

Social Prescribing for Families of Children with Neuro-disabilities in a Hospital Setting

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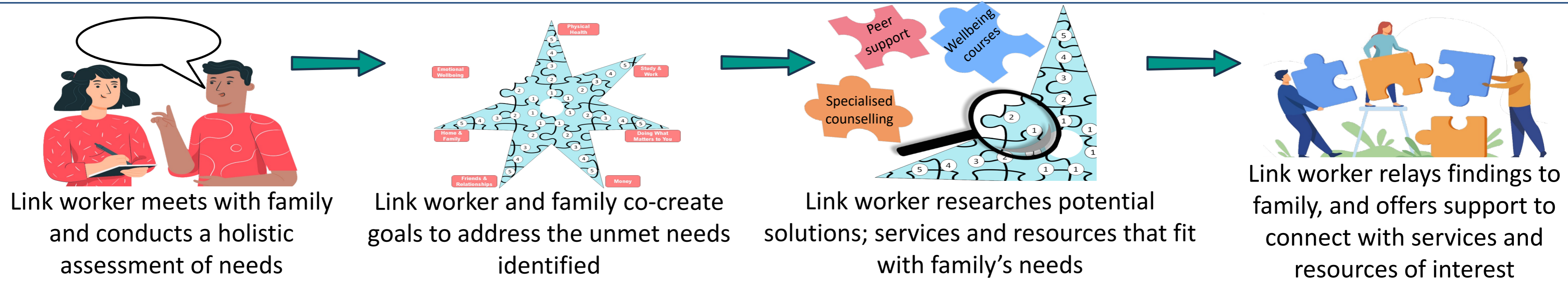
Background & Aims

Social prescribing (SP) is a non-medical intervention involving a link worker connecting patients to appropriate support (see figure 1). Currently, the focus is on adults, with previous reviews finding insufficient evidence regarding SP for children and young people (CYP) [2, 3].

Children with neurodisability have high levels of unmet non-medical needs, for example reduced social participation [4]. Interventions targeting these needs may improve wellbeing in this population. Additionally, initiating programs in secondary care settings allows for consideration of gaps in provision and challenges of accessing services [5].

We aimed to identify evidence relating to how SP has been used for CYP with neurodisability, within a hospital setting.

Figure 1: Social prescribing link worker assessment process [1].



