend a prescribed workshop for the first time, which was often linked to mental health and therefore long term/regular running activities work well.

SMH's work with carers, specifically the Carers Centre of Tower Hamlets group, started in 2021 and was initially outside of the Social Prescribing work. However, after a working relationship was formed it became clear that many of the projects and services offered through The Health Tree would be beneficial for unpaid carers.

SMH have around 30 other organisations based in the same building, and also rent rooms to other organisations on an ad hoc basis. This co-location of different community organisations means they can all connect and work together.

Organisations involved in the Health Tree project were in partnership on other projects with each other and with SMH before embarking on Health Tree. St Margaret's House's location and hub of organisations around Arts/Health/Wellbeing meant a very natural progression into working with Social Prescribers.

## Work with Bangladeshi Parents and Carers Association (BPCA).

BPCA are one of SMH's tenants. BPCA was approached by a different organisation about a project. Eventually having seen the positive impact on adults living with multiple disabilities – this led to Ghyama Arts. This project secured funding from London City Trust for 3 years (now in its 2nd year).

The project offers different activities including theatre, animation and film and circus skills all led by expert organisations.

Personalised care and support are key. For many adults accessing BPCA's services, going to Bangladesh is hard – both logistically and financially. Based on service user feedback – BPCA and the Ghyama Arts programme find ways of bringing the Bangladeshi culture to them as well as non-Bangladeshi culture.

When the Coronavirus pandemic hit, the country went into lockdown restrictions. BPCA was able to secure tablets and laptops, skill up people accessing the service on how to use them. During the first year of the pandemic, services were provided online and families continued to see the benefits of being connected to services that provided respite and connected with other families facing similar challenges.

For more information **contact St. Margaret's House.**

## Community360

**Good Practice showcased**



**Person-centred approach**      **Flexible**      **Partnership working**      **Co-location**      **No Wrong Door**

Community360 is an independent infrastructure organisation, which provides fundamental support to Voluntary and Community Organisations (VCOs), establishes relationships between voluntary and statutory groups and guides local projects in North East Essex, with offices in Colchester and Braintree.

Community360 are both a provider and a connector of Social Prescribing services and projects which combat loneliness amongst unpaid carers. They take an Asset Based Community Development approach to Social Prescribing. Using their links to the local VCSE sector, Community360 can connect carers with social groups, and befriending networks.

Community360 work with 18 other organisations that offer befriending services. They have quarterly meetings to discuss capacity across the network and identify areas where support is needed.

Community360's role as a local infrastructure body enables them to support other VCSE organisations to build capacity. They are also commissioned to be the single point of contact for funding for local VCSE organisations strengthening their ability to support local VCSEs.