Methods

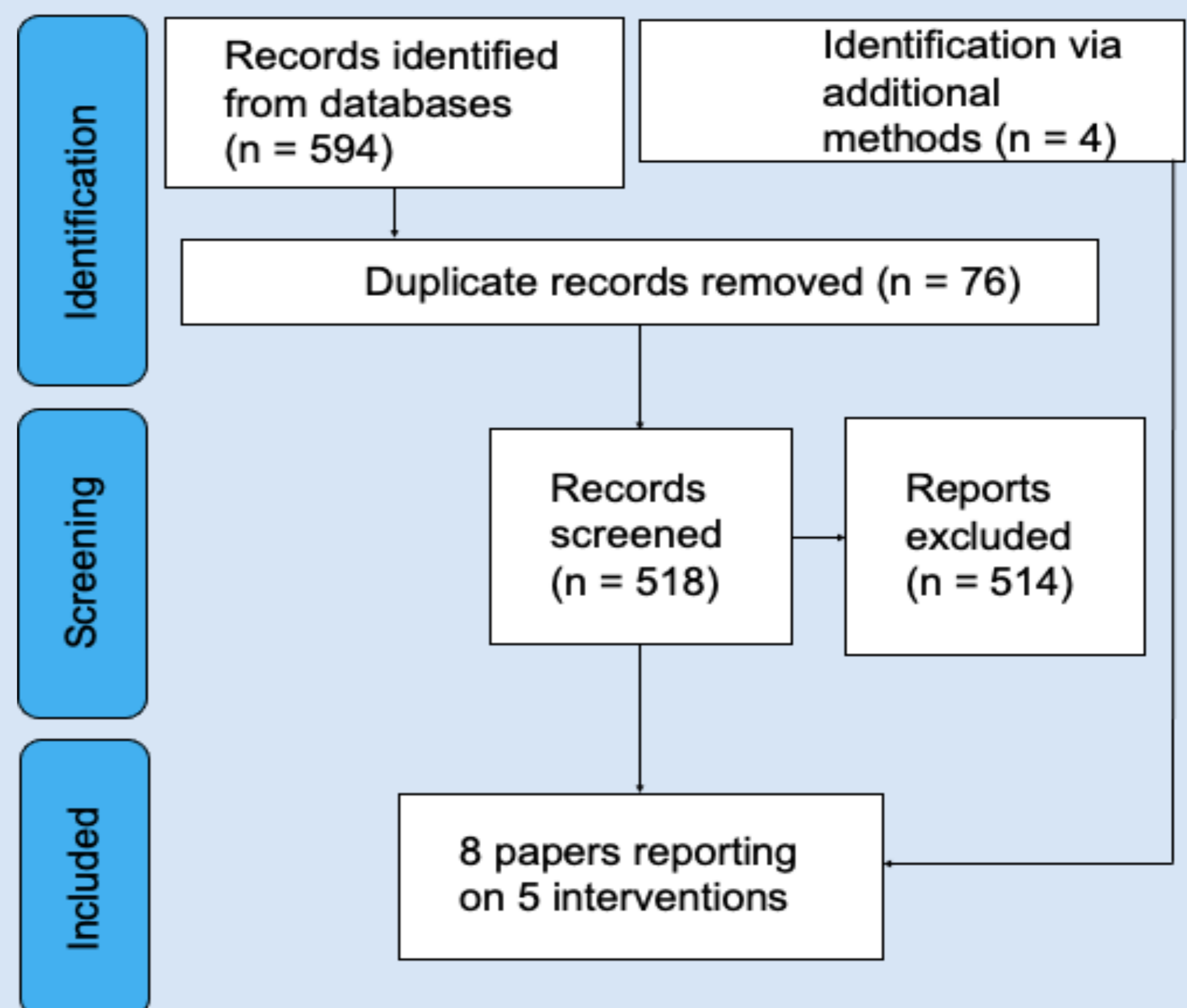
Our inclusion criteria was articles published between 2000-2022 involving CYP aged 0-25 years with neurodisability. Our exclusion criteria was interventions outside of secondary care settings, without a link worker figure, and without a description of the intervention. We searched 7 databases, the grey literature, and reference lists of retrieved articles. Search strategies were developed using medical subject headings (MeSH) and words related to 'social prescribing', 'child', 'neuro-disability', and 'hospital'.

Results

Eight papers describing five interventions initiated across UK, USA, and France were included. Three studied participants (PP) with brain injury [6-11], one PP with visual impairment [12], and one PP with foetal alcohol syndrome [13]. Three interventions were carried out digitally [6-11], however two involved an initial face-to-face meeting [6-10].

Having a link worker was rated highly in most studies [6,7,11]. One paper reported healthcare professionals delegating activities to the link workers, meaning they had more clinical time [12]. The same paper highlighted the importance of early identification of the link worker for the family.

Additionally, outcomes included increased social participation, improved relationships, decreased isolation, improved knowledge and skills, and satisfaction with the intervention.



Limitations

We didn't exclude based on quality, and quantification and meta-analysis weren't possible. In addition, the field is rapidly developing, thus our results are a 'snapshot' of the literature.

Conclusion

The evidence base is scarce. Additionally, the available evidence is of poor quality. Further research on the outcomes of SP in this population is required, and on link worker competencies in this context.

SP schemes are emerging universally, with a current project ongoing at the GNCH involving SP for children with neurodisability and their families.



References

- [1]LW assessment: Designed by slidesgo / Freepik; people assembling puzzle: Designed by pch.vector / FrConversation. [2]Hayes et al. Social prescribing in children and young people: a review of the evidence. 2020. [3]Bertotti et al. Lancet Child Adolesc Health. 2022;6:835-837. [4]Majnemer et al. Res Dev Disabil. 2015;47:73-79. [5]Basu. Dev Med Child Neurol. 2021;63:1132. [6]Wade et al. Behav Res Methods Instrum Comput. 2004;36:261-269. [7]Wade et al. Rehabil Psychol. 2005;50:337-345. [8]Wade et al. J Pediatr Psychol. 2005;30:437-442. [9]Wade et al. J Head Trauma Rehabil. 2014;29:198-207. [10]Wade et al. Pediatrics. 2015;135:e487-e495. [11]Wade et al. Rehabil Psychol. 2018;63:327. [12]Rahi et al. Pediatrics. 2004;114:e477-e482. [13]Toutain et al. Alcoholism;45:5-15.