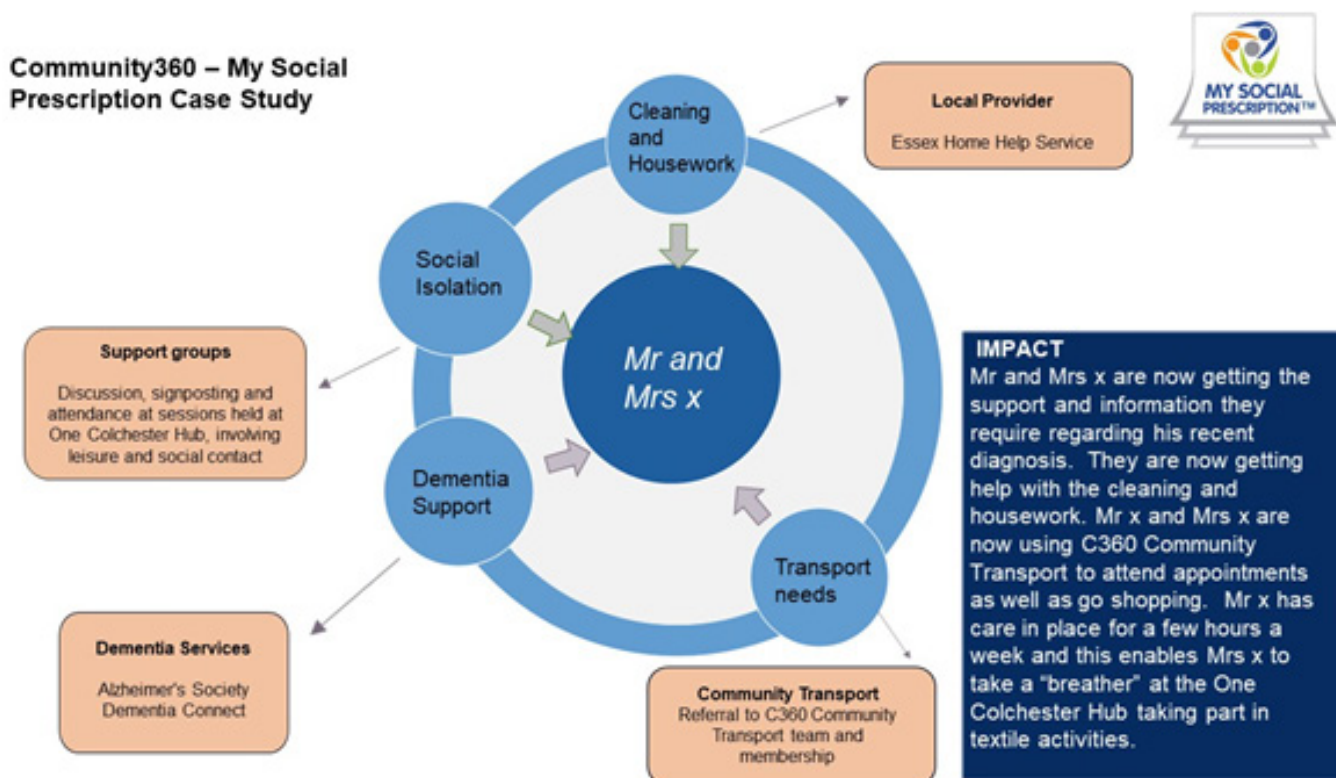


Community360 hold the NHS England & Improvement contract for Social Prescribing in the Borough of Colchester. They employ Social Prescribing link workers who are then seconded to other organisations such as hospices, GP surgeries and hospitals. Once a carer (or other service users) is referred to Community360 for a social prescription, a worker will have a conversation with the service to find out what challenges they face and try to establish how best to support them.

Supporting carers can involve referring to specialist carer support organisations in the area. Community360 have established relationship with local carer support organisations and can therefore refer carers directly there for support as well as signposting them to other services available.

Community360 also manage the One Colchester Hub in a prominent location within Colchester. It hosts a number of organisations and is commonly where a lot of activities take place. This allows Community360 to build up awareness of the services that they and their partners provide.

### A carer's story



For more information, **contact Community360.**

# Birmingham Settlement

## Good Practice showcased



**Person-centred  
approach**



**Flexible**



**Partnership  
working**



**Codesign and  
coproduction**

**Birmingham Settlement offers a wide range of services to Birmingham's residents and wider to help people gain the skills and confidence they need they need to overcome life's challenges and bring about positive change. Birmingham Settlement's core services include money advice, children and families' services, youth work, ageing well services, community action and wellbeing, employment services and training.**

### **Ageing Well Programme**

The intervention focuses on building and developing an enhanced Ageing Well programme, with outcomes of improved wellbeing, reduced isolation, and increased independence.

Ageing Well is delivered in the context of a programme of holistic services at Birmingham Settlement's Aston and Kingstanding Centres. Birmingham Settlement refers people to free services provided by a qualified and skilled multi-disciplinary team, including specialist money and debt advice, employability support, family support, training, volunteering and one to one support.

Classes include Tai Chi, Art, Choir and Ageing Well forum. Also, the Ageing Well Support Caseworker delivers one to one support including befriending. Referrals come through a range of sources - through Social Prescribers, social workers, the local Neighbourhood Network Scheme, other charities such as Age UK as well as self-referral.

Birmingham Settlement works in partnership with a number of organisations across the West Midlands, allowing organisations to share skills and experiences with others, train staff, provide services to clients and look at ways we can work together to deliver services to people across the region more effectively. Birmingham Settlement works closely with several local programmes and services.

Birmingham Settlement runs an Ageing Well Forum. This allows people who use the service to shape the services that are available. This ensures that the services being offered are reflective of people's needs.

For more information **contact Birmingham Settlement.**

# 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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**Prepared for:** The Department of Health and Social Care and the VCSE Health and Wellbeing Alliance

We would like to thank the many people who have been involved in this project:

- The organisations and staff who generously shared their case studies and expert insight.
- Our HW Alliance partners: British Red Cross, Locality, National LGBT Partnership, and Race Equality Foundation.
- Our colleagues at the Department of Health and Social Care, and NHS England & Improvement.

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Published by Carers Trust and prepared for The Department of Health and Social Care and the VCSE Health and Wellbeing Alliance. © Carers Trust 2022.  
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